

A report prepared for the City of Portland
Bureau of Fire & Rescue

Portland Street Response: Year Two Mid-Point Evaluation

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Research Team and Acknowledgements

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Cover: A Portland Street Response Peer Support Specialist and a Community Health Medic respond in Old Town. (Photo courtesy of the City of Portland).

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Executive Summary

Introduction

Overview of the Program

Portland Street Response (PSR), a program within Portland Fire & Rescue (PF&R), assists people experiencing mental health and behavioral health crises. The program operates daily from 8 AM to 10 PM and responds to calls throughout the city of Portland. The team consists of mental health crisis responders, community health medics, community health workers, and 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 Collaborative to conduct a program evaluation of Portland Street Response that is guided by three primary purposes:

1. Examine the overall effectiveness of Portland Street Response
2. Provide suggestions for continued program refinement and adaptation following its citywide expansion
3. Provide recommendations for sustaining and institutionalizing PSR as a permanent and co-equal branch of the first response system in Portland

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 report covers the first six months following the citywide expansion of PSR (April 1 to September 30, 2022). However, the evaluation is ongoing and will culminate in a full second-year program review in spring 2023.

Program Performance and Outcomes

Call Characteristics

- In the first six months following the citywide expansion of Portland Street Response (April 1, 2022 to September 30, 2022), PSR responded to 3,228 incidents, which is a 717% increase from the same time period in 2021 (395 incidents).
- 94% of calls were dispatched by BOEC (75% from 911 calls and 19% from calls to the non-emergency number), and 6% from PSR self-dispatch
- Of the 3,228 calls for service, 3,158 (97.8%) were calls traditionally responded to by the Portland Police Bureau (PPB) and 70 (2.2%) were calls traditionally responded to by Portland Fire & Rescue (PF&R)
- The average response time was 27 minutes and 45 seconds
- The average on-scene time was 23 minutes and 31 seconds for all calls, and 41 minutes and 46 seconds for calls involving client contact
- 5.5% of all calls involved co-response with other units (e.g., PPB, PF&R, AMR), while 94.5% of calls involved no co-response
- PSR staff made 358 referrals to service in their initial contacts with clients in the field, with the majority of these referrals (226) made to PSR community health workers
- PSR initiated 148 transports to hospitals, walk-in clinics, and clients' homes
- 64.2% of calls involved someone experiencing homelessness
- 64.4% of all client contacts involved someone with suspected mental health needs
- 65 clients were identified as high utilizers of PSR service
- The most common outcome of calls with clients was that the client was treated by PSR and released (35.2% of all calls)
- No PSR calls during this evaluation period 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 3.2% reduction in total calls that police would have traditionally responded to during PSR's operating hours.

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

PSR activity represented a 18.7% reduction in PPB response on non-emergency welfare checks and unwanted persons calls during PSR's operating hours.

PSR activity represented a reduction of 3.2% in PF&R activity on behavioral health, illegal burn, and non-emergency medical calls during operating hours.

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 61 clients (1.9% 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 1,012 snacks or food boxes; 1,000 water bottles; 473 tents or sleeping bags; and 391 clothing items.

PSR Community health workers and peer support specialists worked with a total of 75 clients who were referred to them from the PSR first responders. They completed 651 visits with PSR clients and made 107 referrals to service, including 51 housing applications and referrals, 15 shelter referrals, 12 medical referrals, and a variety of other referrals. During this evaluation period, 5 clients obtained permanent housing, 17 were connected to primary healthcare providers, and 15 were enrolled in healthcare coverage as a result of their work with PSR.

Community Engagement

PSR staff also engaged over 3,700 community members in outreach and engagement activities during this six-month evaluation period. This outreach work included de-escalation trainings for local businesses, heatwave outreach, mobile showers, and tabling at community events to help educate community members about PSR.

Stakeholder Feedback

Unhoused Community Members and Others Served by PSR

We worked with the Street Roots Ambassador Program to conduct surveys with 238 unhoused community members about their knowledge of and experience with Portland Street Response, as well as their experience with other first responders.

- 105 unhoused community members we spoke with (44.1%) had heard of Portland Street Response and 133 (55.9%) had not.
- 35 of 238 unhoused community members (14.7%) reported specific interactions with Portland Street Response, ranging from meeting them during outreach activities to receiving services from them.
- 106 unhoused community members (44.5%) reported having interacted with other first responders in the last three months, with almost half of these interactions (44.3%) being with EMTs or paramedics.
- Because PSR is dispatched through 911, it was also important to determine if unhoused people feel safe calling 911 if they or someone else needs help. A total

of 96 people (40.3% of those surveyed) reported not feeling safe calling 911, with reasons ranging from legal concerns to not trusting police to help them.

We also conducted 13 interviews with PSR clients about their experience with the program. They described the kind, compassionate, client-centered approach of the team; and an appreciation for how staff worked closely with them to reach their goals. When asked to rate their satisfaction with PSR on a scale of 1 (worst) to 5 (best), clients rated the program 4.7 out of 5.

PSR Staff

We conducted quarterly individual interviews with PSR staff to ask how they feel 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 their deep commitment and care for the people they serve, and the diverse skills and experiences they bring to the work. They noted wanting more structure and support in their jobs, and the need for additional role clarification and training opportunities. They also discussed challenges related to staffing shortages during the program's expansion, cultural differences between PSR and PF&R, and service gaps that make it difficult to connect clients to services and resources.

Other First Responders and Dispatchers

We conducted focus groups and individual interviews with Portland Police Bureau (PPB), Portland Fire & Rescue (PF&R), Community Health Assess & Treat (CHAT), and Bureau of Emergency Communications (BOEC) staff to assess their experiences with and general attitudes toward Portland Street Response, and to gauge how the program may ease their workload and serve as an additional resource to assist in the field. While CHAT staff reported numerous experiences working with PSR in the field and an appreciation for PSR's skills in mental health and de-escalation, PF&R and PPB staff reported fewer direct experiences working with PSR, though they recognized the value of the program in responding to calls involving mental health. Staff from BOEC, PPB, and PF&R suggested the importance of increased communication with PSR and wanted more information about what they do in the field and the outcomes of their calls.

General Community Members

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

- 108 community members we spoke with (65.9%) had heard of Portland Street Response and 56 (34.1%) had not. Rates of awareness were higher among White community members than community members of color (70.6% vs. 56.4%)

- 30 of 164 community members (18.3%) reported specific interactions with PSR, 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 that calling 911 might negatively impact other community members, especially people of color and people experiencing homelessness.

We also conducted follow-up interviews with 15 community members who had direct experience interacting with Portland Street Response. People described their gratitude for PSR's kind and calm manner with clients and discussed the program as a valuable response for people experiencing mental health distress or homelessness. They also discussed frustrations accessing 911 and delayed response from PSR and other first responders. They suggested that having more PSR teams available would increase program impact and encouraged continued collaboration and outreach in the community.

Recommendations and Conclusions

Portland Street Response continues to demonstrate success in meeting its outcome goals of reducing police and fire response to non-emergency calls and calls involving people experiencing mental health or behavioral health crises. However, there is still much to learn, and room for growth and program improvement. Below, we outline six recommendations that will help ensure the program is meeting the needs of its clients, its staff, and the broader Portland community.

1. Addressing Staffing Issues that Impact Program Success

Staffing shortages were arguably the biggest challenge during the first six months following the citywide expansion of Portland Street Response. It is important to ensure that there are adequate full-time staff available at all times to meet the ever-increasing demands for PSR. It is also important to work with staff to clarify roles and encourage connections between team members, especially as community health workers and peer support specialists move over to the Community Connect program within PF&R and many new PSR staff are being onboarded.

2. Provide More Structure and Support

While team members reported feeling generally supported by the PSR program manager and supervisors, staff noted the need for more structure and support in doing their jobs. In particular, having more clearly documented policies and protocols; additional training opportunities; more regular clinical supervision; and

more opportunities for shared decision making with leadership would help staff feel more supported and address stress and burnout issues they face in their work.

3. Refine Call Criteria and Call Type

As we have recommended in previous reports, it is important to consider additional call types and criteria that would be appropriate for PSR to respond to, including calls inside residences, calls involving suicide, and some calls involving higher levels of acuity. It is also important to revisit call criteria to ensure that PSR is being dispatched appropriately to fire calls that have a behavioral health component; and to address instances in which PSR is being dispatched or requested for calls outside the scope of their services.

4. Enhance Understanding and Communication with Dispatchers and Other First Responders

Based on our interviews, it is clear that continued efforts are needed to educate other first responders and also dispatchers about the purpose and scope of PSR's work. We received a number of helpful suggestions for ways that PSR can help better educate other responders and dispatchers, including developing training videos, providing documentation of call outcomes, and providing in-service trainings at BOEC related to PSR's work and about mental health issues more broadly.

5. Address Differences in Culture Between PSR and PF&R

There are clear and compelling reasons to keep Portland Street Response housed with Portland Fire & Rescue. However, the relationship between PSR and PF&R has been fraught due to differences in culture between the programs. Community Health Division leadership has been responsive to concerns by hosting team-building activities and consulting with the Office of Equity to foster greater cohesion and collaboration between PSR and CHAT. However, these efforts will likely need to expand beyond the boundaries of the Community Health Division and include the Fire Bureau more broadly in order for systemic change to occur.

6. Continue to Prioritize Community Outreach and Engagement

It is critical that community members understand what PSR is and how to access it. We have observed steady increases in community members' knowledge of PSR over the course of the surveys we have conducted since the launch of the program. This is encouraging, and improvements are due in large part to the program's emphasis on and prioritization of community engagement and outreach. There remains work to be done, especially as the program has expanded to new areas of the city where it does not yet have an established footprint. The community health

fairs and other outreach activities conducted in Lents and surrounding areas have been extremely effective in spreading the word about PSR and should be replicated throughout the city. It is also important to continue to prioritize communities of color for outreach and education efforts, as their rates of knowledge and use of the program continue to be lower compared to White community members.

There have been numerous programmatic successes as well as growing pains in the six months following the citywide expansion of Portland Street Response. The recommendations offered above, along with patience and persistence as the program continues to expand and adapt, will help Portland Street Response reach its maximum potential impact in the months and years ahead.



The PSR team responded to a call for assistance at Blanchet House. (Photo courtesy of Blanchet House/ Jennifer Coon).

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. 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.

The Team

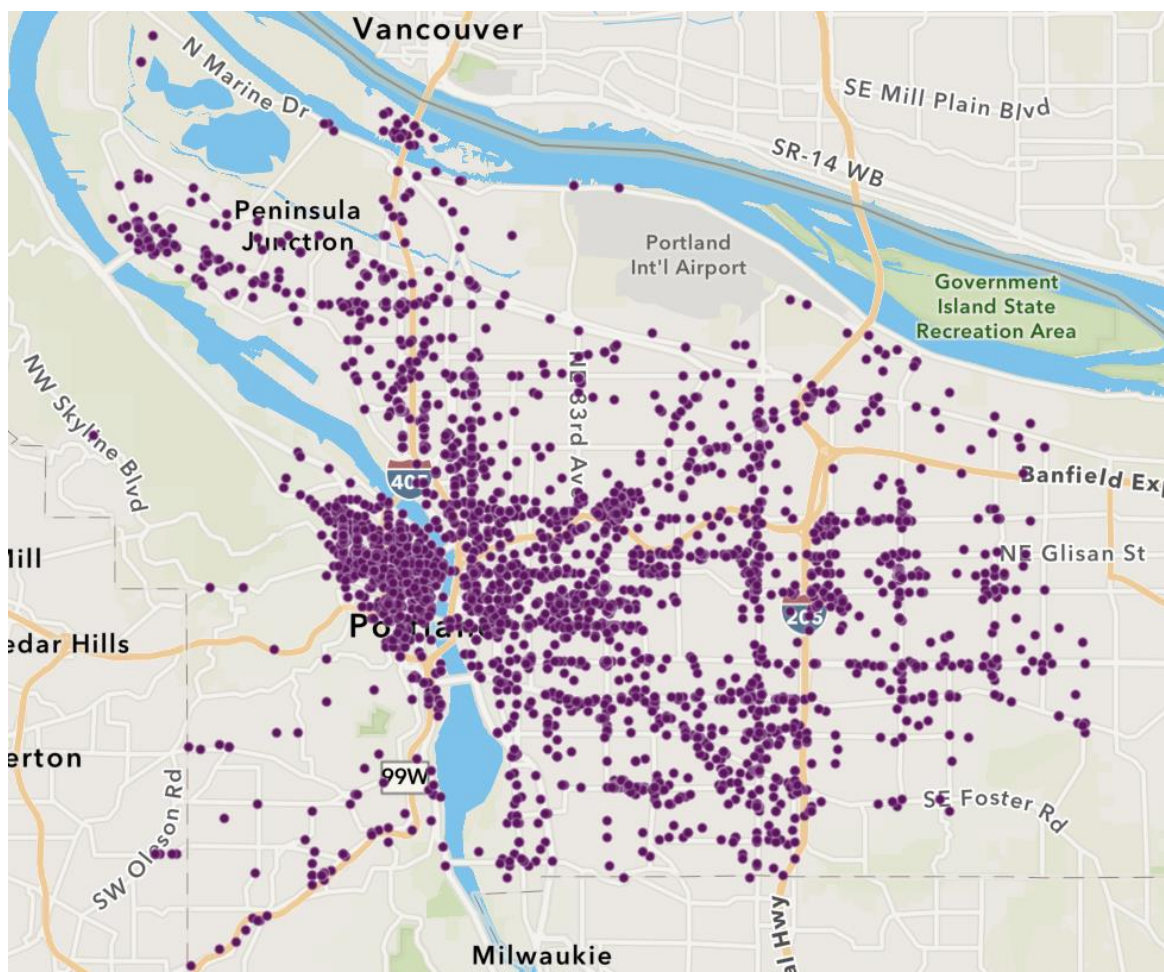
Portland Street Response began with one founding team of four that included a firefighter paramedic, a mental health crisis responder II, and two community health workers. Since that time, the team has expanded to now include eight mental health crisis responder I positions, six mental health crisis responder II positions, thirteen community health medics, six peer support specialists, and five community health workers. Rounding out the field team is a program manager, three supervisors, a communications manager, a data analyst, and a training coordinator, as well as on-call staff who cover PSR shifts when staff are sick, on vacation, or at required trainings or meetings. The team is quite diverse, with strong representation of people of color,

people who are LGTBQ+, and people with lived experience of homelessness or mental health challenges. The program has experienced a moderate amount of turnover, with eight staff departing since the program began (seven during this evaluation period).

Operating Hours and Call Criteria

Portland Street Response operates daily from 8 AM to 10 PM and responds to calls throughout the city of Portland (see Figure 1). During the current evaluation period (April 1 to September 30, 2022) staffing constraints necessitated a reduction of weekend operating hours to 8 AM to 6 PM from May 16 to August 31, 2022, as well as a queuing system that capped the queue at five calls, with any calls above those sent back to the dispatch center to be dispatched to other responders. Throughout the current evaluation period, there were typically between one and three units responding per day (one to two day-shift teams responding from 7:30 AM to 6 PM and one swing-shift team responding from 11:30 AM to 10 PM), with up to six units responding on Thursdays. The program plans to have 24/7 coverage by the end of 2022 or beginning of 2023.

Figure 1. Call Density Following PSR's Citywide Expansion



The program is coordinated by Portland Fire & Rescue (PF&R) 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. PSR is dispatched if the call is within their operating 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 others
- The person is not suicidal
- The person is not inside of a private residence

A mental health crisis responder in front of a Portland Street Response Van. (Photo courtesy of City of Portland).



Overview of the Portland Street Response Evaluation

Purpose and Methodology

This program evaluation is guided by three primary purposes:

1. Examine the overall effectiveness of Portland Street Response
2. Provide suggestions for continued program refinement and adaptation following its citywide expansion
3. Provide recommendations for sustaining and institutionalizing PSR as a permanent and co-equal branch of the first response system in Portland

The evaluation utilizes a mixed-methods research design incorporating both quantitative and qualitative components to triangulate findings and craft recommendations. Our approach infuses elements of *outcome evaluation*, which attempts to determine the effect that a program has on participants based on target goals or outcomes; *process evaluation*, which focuses on the implementation and adaptation process; 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 clients served by PSR
2. PSR staff
3. Other first responders (police, fire, AMR)
4. BOEC dispatchers
5. General community members living or working in Portland

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:

- 238 surveys with unhoused community members conducted in collaboration with the Street Roots Ambassador program
- 13 interviews with PSR clients
- 34 interviews with 17 PSR staff
- 11 interviews with Portland Police Bureau (PPB) staff
- 6 Focus groups and interviews with a total of 16 PF&R staff and leaders
- 5 interviews with Community Health Assess & Treat (CHAT) staff
- 5 interviews with BOEC staff
- 164 surveys with general community members living or working in the PSR service area
- 15 follow-up interviews with general community members living or working in the PSR service area
- Quarterly surveys of job satisfaction, burnout, and compassion fatigue collected from PSR staff
- Review of aggregated data from PSR charting system with all identifying information removed
- Review of PSR field notes with all identifying information removed
- Review of BOEC call text for dispatched PSR calls with all identifying information removed
- Review of a PSR data dashboard maintained by PSR staff

- Review of a PSR data dashboard maintained by BOEC staff
- Review of data summaries provided by PPB and PF&R analysts
- Data pertaining to PSR social media analytics
- One ride-along with PSR staff
- 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, the PSR data analyst, and other program partners
- Consultation with staff from other alternative first responder programs across the country (e.g., Denver STAR).



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).

Program Performance and Outcomes



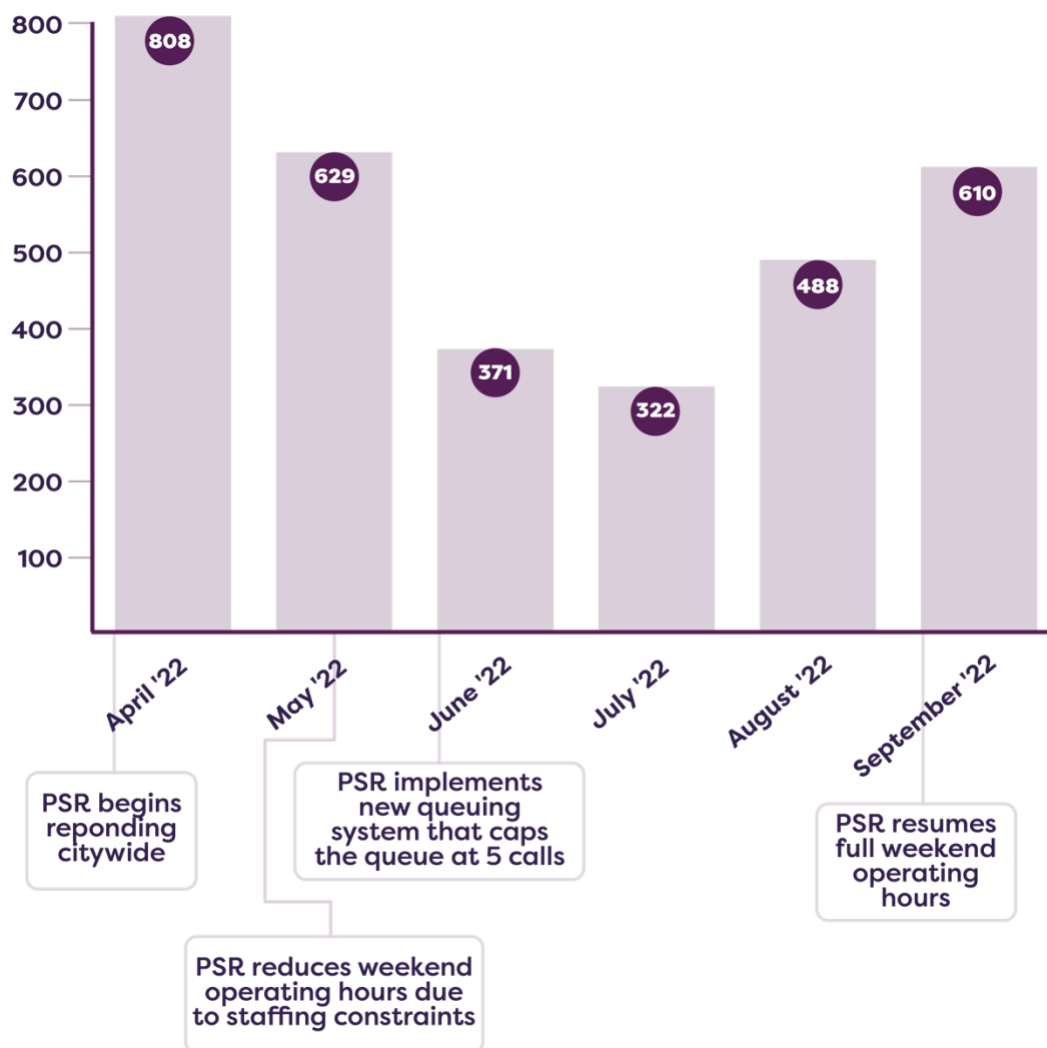
One of 18 billboards placed throughout the city as part of the Portland Street Response Community Outreach Campaign. (Photo Courtesy of Greg Townley).

PSR Call Characteristics

Call Volume and Origin

In the first six months following the citywide expansion of Portland Street Response (April 1, 2022 to September 30, 2022), PSR responded to 3,228 incidents, with an additional 257 queued calls cleared by PSR (249 queued calls cleared because a response was no longer needed, and 8 queued calls transferred to another agency). See Figure 2 for a timeline of monthly call volume¹ and significant programmatic changes during this six-month evaluation period.

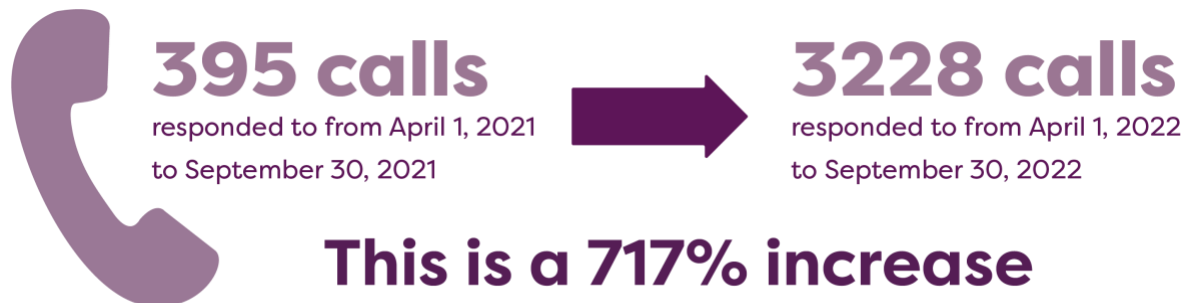
Figure 2. Timeline of Monthly Call Volume and Significant Programmatic Changes during this Six-Month Evaluation Period



¹ Here and elsewhere, figures may differ from those on the PSR dashboard due to differences in time intervals and because we consulted multiple sources.

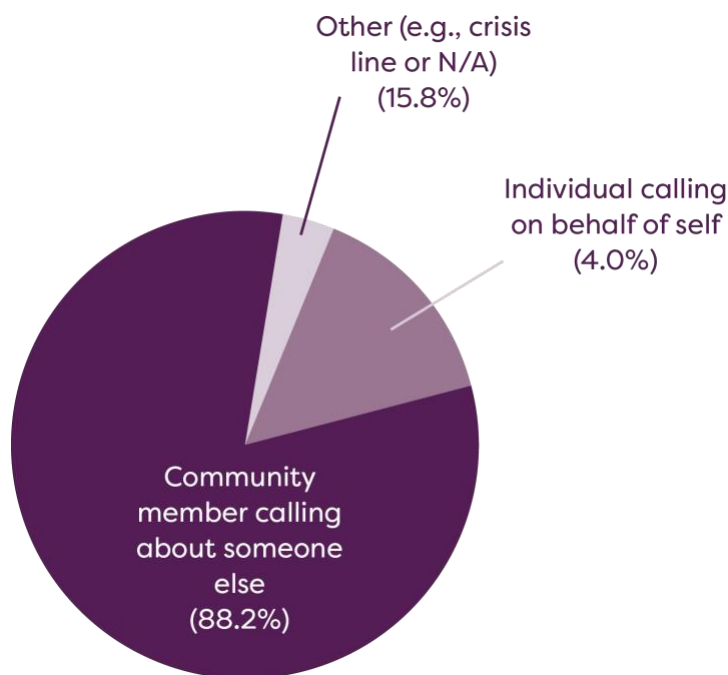
The 3,228 calls PSR responded to between April 1 and September 30, 2022 represents a 717% increase in call volume compared to the same reporting period in 2021 (395 calls) (see Figure 3.)

Figure 3. Increase in PSR Call Volume between 2021 and 2022



In total, 94% of calls were dispatched by the Bureau of Emergency Communications (75% from 911 calls and 19% from calls to the non-emergency number), and 6% from PSR self-dispatching to incidents. The vast majority of calls (88.2%) involved a community member calling about someone else, while 4% of calls involved the individual calling on behalf of themselves, and 15.8% were other reasons (e.g., calls to the crisis line, or not applicable because the call was a self-dispatch or request from another responder) (see Figure 4).

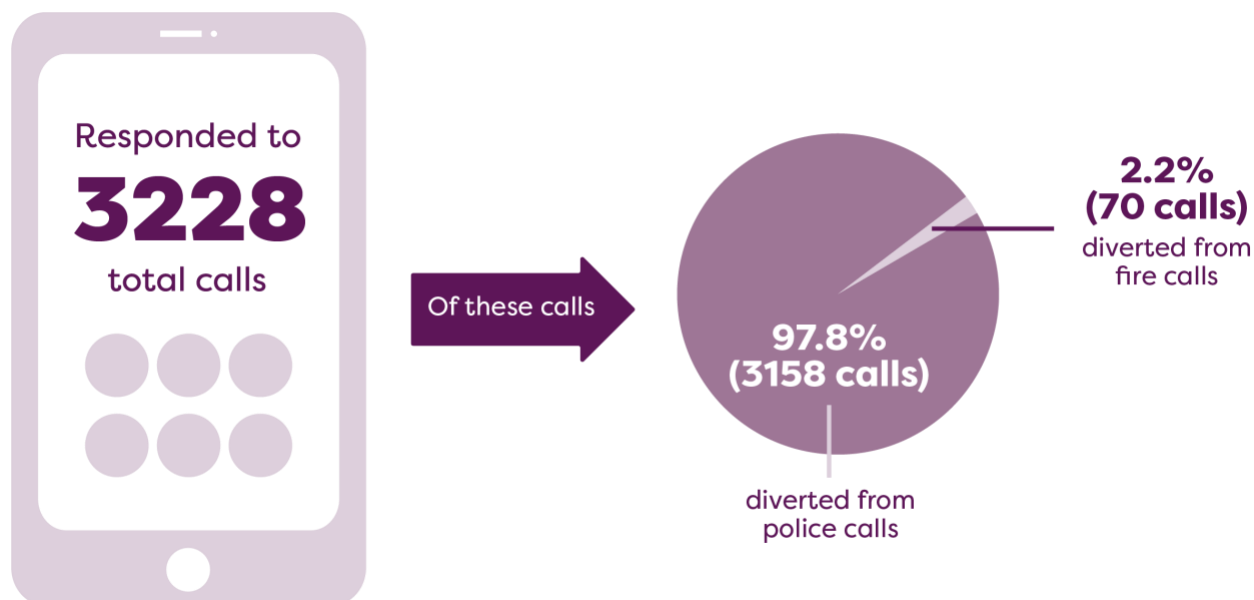
Figure 4. Timeline of Monthly Call Volume and Significant Programmatic Changes during this Six-Month Evaluation Period



Call Type

Of the 3,228 calls that resulted in a PSR response, 3,158 (97.8%) were calls traditionally responded to by the Portland Police Bureau (PPB), and 70 (2.2%) were calls traditionally responded to by Portland Fire & Rescue (PF&R) (see Figure 5). We will discuss these call types in more detail below.

Figure 5. Number of PSR Calls by Original Responder Type



Calls Traditionally Responded to by PPB

The 3,158 calls traditionally responded to by PPB are call types 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 calls no longer require a police presence, and also to designate Portland Street Response as a new and distinct branch of the City’s first responder system. In the first year of the PSR pilot program, we reviewed the call text of all calls that came in to BOEC and were dispatched to PSR. We coded them according to the primary police call types that PSR was intended to reduce—calls coded as ‘welfare checks’ and ‘unwanted persons.’ Based on our coding, we found that the vast majority of calls (75%+) were welfare checks, with the additional 25% unwanted persons or unable to determine based on the available call text. For this second-year evaluation period, we reviewed a sampling of the 3000+ calls and consulted with BOEC dispatchers and found a similar breakdown of call types: the vast majority of calls that PSR is currently diverting from police involved 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. Among the 70 calls in this category, the most common types were behavioral health issues (52%), calls involving illegal burns (14%), and low priority medical calls with a behavioral health component (34%). There are two points worth noting here which we will return to later in the report: 1) PSR stopped responding to illegal burn calls after April, 2022; and 2) Many of the low priority medical calls that PSR responded to in the first year of the program have been redirected to the Community Health Assess & Treat (CHAT) program, which likely explains the reduction in calls traditionally dispatched to PF&R that PSR responded to during this evaluation period.

Response Time and On-scene Time

During this evaluation period, 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 27 minutes and 45 seconds. In comparison, the average response time for police to respond to a welfare check call during this same period was 51 minutes and 8 seconds.

The 90th percentile response time was 55 minutes and 18 seconds, meaning that 90% of the time, PSR responds within 55 minutes and 18 seconds.

The average on-scene time, which is the time it takes for PSR staff to resolve the call, was 23 minutes and 31 seconds for all calls, and 41 minutes and 46 seconds for calls involving client contact.

Co-Response

While the vast majority of PSR calls (94.5%) required no co-response, 179 calls (5.5% of all PSR calls) involved co-response with other units (e.g., PPB, PF&R, AMR) (see Figure 6). PSR requested assistance from another unit in 143 of these calls, while 36 calls involved other units requesting assistance from PSR that resulted in a co-response (see Table 1). This co-response rate of 5.5% is half what it was in the first year of the pilot (11%), suggesting that PSR is increasing its ability to respond to calls independently without the need to involve other first responders.

Figure 6. Percentage of PSR Calls Involving Co-response

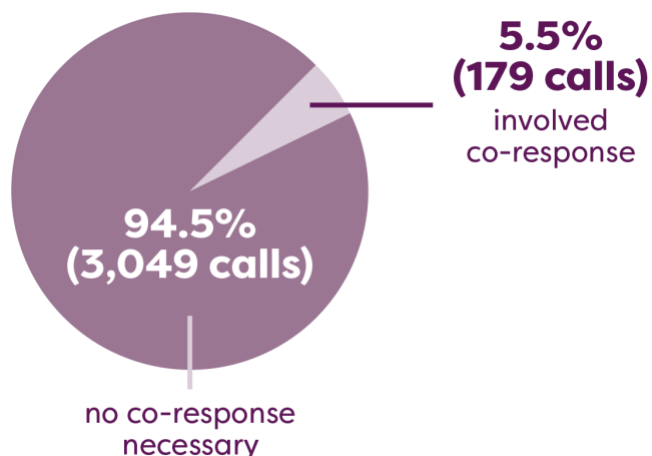


Table 1. PSR Co-Response

Responder	Responder was Requested by PSR ²	Responder Requested PSR
AMR	74	3
PPB	30	11
PF&R	6	12
CHAT	34	10
Project Respond	19	0

In addition to these co-responses, there were also numerous instances in which other responders requested that PSR take a call instead of them, and no co-response was involved. Of the 125 calls in which other responders requested PSR, PSR was able to assume care from PPB on 34 calls, from PF&R on 21 calls, from Project Respond on 3 calls, from AMR on 2 calls, and from CHAT on 1 call, for a total of 61 calls. PSR also assisted other responders through phone consultations, including 13 phone consults with PF&R, 11 consults with police, and 4 consults with CHAT.

Call Outcomes

See Table 2 for a list of call outcomes. The most common outcome of PSR calls with clients was that the client was treated by PSR in the field and released (1,136 calls, 35.2% of all calls). In 61 calls (1.9% of all calls), clients were treated by PSR and then transported to the hospital by ambulance. Over half of PSR calls during this evaluation period were cancelled prior to arrival on scene or when a client could not be located,

² Some calls involved requests for multiple co-responders on the same call; thus, numbers of co-responders in this table are higher than the total number of calls that involved co-response (199 vs. 179)

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. Still, this figure is higher than it was in the first year of the program, and higher than 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 responses to welfare checks and unwanted persons calls (police are unable to locate clients in 20 to 25% of these calls). It is likely that staffing shortages coupled with the much larger geographic response area is responsible for the increase in cancelled calls during this evaluation period. We will return to this point later in the report.

Table 2. PSR Call Outcomes

Outcome	Number of calls	Percent of all calls
Client treated by PSR and released (per protocol)	1136	35.2%
Client treated, transported by ambulance	61	1.9%
Client refused evaluation/ treatment	138	4.3%
Cancelled on scene (no client found)	1714	53.1%
Cancelled (prior to arrival on scene)	179	5.5%

Only five calls escalated to risks of physical violence, and no team members were harmed. It is also important to note that no PSR calls resulted in client arrests during this 6-month evaluation period, and thus no individuals were introduced to the criminal justice system as a result of their contact with PSR. In contrast, during this same period, there were 184 arrests associated with police responses to welfare checks and unwanted persons calls during PSR’s operating hours (see Figure 7).

Figure 7. Arrest Rate Comparison between PSR and PPB



Client Characteristics

Of the 1,335 PSR calls involving client contact, 857 (64.2%) involved someone experiencing homelessness; 858 (64.3%) involved someone with suspected mental health needs (see Figures 8 and 9); 816 (61.1%) with suspected needs related to drug or alcohol use; and 717 (53.7%) with suspected co-occurring (i.e., mental health and substance use) needs. Further, 956 calls (71.6%) involved someone with unmet basic needs, 136 (10.2%) with chronic health needs, and 122 (9.1%) with acute health needs.

A total of 65 clients (5% of all calls involving clients) were identified as high utilizers, meaning they had two or more contacts with PSR during this evaluation period. Specifically, 51 clients were seen by PSR twice; 4 clients were seen three times; 7 clients were seen four times; and 3 clients were seen seven or more times.

The average age of clients was 41, ranging from 15 to 87. Over half of clients were men (57%), and 42% were women; around 1% identified as trans or non-binary. Most clients (74%) were White, while 17% were Black, 6% Latino, 1% Asian, 1% Native American, and 1% Native Hawaiian or Pacific Islander. Data regarding gender and race should be interpreted with caution given that staff are not able to collect this from all clients.

Figure 8. Calls Involving Someone Experiencing Homelessness



Figure 9. Calls Involving Someone with Suspected Mental Health Needs



Referrals and Transports

PSR made a total of 358 referrals to service in their initial contacts with clients in the field. The most common referral type (226 referrals) was to PSR community health workers and/ or peer support specialists for follow-up assistance with housing, health service referral, etc. There were an additional 54 shelter referrals, 25 referrals to CHAT, 16 medical referrals, 16 housing referrals, 11 behavioral health referrals, and 10 referrals to CareOregon. Of the 54 shelter referrals, 33 were to Transition Projects Inc. (TPI), one was to Do Good, and 22 to other providers. Staff indicated that around one third of these shelter referrals were successful (meaning it benefitted the client in some way, not just that a referral was made); while 6.3% were not successful, and the outcome was unknown in the remaining 60% of referrals.

PSR initiated a total of 148 transports to hospitals, walk-in clinics, and clients' homes. While PSR was able to treat the vast majority of clients in the field, 61 clients had to be transferred to AMR for transport to the hospital (see Figure 10). Of these 61 hospitalizations, 24 were for mental health reasons, 24 were for medical reasons, and 13 were related to substance use distress. Twelve of these hospitalizations involved psychiatric holds initiated by PPB, Project Respond, or AMR.

In addition to ambulance transports, Taxi transport was provided on 66 calls, while PSR transported clients directly to health services or their homes on 10 calls. Other transport methods were provided on 11 additional calls.

Figure 10. Number of Clients Transported to the Hospital

61 clients (1.9% 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 during the same operating hours (Monday to Sunday from 8 AM to 10 PM for April 1 to May 15 and September 1 to September 30; Monday to Thursday from 8 AM to 10 PM and Friday to Sunday from 8 AM to 6 PM from May 16 to August 31). During this period and operating hours, PPB responded to 95,203 incidents and PSR responded to 3,158 incidents that would have traditionally been dispatched to police. Adding both the 95,203 PPB and 3,158 PSR call loads together makes the entire call volume 98,361. The 3,158 PSR calls represent a 3.2% reduction in calls traditionally responded to by police (see Figure 11).

Figure 11. Reduction in Calls Dispatched to PPB During PSR's Operating Hours



While this figure is lower than the 4% reduction we observed during the first year of the program, it is very likely due to the staffing shortages that the program experienced during much of this evaluation period, as well as the much larger geographic area they were covering (145 square miles compared to 13 to 36 square miles during the pilot). When we look at the month of October, 2022—a month when PSR was fully staffed up and had their highest call volume to date (824 calls)—we see that this call volume represents a 4.7% reduction of the PPB call volume. We will continue to monitor this

throughout the remainder of the second-year evaluation period, particularly as PSR expands its operating hours to 24/7 coverage.

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. In total, PPB responded to 13,134 non-emergency welfare checks and unwanted persons calls during PSR's operating hours, and PSR responded to 3,028 calls that would have previously been dispatched to police as non-emergency welfare checks or unwanted persons calls. Adding both the 13,134 PPB and 3,028 PSR call loads together makes the entire call volume for these types of calls 16,162. The 3,028 PSR calls represent an 18.7% reduction in police activity on these call types during the PSR service hours (see Figure 12). Encouragingly, a review of arrest data shows a reduction of 17.4% in arrests associated with PPB response to welfare checks and unwanted persons calls during the same reporting period (April 1 to September 30) and operating hours in 2021 (223 arrests) and 2022 (184 arrests)—even while the overall arrest rate increased by 14%. This suggests that PSR's activity may be reducing arrests for at least some police call types—a data point we will continue to track throughout the remainder of the second-year program evaluation.

Figure 12. Reduction in Welfare Checks and Unwanted Persons Calls Traditionally Responded to by Police



For fire, we will focus on the categories of PF&R calls that PSR was most commonly dispatched to during this evaluation period: behavioral health issues (e.g., ProQA 25 calls), calls involving illegal burns, and low priority medical calls that have a behavioral health component (e.g., EMS6). During PSR's operating hours, there were a total of 2,201 of these types of calls for service, and PSR responded to 70 of them. This represents a reduction of 3.2% in PF&R activity on behavioral health calls, illegal burn calls, and non-emergency medical calls. In addition to the factors noted above (staffing shortages and expanded geographic coverage area), two issues likely explain why this reduction is smaller than the 12.4% reduction we observed in the pilot year. First, PSR stopped responding to illegal burn calls after April, 2022; and second, many of the low priority medical calls that PSR responded to in the first year of the program have been redirected to the CHAT program. We will return to a discussion of PF&R calls diverted to PSR in the recommendations section of the report.

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

As reported previously, 61 calls (1.9% of all PSR calls) resulted in clients needing to be transported to hospitals for additional treatment. The vast majority of PSR calls were resolved in the field, with no need to transport people to the hospital for additional service. The team provided wound care, checked vital signs, administered medication (e.g., Narcan and Alprazolam), and helped to de-escalate mental health crisis so the client received the care they needed but did not have to engage in high-cost emergency services. This rate of 1.9% of PSR calls resulting in hospitalization is smaller than the rate of 14 to 16% for PF&R more broadly; and substantially smaller than the roughly 40% of mental health calls responded to by PPB that result in AMR transports. The smaller rate of hospital transports observed during this evaluation period compared to the first year of PSR (3.2% of all calls resulted in AMR transport in the pilot year) may again reflect the fact that CHAT is responding to more of the medical calls that may have necessitated a request for AMR transport from PSR previously.

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

PSR first responders provided resources and supplies on 1,081 calls, including 838 water bottles or other beverages, 796 snacks or food boxes, 436 tents or sleeping bags, 356 clothing items, 198 bus tickets, and numerous other supplies such as Narcan, cell phones, shelter vouchers, wheelchairs, and hygiene kits.

In 383 follow-up visits with PSR clients, community health workers and peer support specialists provided an additional 162 water bottles or other beverages, 216 snacks or food boxes, 44 bus tickets or taxi service, 37 tents or sleeping bags, 35 clothing items, 35 cell phones, and other items such as hygiene kits, Narcan, and hotel vouchers.

Resource Gaps

On the vast majority of their calls (77.5%), PSR first responders 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 gaps identified by staff were for permanent housing (noted in 614 calls) and shelter (noted in 593 calls), followed by gaps in mental health and substance use services (noted in 396 and 346 calls, respectively). Finally, resource gaps pertaining to medical concerns were noted in 142 calls, and availability of walk-in-clinics in 183 calls.

Follow-up Care with PSR Clients

During this evaluation period, PSR community health workers and peer support specialists worked with a total of 75 clients who were referred to them from the PSR first responders or CHAT medics. These clients were quite diverse, ranging in age from 10 to 81, with an average age of 45. Around 40% were women, 28% were men, two identified as transgender or non-binary, and gender was unreported for the remaining 30%. Just under half of clients were White, six (8%) were Black, one (1.3%) Native American, one (1.3%) Latino, two (2.7%) other races, and race was unreported for the remaining 40%.

Community health workers and peer support specialists completed 651 visits with PSR clients during this evaluation period, with community health workers completing 286

visits (43.9% of all visits) and peers completing 365 visits (56.1%). Client visits occurred in person, over the phone, and via email or text. Visits involved a variety of activities, with 386 (59.3%) involving social and emotional support; 335 (51.4%) care coordination; 197 (30.3%) provision of supplies; 66 (10.1%) shelter or housing referrals; 59 (9%) medical referrals; 56 (8.6%) consultation with another provide or agency on behalf of the client; 42 (6.5%) intake procedures; 30 (4.6%) attempting to locate a client; and 14 (2.2%) other reasons.

Client Referrals

Over the course of their work with clients, PSR community health workers and peer staff made 107 referrals to service. These included 51 housing applications and referrals; 15 shelter referrals; 12 medical referrals; 5 financial/ benefits referrals; 5 food-related referrals; 4 referrals for ID replacement; 3 mental health referrals; 2 referrals for domestic violence services; and 10 additional referrals. Of these referrals, 71% were successful, 13% were unsuccessful, and 16% are pending. Reasons for unsuccessful referrals included clients not meeting eligibility requirements; clients' needs not being met by the service; housing waitlists being closed; services no longer being available; clients not being able to be located; and clients declining services.

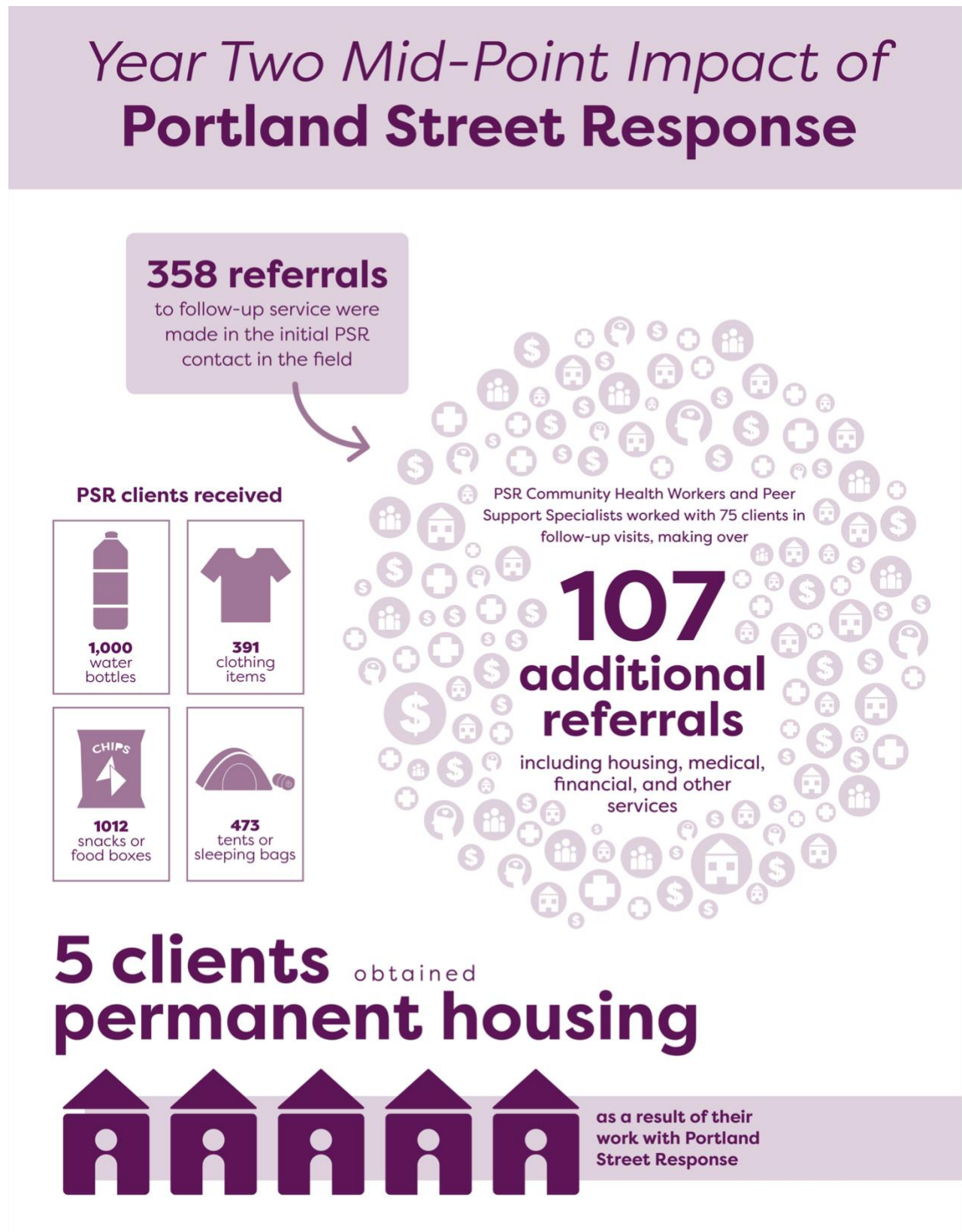
Community health workers and peer staff helped clients reconnect with pre-existing supports and also develop new connections with service providers. Their work involved close consultation and collaboration with other service providers, advocacy groups, and human service agencies. Agencies with whom they collaborated and referred clients to most actively included Central City Concern, TPI, NW Housing Alternatives, NW Pilot Program, REACH CDC, Do Good, and Islamic Social Services of Oregon.

Client Outcomes

During this evaluation period, Community Health Workers and Peer Staff helped their clients achieve notable positive outcomes in housing, shelter, healthcare, and basic needs. Five clients obtained permanent housing as a result of their work with PSR, and one client was able to avoid an eviction and retain housing. An additional 10 clients obtained two weeks or more of shelter, and 10 were able to retain their current shelter. Nineteen clients were enrolled in health services, 17 were connected to primary healthcare providers, and 15 were enrolled in healthcare coverage as a result of their work with PSR. Finally, 8 clients were enrolled in SNAP benefits (food stamps), and 8 obtained identification documents.

See Figure 13 for a graphic representing these powerful impacts of Portland Street Response

Figure 13. Impact of Portland Street Response



Community Outreach and Engagement

Community Outreach and Engagement Activities

In addition to their work responding in the field and conducting follow-up visits with clients, Portland Street Response also engaged over 3,700 community members and provided over 4,000 supplies (e.g., hygiene kits, blankets, gloves, sleeping bags) at 51 outreach and engagement activities during this six-months evaluation period. This outreach and engagement work included de-escalation trainings for local businesses, heatwave outreach, mobile showers, and tabling at community events to help educate community members about the services PSR provides. Portland Street Response continued its very successful weekly Lents Community Wellness Fair in partnership with University of Portland nursing students and numerous community partners (e.g., PDX Saints Love, CareOregon, OHA, and Portland Open Bible). This fair provides showers, hygiene, haircuts, hot meals, clothing, vaccines, and health service referrals. These activities help 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 Supervisor Britt Urban delivered a de-escalation training for Portland Animal Welfare (PAW) staff and volunteers. (Photo courtesy of the PAW Team).

Social Media

Portland Street Response also has a very active social media presence which contributes to its ability to engage and inform the community. The program currently has 4,930 followers on Twitter and 3,500 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 PSR Twitter account over the current six-month evaluation period was 4.3%. 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 PSR is excelling at reaching an audience of interested and invested community members with their social media content.

Marketing Campaign

Based on recommendations in our previous evaluation, PSR launched a large comprehensive marketing campaign called the Portland Street Response Community Outreach Campaign, under the leadership of the PSR Communications Manager Caryn Brooks and coordinated by a local design and strategy studio called HUB. The 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. Thus far, this campaign has resulted in advertisements on 62 TriMet buses; 18 billboards; 10 bus benches; 3,000 postcards translated into nine languages; 1,000 flyers; 1,000 calling cards; 1,000 informational sheets; and thousands of promotional materials (e.g., buttons and pens).



PSR advertising on a TriMet Bus. (Photo courtesy of HUB Collective).

Stakeholder Feedback



Street Roots Ambassadors prepare to conduct surveys asking unhoused community members about their knowledge of and experience with Portland Street Response. (Photo courtesy of Greg Townley).

Unhoused Community Members and Clients 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 (August 23 to August 26, 2022), teams of 10 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 surveyed 238 individuals. Surveys lasted five to 30 minutes, with an average length of 10 minutes. Responses were recorded with pen and pencil on paper copies of the survey. Participants were compensated for their time with a \$10 Visa gift card. We also brought water bottles and postcards describing the program and how to contact PSR. Surveys were hand-entered into SPSS statistical software prior to analysis. A combination of quantitative analysis and qualitative content analysis were used to analyze data.

Unhoused Community Members: Sample Description

Among the unhoused community members we spoke with about the program, the length of time they had experienced homelessness ranged from one day to 30 years, with an average of 4.5 years. Most of those we surveyed (148, 62.2%) reported sleeping outside in a tent over the last week. Twenty-seven people (11.3%) reported sleeping most often in a car or other motor vehicle; 22 people (9.2%) in a house or apartment; 14 (5.9%) outside without a tent; 12 (5%) in an emergency shelter; nine (3.8%) in a hotel or motel; four (1.7%) in an abandoned building, one (.4%) in a tiny home village; and one (.4%) in jail.

The average age of the people we spoke with was 43, ranging from 18 to 80. Most people identified their race or ethnicity as White (145, 60.9%), with 34 (14.3%) identifying as Black; 21 (8.8%) as Latino; 16 (6.7%) Native American; 4 (1.7%) Native Hawaiian or Pacific Islander; 3 (1.3%) as Asian; and 15 (6.3%) identifying as Multiracial. When asked how they describe their gender, 164 people (68.9%) reported identifying as men; 66 (27.7%) as women; 7 (2.9%) non-binary; and 1 (.4%) agender. Twenty-four people (10.1%) identified as LGBTQIA; 88 (37%) reported having a physical disability or chronic illness; 102 (42.9%) reported having a mental illness; 28 (11.8%) were veterans; 45 (18.9%) were parents to children under the age of 18, although most were separated from their children; and 3 people (1.3%) reported that English was not their primary language. Almost half of those we spoke with (42.9%) reported experiencing at least one sweep of their campsite or shelter in the previous year.

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, 106 people (44.5%) answered affirmatively, and 132 (55.5%) said they had not. For the 106 people who had interacted with first responders in the past three months, the most frequent interactions were with EMTs or paramedics (47 people, 44.3%); 36 (34%) with police; 15 (14.2%) with firefighters; and 8 (7.5%) with mental health crisis responders.

Among those who reported recent interactions with first responders, 60 (56.6%) reported positive aspects of the experience and 46 (43.4%) reported negative aspects. Positive comments were most often attributed to EMTs and paramedics (43.5%), while almost half of the negative comments (47.8%) were attributed to police. Positive experiences with first responders included EMTs using Narcan to revive someone following an overdose; mental health crisis responders helping someone calm down; firefighters helping someone having a seizure; and police showing concern and being understanding. Negative experiences included EMTs forcing them to go to the hospital; police destroying peoples' camps and taking their belongings during sweeps; and first responders being slow to respond.

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: "They have arrogant attitudes toward houseless people.

They look down on us.” Similarly, another person said, “Firefighter was rude and made assumptions about drug use... Looked at me like I’m a dirty needle drug user.” Finally, one person said about police: “They treat us cruelly, treat us like animals.”

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. Almost half of those we spoke with (96 people, 40.3%) reported not feeling safe calling 911 (see Figure 14). When asked why they feel this way, the most common reason given was not trusting police to help. For example, one person said, “Because the last time I called 911 for an ambulance, I ended up being arrested. Police abuse their authority.” Another said, “I feel like I will not be met with empathy and understanding. I’m worried they’ll use force.” A number of people also noted concerns about delays in service. One person said, “They always arrive after the thing has happened. We can handle things ourselves.” Finally, people expressed concerns about first responders being judgmental: “I don’t like calling for an ambulance because they assume people are drug-seeking based on how they look.”

Figure 14. Feelings of Safety Calling 911 Among Unhoused Community Members

40.3% of unhoused community members surveyed reported not feeling safe calling 911 if they or someone else needs help



Given evidence that communities of color have more negative interactions with first responders and lower levels of trust (for example, one national survey found that only 36% of Black Americans trust their local police compared to 77% of White Americans; Jensen, 2021), it was important to conduct additional analyses focused on the relationship between race and feeling safe calling 911. When we examined rates of feeling safe calling 911, we found striking disparities that were statistically significant, $\chi^2(1, N = 238) = 9.68, p < .01$. Among community members of color, only 47.3% reported feeling safe calling 911, compared to 67.6% of White participants. Native Hawaiians or Pacific Islanders reported the highest levels of not feeling safe calling 911 (100%),

followed by people who were Multiracial (60%), Black people (52.9%), Latinos (52.4%), Native Americans (37.5%), Asians (33.3%), and White people (32.4%) (see Table 3).

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

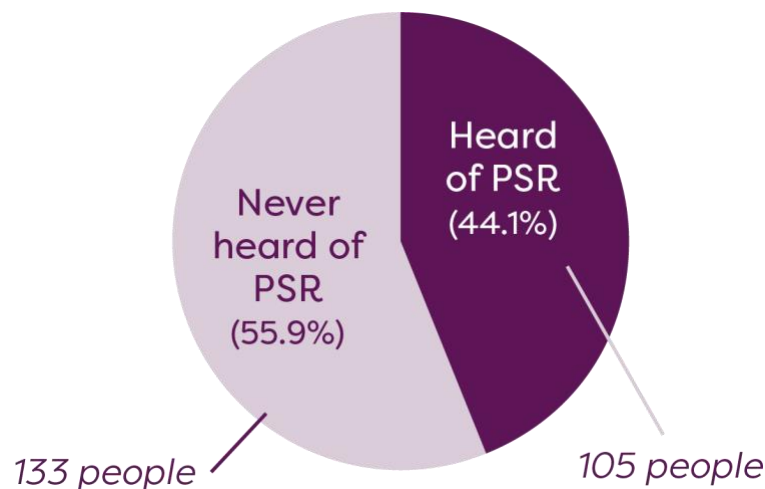
Feel Safe Calling 911	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	2 (66.7%)	16 (47.1%)	10 (47.6%)	10 (62.5%)	0 (0%)	6 (40%)	98 (67.6%)	142 (59.7%)
No	1 (33.3%)	18 (52.9%)	11 (52.4%)	6 (37.5%)	4 (100%)	9 (60%)	47 (32.4%)	96 (40.3%)

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 Portland Street Response program. One hundred and five unhoused community members we spoke with (44.1%) had heard of the program and 133 (55.9%) had not (See Figure 15). We then asked the 105 people who had heard of the program what they know about the program and how they heard about it. Just over a third of those who were familiar with the program (35.2%) said that it’s a program that helps people experiencing homelessness; another third (32.4%) said that it’s a program that helps people in mental health crisis; 24.8% described it as a police alternative; and the remaining 7.6% said that it primarily addresses medical concerns.

When asked where they heard about Portland Street Response, just over half (52.4%) said they had seen them responding or had met them through PSR outreach activities. Around a quarter (23.8%) learned about PSR from other organizations. Fourteen people (13.3%) learned about PSR through news or social media, while the remaining 10.5% reported that their knowledge came from word of mouth (e.g., “I heard about it from other homeless people and from church”).

Figure 15. Knowledge of Portland Street Response Among Unhoused Community Members



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., “Good—very kind, much better than police” and “I’m really glad they’re helping us out”). Others noted specific types of help they feel the program can provide: “It’s great. The more relationships they can develop with unhoused people the better.” Others noted specific support for the program, such as “I think it’s awesome and much needed in the community” and “It should be nationwide.” Only five of the 105 people who knew about the program expressed concerns or complaints, with one saying they were not able to reach the team when they tried calling (“I tried calling and didn’t get through; just waited on hold”) and another worrying that police were still being sent instead of PSR (“Positive except that they still send cops in some situations”).

When we examined rates of awareness of Portland Street Response by race, we found that White people were slightly more likely to have heard of it than people of color (46.2% compared to 40.9%) (see Figure 16). Among BIPOC, people identifying as Multiracial were most familiar with the program (53.3%), followed by Native Americans (50%), Black people (41.2%), Asians (33.3%), Latinos (28.6%), and Native Hawaiians or Pacific Islanders (25%) (see Table 4).

Figure 16. Knowledge of PSR Among BIPOC Unhoused Community Members

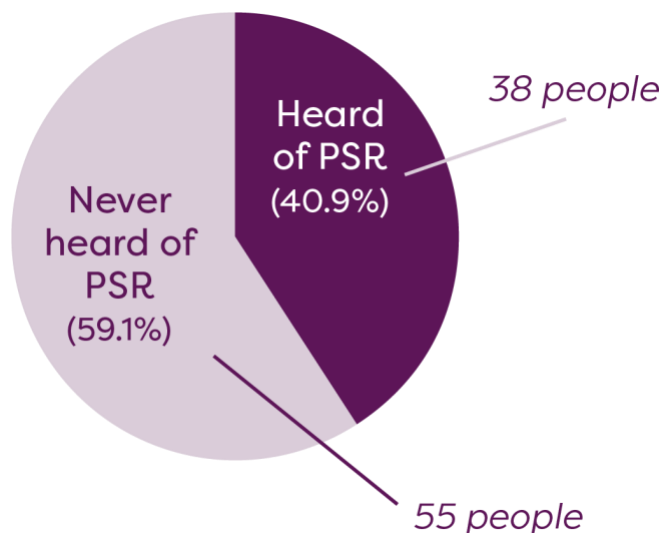


Table 4. Knowledge of PSR by Unhoused Community Member Race/Ethnicity

Knowledge of PSR	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	1 (33.3%)	14 (41.2%)	6 (28.6%)	8 (50%)	1 (25%)	8 (53.3%)	67 (46.2%)	105 (44.1%)
No	2 (66.7%)	20 (58.5%)	15 (71.4%)	8 (50%)	3 (75%)	7 (46.7%)	78 (53.8%)	133 (55.9%)

We found significant differences in knowledge of PSR by location, with the highest levels of familiarity in outer Southeast, which includes Lents, where the program was piloted (52.4% of people surveyed in outer Southeast were familiar with PSR); followed by Old Town Chinatown, where the highest volume of PSR activity occurs (49.2% of people surveyed in this area were familiar with PSR). The lowest levels of knowledge about PSR were in North Portland/ St. Johns, with just 23.6% of unhoused people surveyed in this area reporting knowledge of PSR.

While there remains important communications and outreach work to be done to ensure that more community members know about Portland Street Response and how to access it, it is encouraging that we have observed steady growth in the percentage of unhoused community members who are familiar with PSR since the beginning of the

program (see Figure 17). This is likely a result of the program’s strong commitment to communications and outreach, particularly among BIPOC community members. We will return to this point later in the report.

Figure 17. Changes in Knowledge about PSR among Unhoused Community Members from Program Start to Present

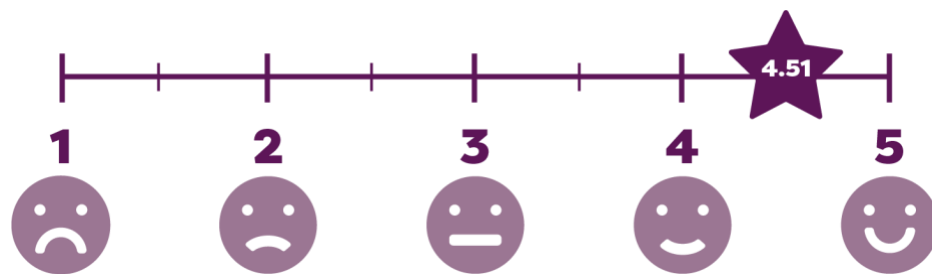


Interactions with Portland Street Response

While the increased rates of knowledge are important, only 35 of the 238 unhoused community members we spoke with (14.7%) reported having any specific interactions with Portland Street Response. The majority of these interactions (22 people, 62.9%) occurred when PSR did outreach do their camps or at community events). Seven people (20%) said they interacted with PSR when someone else called to request help for them; three people (8.6% said they met PSR when they called to request help for themselves; and three people (8.6%) interacted with PSR when they were helping out a friend or someone else at their camp.

When asked to rate their overall experience with PSR on a scale of one (worst) to five (best), scores ranged from 2 to 5, with an average of 4.51 (see Figure 18).

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



When asked what went well about the experience, people discussed the PSR team as being friendly and supportive (e.g., “As a homeless person, it’s very refreshing when someone will actually reach out to help you”; “They were friendly and genuinely cared”; “They told me my options and talked with me for a long time”). They also talked about how the team helped them or their friends who were in crisis (e.g., “I met them at the park. I was interacting with them because I needed medical care”; “They examined me and suggested I go to the hospital”; “They provided good mental health care”). People 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, “It was during the heat wave. They noticed me immediately and offered food and water.” Finally, when asked what the outcome of the interaction with PSR was, a number of people reported that they were connected to other services (e.g., “They connected me with a shelter, which is what I wanted”; “They gave me info about connecting with Central City Concern”; “They took my info, and I’m continuing services with them”). People also talked about how the outcome was better than if police or other responders had been involved (e.g., “They helped us get things in order, and no one went to jail”).

“They were able to help. I was feeling depressed, and now I feel hopeful.”

When asked what did not go well about the experience, only five of the 35 people who reported interactions with PSR provided responses, with two saying that they felt the team got too close when responding and did not allow enough personal space; two saying that they were told they would receive medicine and other resources but did not receive them; and one saying they felt the team seemed inexperienced.

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. One person said, “They treated us much better—like humans.” Another said, “I can talk with them, shoot the shit with them. It’s different—they allow me to make my own decisions.” Several people noted that the PSR response feels much different from other responders, including the length of time they can spend in the field (e.g., “It’s so important to have a non-police alternative. They can take time with the person on the scene to let them yell it out, or talk it out, or whatever”); the specialized training (e.g., “PSR is understanding and has training around de-escalation”); and the reduced likelihood that a negative outcome will occur (e.g., “Non-invasive. No arrests to worry about”).

We also asked how the experience with PSR was different from other service providers, and people noted that PSR has better training for medical and mental health needs; they can provide more resources and supplies; and that the experience with PSR was “more personable. It’s not just a service they have to provide. These people wanted to be doing it.”

Value of PSR and Recommendations

We ended the surveys by asking unhoused people what they see as the value of Portland Street Response for the community, and also if they have recommendations for the program. When discussing the value of PSR, 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,

There are so many mental health problems. Sending people who are just there to talk, not enforce. This could change the way the entire country handles people in crisis—the difference between a police state and a state that cares.

Similarly, another person said, “It’s quicker than police and frees up police for more life-threatening calls.” A number of people talked about the importance of resources and service connection, particularly for people dealing with mental health challenges. One person said, “There’s a huge value for hungry and tired people. It’s good that they do outreach and harm reduction.” Another said, “PSR has huge value. People want help but need a hand up first.”

Several people also noted the positive impact PSR can have on increasing safety and reducing arrests: “Huge value. A lot less ODs, and a lot less potential suicides. Mental healing will be treated better than if a cop showed up.” Another said, “If someone is hurt

or sick, they won't be arrested, and they can work on healing where they're at." People said 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 the following:

"It helps build trust and community and relationship. It's critical to develop relationship with people in crisis. They don't trust people, but mental health workers who come and get to know them can build trust."

Recommendations for the program clustered around increased outreach, specific services and resources to provide, suggestions of ways to engage unhoused people, and general recommendations for city resources to help unhoused people. A number of people encouraged the PSR team to continue doing outreach and follow-up, bringing flyers and information about how people can contact them. Specific resources that people requested were Narcan, phones, and resource guides. Several people noted the importance of listening to people's needs and meeting them where they are at: "One thing that bothers me is when people think they know what you're going through. Listen and learn. Don't make assumptions." People also make recommendations for program operations, including hiring people with lived experience: "Lived experience is key. Get people who have lived experience—not just people who studied it." A few people noted the importance of being transparent that police may still be sent to calls if staffing isn't available for PSR; and a few noted that there is some confusion between Rapid Response and Portland Street Response given the similarity in names: "The name gets confused for Rapid Response. That's bad."

In addition to recommendations to expand funding to Portland Street Response (e.g., "It needs more funding. Needs government funding but should be run by the people"), a number of people advocated for increased support from 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, "There are too many empty buildings. We need more houses."

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 *word of mouth* (reported by 95 people, 39.9%), followed by *conducting outreach* (83 people, 34.9%); *flyers* (62 people, 26.1%); *social media* (34 people, 14.3%); *involving people with lived experience* (14 people, 5.9%); *billboards* (10 people, 4.2%); and *community events* (9 people, 3.8%).

PSR Clients: Methodology

In addition to the survey approach described above, we also interviewed 13 clients served by the PSR program who were referred to us from PSR staff after they confirmed that their clients were willing to be interviewed. These interviews occurred in person at peoples' camps, homes, or shelters, 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 asked in the unhoused community member survey 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, and interviews were recorded and transcribed prior to qualitative thematic analysis. Participants were compensated for their time with a \$10 Visa gift card. A combination of quantitative analysis and qualitative thematic analysis were used to analyze data.

PSR Clients: Sample Description

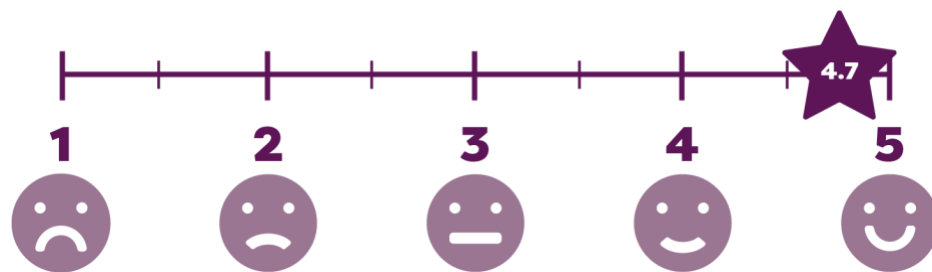
The average age of the 13 clients we spoke with was 55. Seven clients (53.8%) identified their race as White, 3 (23.1%) identified as Black, two (15.4%) as Multiracial, and one (7.7%) as Native American. Eight clients (61.5%) identified as women and seven (53.8%) as men.

PSR Clients: Findings

Experience with PSR

The thirteen PSR clients we spoke with reported very positive experiences with the program, with scores ranging from 3.5 to 5, with an average of 4.7 (see Figure 19).

Figure 19. Satisfaction with PSR among PSR Clients



Kind, Compassionate, Client-centered Approach

Clients described the kind, compassionate treatment they received from the PSR community health workers. They appreciated that the team worked hard to meet them where they were at without making any judgements.

“Honestly, as far as Heather goes, everything she has done... She's got the patience of a saint, I swear. Because I don't know how many times I have called her out, and I have been in the middle of a meltdown. I mean a total 100% meltdown. And I don't know how she's done it, but she's able to actually to talk me... get me to calm down.”

“When the person will talk to you, look you in the eye, not look down at your feet or look at your chest, or look at the clothes you're wearing, they care. If they can see past all those, whatever... yeah, they care. These people care.”

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 gave me options. It made me feel safe, made me feel comfortable. And then they say, ‘Hey, we can help you?’ Assured me with help, and then gave me some options. ‘Here's what we suggest, but would you rather do this?’ They gave me alternatives, and I really appreciate that. They didn't just take me and jam me wherever they thought to within a stereotypical situation, they gave me options of different ways they can help me. And I thought that was really lifesaving, saved my life.”

“Well, it's something that I was thinking about already, but she gave me that push I needed. She said that she would go with me to a couple places and see what they look like and if I like them, if that's what I need. I suggested that we go to assisted living places, and she said that she would be glad to go with me. She had several in mind, and we would go out and take a look at them and see how they are, because I don't even know assisted living would be like. I think if I decide that, that's what I need, I'm sure she's going to help me find it.”

Connection to Housing and Other Resources

Clients described receiving a variety of resources from the community health workers and peer support specialists, including food boxes, housing and health service referrals, clothing, first aid, tents, hand warmers, pet care, motel vouchers, and even rides to jobs or appointments.

“Sometimes, when he's been out in the field for freaking hours ... and he's the only peer support specialist working that day, and he'll come by just to say, ‘Hey. You doing okay? Anything you need for the day that I can do ... Anything?’ And, I

mean, oh, my god. How can you talk bad about that? I mean, and the fact that there's days that I wouldn't have been able to get to work if it hadn't been for LaMarr. He's been amazing to me."

"What we worked on first was getting healthcare. Zeke helped me with that one, and then Jessie helped me go and get my ID at TPI. And then they both worked together and got me into the shelter. I had already had food stamps before that, but I was literally stuck in my tent, scared of these people out there. And so they would help me when I couldn't leave my tent to get stuff that I needed, cat litter for my cat, cat food for my cat because I can't buy those things."

"Well, let's put it this way. I'm not living in a van anymore. That is the biggest thing. I have my own space. I have my own privacy. I don't have to listen to anybody but my own voice. I have peace and quiet. Finally. So, I am extremely... even though this is what they call transitional, I am a whole lot happier here than I was there. Trust me."

Comparison with Other First Responders

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

"And they were really cool, man. They listened to what was going on. They didn't jump to conclusions. I wasn't used to that with... I mean, generally dealing with some of the other entities that I have, they tend to judge you right off the bat, or they've already made up their mind of what's going on before they even up. Well, these guys were pretty cool."

"What I liked about my initial contact with them is they were really very non-judgmental. You know what I mean? They didn't seem to come out with the attitude of, 'Oh, well, this guy's got mental health issues,' which I do, 'and he's throwing a fit out here.' They come out with a little bit more compassion and like, 'Hey man, what's going on? So this is what we heard. What's really happening and how can we help?' And it was nice that 911 didn't just show up and start barking orders and acting like I was out there doing something illegal."

"Gosh, I think they're amazing people to come, and that they are able to talk people down, and they can also stay at the calls longer. Where, especially

firefighters, you know, they came out quite a few times, but they always had to go quickly... they were out like saving buildings from burning, you know?”

Value of Portland Street Response for self and others

The 13 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.

“As far as I'm concerned, you need about a thousand more of them. You really do because there are people out there who need help and who would like help, but they can't get help because they don't know where to go. And every time they do, they're told where to go. It's always the wrong place. Or, 'I'm sorry, we don't do that.' Or, 'I'm sorry, we can't help you.' And you know what? I am so sick and tired of hearing, 'I'm sorry'... Don't tell me you're sorry. Fix it! And it seems like... Well, let's put it this way: without Heather, I'd still be fighting, and I'd still be screaming, and I'd still be yelling, and I still wouldn't get a damn thing done.”

“Graciela was so kind... She said to call her first, and she gave us her phone number and she told us, 'Call me first, call me before you call 9-1-1.' And just, she was available for him to have that, which a lot of times for him, it was just nervousness. Like he needed someone to talk him down, and she was making herself available for him to be able to go that aspect as opposed to calling 9-1-1, you know?”

“They should keep on keeping on. They should put more money into it so they can reach more people, because there's a lot of people they don't see because they don't know about coming here to this church or going to where their office is located at. A lot of people are not only just experiencing the homelessness, but the hopelessness. That's what gets them. And these people give them hope.”

PSR Staff

PSR Staff: Methodology

We remained in close connection with PSR staff throughout the evaluation period 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 one-on-one interviews with 17 staff, including mental health crisis responders, community health medics, community health workers, peer support specialists, and supervisors (34 interviews total). We also meet regularly with the PSR program manager to provide feedback about the program and recommendations for improvement; and the PSR data analyst to discuss data and provide feedback on data management and operations. The lead evaluator also conducted a ride-along with the PSR team in July 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 then 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 PSR staff via email at two time points—one in June 2022 and another in September 2022. At each timepoint, over 80% of invited staff completed the survey—14 out of 16 at time one and 12 out of 15 at time two.

PSR Staff: ProQOL Findings

See Appendix A for individual items and mean scores at each survey time point. For the first ProQOL survey, the average scores on the Compassion Satisfaction subscale among PSR staff ranged from 30 to 49, with a mean of 39.71 out of a possible 50 points. This indicates ‘moderate’ compassion satisfaction for the team as a whole. The average scores on the Burnout scale ranged from 12 to 31, with an average of 21.64 out of 50. This indicates ‘low’ burnout. The average scores on the Secondary Traumatic

Stress subscale ranged from 13 to 38, with a mean of 21.35. This indicates 'low' secondary traumatic stress for the team as a whole.

For the second ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PSR staff ranged from 35 to 49, with a mean of 39.00 out of a possible 50 points. This indicates 'moderate' compassion satisfaction for the team as a whole. The average scores on the Burnout scale ranged from 12 to 33, with mean of 24.72 out of 50. This indicates 'moderate' burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 14 to 30, with a mean of 22.55 out of 50. This indicates 'moderate' secondary traumatic stress.

Scores were remarkably consistent and positive across both surveys, suggesting that the team derives a great deal of professional satisfaction from their work and has positive feelings about their ability to be effective while also maintaining healthy professional boundaries. There were small increases in burnout and secondary traumatic stress between the two time points, which likely reflects the stress of being understaffed as the program expanded citywide. It will be important for the team to receive 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. We will discuss these points in more details below as we present the findings from our staff interviews.

PSR Staff: Interview Findings

Strengths of the Staff and Program

In the second year of Portland Street Response, staff continue to demonstrate a strong commitment to this work and deep care for the people they serve. They bring a diversity of skills and experiences that allow them to be nimble in the field and responsive to the individualized needs of their clients.

Commitment to the Work and Deep Care for the People They Serve

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

“My favorite part of the job is probably, I get to love on people for a living, and I get to be there for them. For me, I love crisis work because when someone’s in a crisis, that’s one of the most dramatic experiences that they’ve ever gone through. We’re with people at one of the worst moments of their life potentially. To be that person that’s there in the moment to deescalate, to make them feel safe, to be there with them. I feel like it’s a privilege. I am honored to do this.”

“My favorite part of the job is honestly just interacting with people that get overlooked. Honestly, that's just the truth. I honestly like talking to people and acknowledging people and just showing people that, yes, I can work for the city and support you and acknowledge that you are an important person just because you're alive.”

Along with being able to provide emotional support to the people they serve, the team also appreciates being able to provide tangible resources to vulnerable community members.

“It feels like just what I'm supposed to be doing. I really feel a deep connection to this work, and it feels really good... just being able to sit there and hang out with them and get to actually build real connections with people. I also really like all the stuff we can give out to people. I love that I don't have to count how many tents I have in the back and be like, 'Oh, sorry, I ran out. I only have two tents left, so I have to hold on to them.' I can just give people what they need, and there's no question about why I did this.”

“I think we do make an impact by helping people get some of their needs and being able to give them a fresh pair of clothes or give them supplies that they may not have and to be able to give them a little more resource. It's just been really unique to see because when they see us walk up to them, they're like, 'Oh my gosh. They're trying to get me to move along or whatever.' But they being able to be like, 'Hey, no. We're not trying to do that. We're just trying to see how we can help you.' What we can do in the moment has been pretty impactful for sure.”

This care extends beyond their individual client interactions. They are also deeply committed to the broader community and to transforming the way that first response systems engage with people experiencing mental health crisis and homelessness.

“My favorite part of the job is feeling like I have an active part in changing my community for the better. Given the strange times we are currently living in, I know there are many people who want better for themselves and their neighbors but don't know how to change the societal environment and culture. It makes me feel good to know I am participating in a great wave of change to make my home a safer, more connected place for everyone in tangible ways that I am well-equipped and qualified to do.”

“I believe in our mission, and I want to be part of the change, and I know that I have value, and I know that is the way that I feel when I see somebody being successful in the goals that I help them achieve. And I know that I have value based on my personal experience, and so I want to be able to interject my expertise into our program and help institute change. We need systemic change big time, but if I can just be just a little teeny bit here to help it grow to be something bigger, then I’m honored to do so.”

“I think that it’s above and beyond the outreach and helping people get resources. I think that being a positive face of a system that a lot of people don’t trust is probably the best thing that I get out of this employment... I get to be able to be present and to show people that I see you, I hear you, and I acknowledge your existence, and that’s it.

Diverse Skills and Experiences

One of the features that makes Portland Street Response so successful is the inclusion of so many different team members’ skills and experiences, which allows for comprehensive, wrap-around support that begins with the first responders in the field and continues through to the follow-up services that community health workers and peer support specialists provide following crisis calls. The combination of both personal and professional experience allows the team to build trust and rapport with their clients and engage in shared decision-making about their needs for service.

“I’ve worked on a psych unit, so I’m like, ‘Oh, this is inpatient psych stabilization, that’s what this person needs’... A lot of times, you can ask somebody what they need, and they’ll be able to tell you. I believe they’re the experts on themselves. But also, there’s a reason why I was hired, because I have this background, I have this education, I have this experience... I can objectively look and say, ‘You’re unwell for this reason and this reason, and there needs to be medical intervention.’”

“I’ve done a lot of mutual aid work in my own time... After I got my EMT certification, I helped a lot of people with wounds out there and passing out meals, giving basic information of how to take care of themselves and what are signs of infection and stuff.”

“My personal thought on it is, ‘I’m the one who has experience having the calvary called on me, being in crisis and having a bunch of strangers showing up and trying to help. I think I can bring a really valuable perspective to a crisis situation. I think being able to connect with someone and say, ‘Hey, I have actually

experienced some really unbelievable challenging things that might be similar to what you're going through'... and that recovery from whatever they're going through is absolutely possible. I think that's a really, really valuable thing to bring to the first response."

Additional Resources and Supports Needed

Structure and Support

While team members reported feeling generally supported by the PSR program manager and supervisors, numerous staff noted the need for more structure and support in doing their jobs, especially during training and onboarding.

"I would definitely say structure, because when I first came onto the team, I guess I was confused to where I should be, what I should be doing, how do I get materials that should be, I guess provide for me on my first day. So, I pretty much had to navigate on my own."

"People are just craving structure and processes and protocols and all these things."

While the program is working to bring on additional supervisors to manage the day-to-day operations of staff in the field, the lack of supervision during the first few months of the citywide expansion made it difficult for staff to keep up with programmatic changes, especially for weekend staff:

"I mean, we just started having a supervisor, right? My first three months, there was no one. So, we'd show up, there was no roll call, there was nothing. We just kind of figured it out. Policies are changing all of the time, and sometimes we aren't filled in on that loop, so it's really hard when we come in on a Thursday and all of this new policy is thrown at us, and then we're just trying to absorb all of this."

In some cases, the lack of structure and support was seen as contributing to burnout among staff:

"They're already starting to feel burnt out, but I think it's because there's a lack of support because we have really hard jobs, we see really awful things, and I never hear anybody talking to folks about how to deal with the trauma we see daily. I think that's a really important conversation to have."

“I think the root cause of it is lack of structure. If there was a better structure, especially on the aftercare folks, I don’t think they’ll feel the burnout. Because, I mean, everybody’s just picking up a piece here and fix a piece there and move along. But if there’s a more streamlined structure to follow and whatnot, I think all the aftercare folks wouldn’t have a lot of burnout.”

Staff suggested that providing additional structure and consistency would help add more predictability to their stressful jobs.

“I think everybody's doing the best they can. But I do think if we're thinking about, our bodies need predictability and consistency. This job is already unpredictable. If we can have some predictability in the sense of creating that structure, that would help so much. Of course, things can change, but if you keep some consistency, then people can relax and it's not as reactive. All these things we do for our clients, we have to do for ourselves. So maybe just figuring out policies, having that structure to base things off of. It’s never going to be calm, and that’s life. But’s like, ‘When this happens, let’s do this. Here’s a person to go to for this.’ Establish a base and then we can work from that.”

Clinical Supervision

In addition to direct supervisors who help staff with the day-to-day operations of their jobs, team members also receive monthly group supervision and as well as opportunities to meet individually with contracted clinical supervisors. Use of individual clinical supervision varies considerably, with peer support staff seeming to access it more often than other staff:

“I’m feeling pretty good right now. We’re getting the clinical supervision that had been requested for such a long time. That’s definitely a bonus... I’m actually getting it, individual and group supervision, from a peer as well as a mental health practitioner... I’d say people are using it to the extent that they need it.”

Some staff reported that the group supervision format did not allow enough time or space to process difficulties they were having in their work:

“We have the group supervision, but I mean, it’s eight people in a room who have similar or other grievances that are just as important, that are affecting them in this workspace. And it’s only an hour or two hours long, which is definitely not enough time for eight people to talk about their grievances.”

“I just don’t do well in group supervision. I don’t do well like big group talking, processing. I feel like I’m definitely a one-on-one or maybe a couple others. But I feel like if the group’s too big, I tend not to speak up.”

Other staff recommended blending clinical supervision with the direct supervision they receive in their jobs in order to process client cases with someone who is more familiar with the program:

“Something that I think would be great is if we have supervision with our actual supervisor and not just the offer of a clinical supervision with a contracted provider. Having space where we can break down cases and talk about cases, just check in that you’re going in the right direction with somebody. I think that would be great.”

Charting and Data Collection

The team continues to appreciate the support and dedication of the PSR data analyst who has helped to refine charting and data collection procedures to make this process as smooth as possible for staff.

“Andy has been a lifesaver. They are always there for us every time when we need like a small refresher, or just something, we can email or call them. I have been in training with them for the last few weeks on just like going over ImageTrend, and how to do the encounter form... So yeah, I’ve been learning a lot from them.”

However, given the complexity and importance of the charting and data collection process, staff noted the need for additional training opportunities, as well as concerns about consistency of charting practices among staff members:

“I wish we had more training on the computer side of things, because I know how crucial that is.”

“I feel like it’s working out all right. I’m more concerned about buttons that might be missed and/or misinterpreted. Because I feel like we haven’t, as a team, talked very often about charting. So, I think that’s my concern is that we don’t meet enough to talk about charting and what really each field means and how to

fill out each field. And especially since that's what we use for data, that's probably what I'm concerned with."

It will be important to have supervisors trained in charting and data collection procedures so they can review charts and provide assistance to staff to ensure that data are being entered consistently. This will result in more accurate information and also help free up the PSR data analyst to focus more on data analytics and operations.

Role Clarification and Connection between Teams

While the first responder roles of the PSR team are generally clear-cut, there remain some questions regarding role clarification among community health workers and peer support staff:

"I think that's another area that's a little weird right now because there's been just so little direction from management, that the peers are really confused on what their role is versus community health workers."

Generally, staff draw distinctions between the roles in the following ways:

"I see the community health workers as working on action items and peers working on the vision board. So, practical support in terms of seeking agency services and resources. I see that more as the community health workers, whereas the peers are working more on the emotional support and visioning, changing worldviews, and trying to figure out where a person would like to go."

"Yeah, there's definitely a difference. Heather and community health workers in general, they do more case management style. They're working on getting people their IDs or birth certificates. They're getting people on housing wait lists and applying for subsidized housing grants and things like that, and helping people get insurance. I do more social-emotional support that fills in the gaps because those are lengthy processes, and so I'm more covering basic needs being met. I'm going to help you out with food and clothing and shelter if you need it."

Peers can also ride alongside first responders to assist with the first contacts with clients, though there is inconsistency in this practice between teams and shifts.

"As a peer support, it's a hybrid role between the community health workers and the first responders. So typically, I have the ability to respond as a first responder in the rig with the crew of a mental health crisis responder and a medic, and

make first contact with people and get over the hump of... sometimes they may not trust the mental health responder. And so, my ability to say, 'Hey, I've been on the streets. I've dealt with mental health issues myself.' Typically, I'm able to relate to people just by the experience that I have."

"Because of all the onboarding and the mental health workers, the new ones shadowing on the response crews, I haven't really had the opportunity to go out on the response crew in a long time. I actually went back to my job description. It specifically mentions being on the responder crew as a significant part of the job. So I'm a little annoyed that I'm not able to go out and do that work because I think it adds a lot of value to the crew."

In addition to the important role that peers can play in assisting with the first interactions with clients, staff also noted the role that peers, community health workers, or other staff could play in relieving first response staff on long calls so they can keep responding to new calls.

"They could be very useful for the responders in the moment, like, 'Hey, can you come out and relieve us and take it from here?' But because they do have a caseload and are doing other things, they're not always available for that. So, that could be a useful addition to have people who can take over so we can get on to other calls. Like, yesterday, we had a situation with a woman who we needed to coordinate getting her to a motel for the night and detox this morning. And because of staffing on the community health and peer side, I think responders ended up doing all this extra leg work and were out of service for hours coordinating this."

Staff also noted the need for staff who could do outreach work to locate clients referred to them for follow-up care from first response staff:

"I worry about our outreach system, and I know that people are falling through the cracks with that. We're trying to go out to everybody that we were getting referrals for, and literally it takes a whole day, and we still didn't see everybody on the list. We only got probably two clients out of the whole day of outreach. We really need a dedicated team of two that could just do outreach."

In addition to the need to further clarify roles and responsibilities for community health workers and peers, some staff expressed concern that the recent shift of these positions to a new branch of the PF&R Community Health Division might result in a further

blurring of roles, or in responsibilities that are outside the scope of PSR's primary client base.

"There's a push right now to transfer the community health workers and the peers to a third program in community health called Community Connect. We're being told that nothing about our jobs will change at all, but I find that highly suspect because if nothing is changing, why is it changing? I have some concerns about what that looks like. Also, I don't know how to provide peer support for folks whose primary concern is chronic medical, physical health issues. That's not my area of expertise. That's not my area of personal experience. Frankly, I'm not particularly interested in it, either."

Staff also expressed concerns about how such a move may reduce their connection to and collaboration with first response staff:

"I like seeing the first responders, and I like them being able to ask us questions, or us ask them questions. I feel like as we grow more, there's going to be a big disconnect between the two programs. And why would they refer clients to us when they don't even know what we do or who we are?"

"I'm a little bit concerned about that. I'm concerned that it will erode team dynamics and separate teams out so that we're less collaborative, we see each other less."

Finally, staff discussed the importance of being proactive about community building and building trust between team members.

"...but also the idea of community building, and how do I build trust with people that I'm going to be working very closely with. We have a lot of work to do just between the teams at PSR. And there's conflict between teammates right now, and there are things that we can be doing proactively that we could be doing on an ongoing basis.

Challenges and Concerns

Growing Pains

The first six months of PSR's citywide expansion was challenging as the program expanded from 36 to 145 square miles and struggled to onboard new staff quickly enough to keep up with the demands of their ballooning call volume. Stress experienced by staff as a result of program expansion was a common theme across our interviews:

“I think the expansion has been a little clunky. There’s just so many new people coming on all at once. It’s a constant expansion. That can be a little stressful. I think it’s needed. I don’t really see a way to avoid that, but it’s been a little bit of a challenge.”

“It’s been bumpy, I would say. We didn’t have six full teams when we started the expansion, and now we lost a teammate, so there’s no swing team Friday, Saturday, Sunday, evenings... I know what it’s like to have three teams on at a time, and that felt better, more manageable. If I can just focus on one side, usually I’m going to be much more successful in finding people. But if I have to go from 122 out to North Portland and then come back and go to Southwest Portland, and I’m trying to call people and trying to get in touch with them... Once I get there, they’re not there anymore.”

Indeed, many of the challenges the program has experienced result from staffing constraints that left them with half or fewer the number of teams they hoped to have in the field during the expansion period. Not only did this increase stress and strain on staff, but it also led to concerns about delayed response times and not being able to serve their clients.

“As far as capacity, we’re just understaffed. And even when everybody’s at work, there’s been COVID sicknesses, so that pulls people out. And then even when everybody’s there when they’re supposed to be, it’s still not enough. The queued calls are just stacked up, and we implemented the max five calls at a time thing, which I think has helped alleviate some of the stress for responders... But it’s still pretty back-to-back without much relief.”

“The stresses that I see now are really coming from that, short staff, and then we have all these geographical locations to serve, right? And it’s putting a lot of stress on people. And I think some of them, they have talked about them being burned out, and it clearly makes sense. But also, it’s affecting the callers as well. People are calling and expecting us to be there, but some of the calls... we are not able to get to.”

A number of staff talked about how much of the responsibility for onboarding new staff has fallen on their shoulders and made their already stressful jobs even more stressful:

“They hired a bunch of new people, and that was really stressful and really fast, and I feel like there was a lot of stuff that was still happening behind the scenes that wasn’t figured out yet, and stuff happening interpersonally, and they added

in 30 new people. Just a big jump. I have a new supervisor, and next week, there's going to be CHAT on the weekends, and four people are shadowing me now on the weekends. It's just a lot of stress to put on your team to be like, 'Okay, we want to see these numbers. We want to see these people on the street. We want to hire all these people.' And then you push it onto all of your workers. It's really frustrating."

Still, despite these clear growing pains, staff expressed their understanding of the challenges inherent to expanding a program like PSR, and their continued faith in the program and its core mission:

"Now, the challenge is, I mean, I understand that we are still going through our process right now, and things are going to be changing. To me, it's like, okay I just in this boat that is on the ocean, and we're still trying to find a direction. I feel I trust in my leaders, in Robyn, in whoever is directing this boat. I feel like we are going to land it good, we are going to touch land...I feel like everything is going to work the way it needs to work."

"I guess one thing that I've been keeping in mind is the idea that PSR is the first new emergency response team in over a hundred years. So, naturally, it makes sense that we will be in a constant state of change for years to come, where we are constantly trying to find out footing. I think I've just accepted that. I think it's an amazing opportunity. It's exciting. It can be disorienting. I think just embracing that component to it is really helpful, at least for me."

Communication with Leadership

A challenge related to the growth of the program is that staff feel more disconnected from program leadership and feel that decisions are often made without consulting them. They would appreciate having more opportunities to provide feedback on new policies and procedures, and additional avenues for communication and idea sharing with leadership.

"I think at least quarterly, Robyn and everyone underneath, all the supervisors to be in the room and discussing topics so that everybody hears at the same time, and everybody has an opportunity to hear feedback in that moment. Just

somehow really opening the communication channel. It's such a critical element that's missing."

"I just want opportunities, the space for opportunities to be created, and that's the structure. That's the kind of thing that I'm looking for. I agree. I think that we need more structure, but I want people to be able to have input into those things—nothing about me without me. When we talk about trauma informed care, that is about empowerment and voice and choice. I don't think that's just for the clients that we serve. I certainly hope it's not, because then that is not a true value of Portland Street Response. If it is a value, then it is for everybody. I should have voice and choice in the decisions that are being made about me."

Cultural Differences between PSR and PF&R

While being housed within PF&R has many advantages such as providing the program with structure and legitimacy, there are a number of key cultural differences between PSR and PF&R that have contributed to the growing pains PSR has experienced during the program's citywide expansion.

"The biggest struggle continues to be the culture clash between PSR/ services world and Fire Bureau culture. Honestly, on a weekly basis, there's something that comes up that's just upsetting to people on the PSR team because it doesn't make sense in our field. And on one side, I appreciate some of the structure that there is in the Fire Bureau, and just the natural infrastructure that we have that's made it easier, and also some of the experience of emergency responders that can help us understand how to respond. But just the rigidity of the way things are done does not make sense in the work we do. And just some of the lack of understanding of the people we work with."

"My least favorite aspect of this job is fire culture. I think we clash really heavily. I know even speaking up feels really hard, and I felt like it should be easier in this space. I felt like if racism's happening, it should be easy to speak up. It should be something that's encouraged. I feel like in a lot of ways, I've felt really pushed down in that, and I've felt like I'm putting my job at risk for speaking up against things, and it should be like that. I think that comes from the fire culture of predominantly White men who get to exist in that space, and we're just the weird PSR who's trying to change that trying to make sure everyone feels safe in these spaces."

“When you add Portland Street Response into a room of firefighters, it’s clear. Just visually, you look around, and it’s more non-White, more queer folks, more expressive people. It’s just, yep, we’re definitely different. And we see that. We recognize that in each other, and there are protective factors for that.”

While these cultural differences have created challenges, team members also recognize the value of positive interactions and opportunities to educate other PF&R staff about PSR and about its core values.

“There’s hope that they’ll get this trauma informed care culture, and it will gradually go up and impact fire. Only time will tell if this happens. Can we address it? Bring it into fire and it goes up from there? Or is the culture that’s here so strong that the trauma-informed influence gets washed away?”

“I believe that people lead by example, and so the more that they see us out there, and the more that we have positive interactions with the firefighters, the more they’re going to be like, ‘Okay, okay, okay.’ It’s give and take. We literally get paid to help provide solutions for people, so we need to live in the solution.”

In particular, the relationship between PSR and CHAT, both of which are housed within the Community Health Division of PF&R, is one that has benefited from additional opportunities to interact, train, and respond together.

“We’re slowly warming up to each other. It’s been a slow process, but I feel like we’re melding pretty well now. I don’t know if I can attribute it to anything except for time, but I feel like there’s just more interaction, both professional and social interaction, between us now than there was initially. I think there was nervousness between us at first, but I feel like we’ve moved through that for the most part.”

“It’s been kind of cool to see a couple of the CHAT EMTs who come in, and I know they want to be firefighters, and I know maybe they didn’t totally align with PSR, and you could feel that when they had to ride with PSR or whatever, they’d rather be on CHAT. They’re rather be on medical calls, and their goal is to be a

firefighter. But there's been a few of them that I see this really cool shift where they get it more now—what we're doing, and how to approach people, and how to talk to people who are in crisis.”

Service Gaps and Concerns about being a “Band-Aid” Fix

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, and the lack of resources available to meet these needs.

“I think one of our six-hour calls was this woman needed a place to stay, but none of our systems... we call everywhere. Adult Protective Services was no help, and she met their criteria. And no clinic would take her because she had no apparent medical need. And so, we're just with her. And then finally I called my supervisors and managers. And then they gave us a number, which gave us a number, which gave us a number... It can be a lot of that.”

“Yeah, there's definitely calls where we leave and I'm like, 'Wow, that feels like shit', just to be frank, but that feels awful to leave, and this person's still out here. Maybe we've seen this person like seven times, right? And we keep going out, and every time we see them, they're looking worse and worse and worse, and there's still no solutions for this person. Especially elderly people, there's no solutions. There's no shelters for those people who can't take care of themselves, take care of their basic needs.”

“There's a lot of jokes about PSR giving granola bars, but yeah, sometimes, and obviously with crisis work, getting immediate basic needs met—food, water, comfort from the elements—those are obvious things, but it feels really bad when it's all I can do for you right now is give you something to eat, something to drink, a cigarette.”

“I love the work I do and I love this population, though it is difficult to feel happy and satisfied with the work when the system does not provide adequate resources to make meaningful, long-term, positive change in the lives of those we serve. It is my dream job in a nightmare system.”

Misunderstandings about what Portland Street Response Does

Among both community members and other first responders, there remains considerable confusion about the purpose and role of Portland Street Response. People continue to think that PSR is a program that is intended to end visible homelessness, and they criticize the program for not being successful at achieving this.

“I think it’s important to note that the public doesn’t totally understand all the time what we’re doing. We have a lot of supporters, and then we have a lot of people who think that we’re a waste of money, and they have no problem letting us know that. And then we have a lot of people who have no idea what we do, and that middle bubble, I would argue also encapsulates the fire department and police department.”

“I feel like there’s been a lot of pushback for our program, like what are we even doing? Why aren’t we getting people off the streets? Why aren’t we making people disappear essentially? It’s like, ‘We don’t make people disappear. Not our job. You know?’”

Some PSR staff noted a feeling that other first responders don’t respect them due to the low acuity nature of the calls they respond to:

“I think people hear low acuity, and they assume that we’re just dealing with average people. There’s no crisis when low acuity means they don’t need to go to the ER right this second. So, I think that’s how we’ve been treated, is that our work is less valuable than theirs.”

Others said that police and fire often request them for work that is more appropriate for outreach workers, not first responders.

“I would say for both police and fire, I think a lot of them have the message that we’re an outreach organization because we definitely get requests for, ‘Hey, we just met this person. They need supplies. Can you come give them a tent or something?’ And we’ve had to explain on numerous occasions that yes, we can provide those in specific situations, but that’s not really our main job function.”

Staff want to be helpful and collaborate with other first responders, which makes it difficult to know when they should respond to requests for assistance, and when they should decline such requests.

“I think it’s great that they’re remembering us, but that also means that now we’re being asked to do things that aren’t necessarily within our scope, or aren’t necessarily appropriate for the crisis teams, but because we want to be valuable, and because we want to help whenever we can, a lot of us are struggling to figure out, ‘When do we say no to things?’”

Even more concerning to staff were a number of instances in which PF&R supervisors asked PSR staff to serve in an enforcement role during sweeps of unhoused peoples’ camps.

“We kept getting calls once or twice a day from different higher-up supervisors within the Portland Fire Bureau who said, ‘We really want you to come down to these sweeps and convince people to go to shelter.’ We really didn’t feel comfortable driving up and then essentially being seen helping out police and fire clear people’s things. We also don’t feel good about trying to force people to do anything. If they don’t want to do anything, we don’t think it’s our right to push that on them.”

Putting PSR in such a position is antithetical to the program’s core mission and thwarts their efforts to build trust among people in crisis. Some staff worried that this was contributing to misinformation among unhoused people and may reduce the likelihood that they will reach out for PSR’s support if they need it.

“When we hear stuff like, ‘Oh, I don’t know, aren’t you guys the ones who are rounding people up?’, it makes me sad because I know that they had to have heard that from somewhere. Someone is saying that to them, and that is like a general understanding within a certain group of people. So, we really want to make sure that we’re trying our best to change that point of view.”

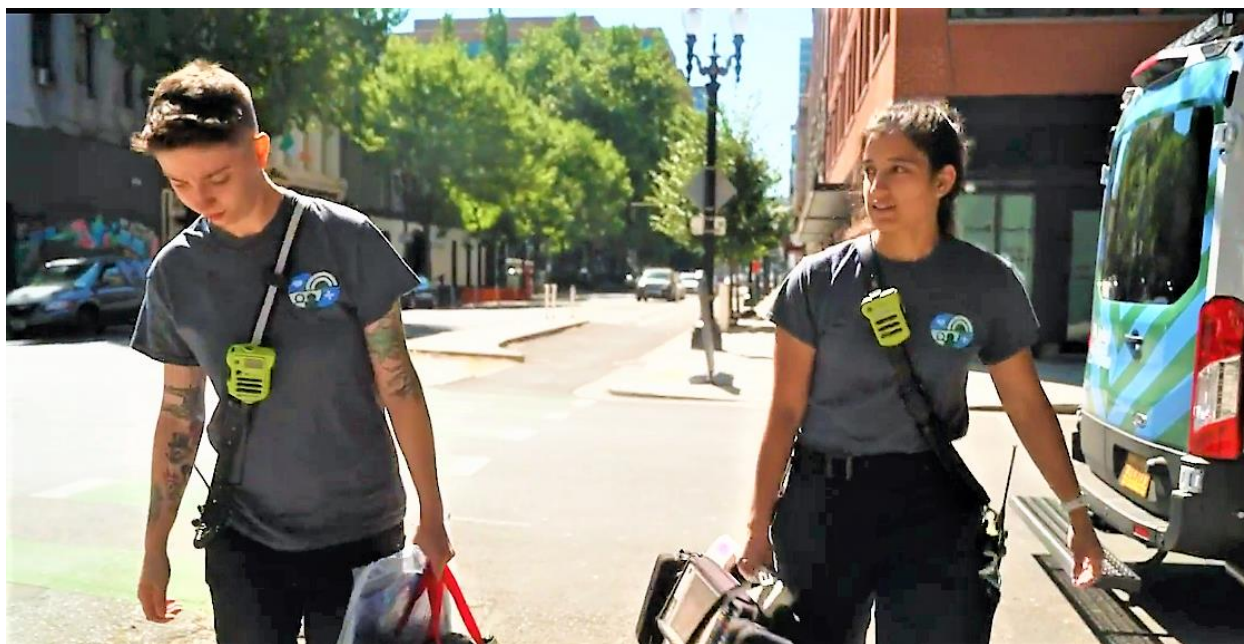
The Challenge of Being Such a Highly Visible Program

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. In particular, being a highly visible program has resulted in staff having to manage not only client interactions, but also encounters with bystanders in the field. Indeed, staff noted that 96 calls involved some sort of bystander interference, with 73 of these involving someone from the public trying to assist PSR and 23 involving someone trying to instigate PSR.

“There’s a lot more going on, particularly with bystanders... who come up, want to talk to us, want to engage with us. Sometimes they want to give us advice

about how to handle specific clients. And then there's other people that see s handing out supplies to clients and they think, 'Hey, they're handing out supplies. Let me get some.' So, I'm also mitigating whatever bystanders are around."

"I think sometimes people think that they're doing... like, they're, 'Yeah, good job guys. Woo!' But just kind of remembering if we're actively on a call, coming up to us and asking for information about what we do can really escalate a client. I've had a few negative experiences with the public. I was in the middle of a call, and I had a guy recording the conversation. The client ended up so upset that he ran off. And so, I was still talking to the person, and I was being live streamed... just really trying to bash the program, just really trying to get us riled up. And I take that really seriously. I really do enjoy working with the public because 90% of the people are great, but even with good intentions, sometimes it interrupts the call."



A Portland Street Response Peer Support Specialist and a Community Health Medic respond in Old Town. (Photo courtesy of the City of Portland).

Other First Responders and Dispatchers

Portland Fire & Rescue (PF&R) Staff: Methodology

We conducted focus groups and interviews with 14 PF&R staff from four stations in different parts of the city 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. Focus groups and interviews occurred via zoom and in person and lasted 30 minutes to one hour. Sessions were recorded and transcribed prior to qualitative thematic analysis. We also conducted two interviews with PF&R leadership, and information from these interviews is used as background throughout the report but not quoted verbatim in order to protect confidentiality.

PF&R Staff: Focus Group and Interview Findings

Focus groups and interviews with PF&R staff provided valuable information about how Portland Street Response is perceived and experienced by PF&R staff, as well as recommendations for improvement. We will review the most salient themes below, which are organized around the value of PSR and areas for improvement.

Value of PSR

PF&R staff we spoke with described the value of PSR as being an alternative approach to respond to individuals who may not trust or feel comfortable working with traditional first responders.

“Because, believe it or not, sometimes when we roll up on calls, more lately than before, people kind of turn and run the other way, even when they see the firefighter coming. They don't want to be tied to it or caught doing anything they're not supposed to doing. So, we're not always the best. I don't even know what's like... I'm trying to think of the word to describe... We're not the best investigators to find these people, because they don't want to be found, but maybe someone through PSR, if they had the information for that individual could start diving into it, create a case for the person, or something like that, then maybe they can get them the help they need.”

“I think it allows us an option to put somebody in touch with some folks that can help them better than a police officer could. Because, in my example of the person taking off their clothes on 92nd and Powell and going into the street, I

mean, up to a year ago, that's a police call. Is that the best use of a police officer? Absolutely not. Are they equipped to take care of a mental health problem like this? Probably not. Does this person need to go to jail? No. What's the appropriate response, or what's the appropriate resource? I find that it allows me, as a company officer, to say, 'I don't have to bother a police officer to deal with this problem.'"

They described the specific skills, training, and experiences that help PSR be more successful on certain types of calls than they are able to be.

"And just having someone who is ... Because my own take on this patient, I don't know, was that she might have been schizophrenic, I think she even told us that, but again, I don't have training on that. So, it turns into guesswork for me. So, to have some professionals that have been trained on that, it's like we want to do a good job, but we need the training to do it. It felt like the appropriate resource for them. So yeah, I would say I was happy with it."

"I also think just from again with certain things I see personally in the bureau, there is ... I think compassion fatigue is a real issue at times and just the fact that we can follow up on these patients, we can reduce the call volume by using this resource to help these patients, especially ones who may have mental health stuff going on. This is also a benefit to us as well. I think most people that I work with just want to provide the help to the patients, but also coming at it from that angle, I think this is a way for us to reduce our call volume too."

They also described call types that they believe would be more appropriate for PSR to respond to than PF&R, including calls involving suicide.

"We'll get sent on suicidal subjects, and there's sometimes only so much we're able to do. Oh, I'll give you a good one that Portland Street Response would be great for... it's our call type 'jump.' It's a person on the bridge, sitting on the edge of the bridge. We're sending three rigs, a chief, and a fireboat to a person sitting on the bridge. 99% of the times, it's just a person, just hanging out on the bridge, or they just want somebody to talk to, or something like that. That would be a great one for PSR, to me."

Areas for Improvement

While many of the PF&R staff we spoke with reported seeing value in PSR, they also discussed areas for improvement and ways that PSR's value for PF&R could be enhanced. The primary areas for improvement discussed by PF&R staff pertained to

PSR staffing capacity, needing more information about what PSR does, and addressing cultural differences between PSR and the Fire Bureau more broadly.

Staffing Capacity

Several of the PF&R staff we spoke with discussed the PSR staffing constraints that have limited their ability to be available for all the calls that come in for them.

“What I'd like to see better is just, I guess, more of it. I'd like to see it available more. Because again, we're a guaranteed resource. Anytime you call 911, we're there. And it may not be me, it'll be the next me. And I know PSR, when it gets really hot, when people really need help, then their staffing doesn't allow them to be there, or if it gets really snowy and the homeless people are freezing, PSR can't always be... And so, just, I would love to see them get bolstered up to be a guaranteed resource like everybody else and then have a very clear contact dispatch and say, 'I need a PSR responder,' because that's not quite there. And it would be great if it could be.”

This lack of availability has also made it difficult for PF&R staff to request their assistance in the field, even on calls that would be more appropriate for PSR than other responders.

“I'd say the times when we've been on scene where we've thought to request PSR, they've generally been on calls with an hour long holding. And so, at that point, it's either we wait on scene with the ambulance crew, or we clear the ambulance crew and wait on scene. But, generally we just take the easiest option and just put a person in an ambulance to go to the hospital that doesn't need to be going to the hospital, rather than waiting for PSR to be available.”

“And yeah, I say it gets tough if it's like only available on Monday through Thursday from this time to this time, because then it, then it's like, 'Okay, so it's not available.' That is how we typically think—if this is only available for one-quarter of the shift or one-third of the shift, that means more than likely it's not available. And then guys just flush it.”

Needing More Information about what PSR Does

Despite attempts within the bureau to educate PF&R staff about what PSR does, there remains a lack of understanding about PSR and questions about what value they have for the bureau compared to other programs like CHAT.

“Honestly, I've heard more about Portland Street Response outside of the bureau than within it. It definitely seems like it's been in the press a lot. I read *The Oregonian* and listen to the radio, and they've been talking about it. Within the bureau, to me, we have these two programs, PSR and CHAT, and I honestly, I can't tell you the differences between them. So, my understanding on what PSR does, when they're available, where they go is pretty limited. I hear them on the radio, getting on the radio sometimes, and I know there's a lot of political motivation behind this program, but within the bureau, I don't know much about them. I haven't received much information about them.”

“None of the fire crews right now know exactly how PSR works. They came over to a station tour for about 10, 15 minutes, but we never really talked to them. And then we see CHAT a lot. CHAT will add themselves to our calls, or they'll clear us from the calls a lot of times. So, I think there's a much closer working relationship with the CHAT program than PSR.”

This perceived lack of value can also be attributed to the fact that the vast majority of calls that PSR responds to are calls that police would traditionally be dispatched to, not fire. One PF&R staff member said the following:

“I think it's a commonly held belief that we, the fire department, is not getting a whole lot of value out of PSR where we can see it with CHAT. I think it's because PSR is taking mostly calls that police would've ended up having to take, not calls we're going on.”

PF&R staff provided recommendations for increasing knowledge about PSR within the bureau.

“I remember hearing about this on roll call a couple times, but it's sitting in a stack of papers. It's just so many, so much information that just keeps coming, and so I'd prefer it not be a new email we get, but once the program is either what it's going to be, or at least there's a perfect outline that we know what's going to be, the training block I think are the most effective for firefighters. The information has to fit on a sheet of paper, size 14 font, like, 'Here's this, moves to this, moves to this.’”

“And then we could get into the video or the lecture or whatever that talks about the why and the how. I would love to see that though, not an informational video, but a required training video of what I'm supposed to do like, ‘If you see this, do this. And then this is what will happen.’ And then yeah, and that's the training block. It would be a required training thing that everyone has to sign off that they did.”

Across our interviews, there also seemed to be a willingness among some staff to create better communication and understanding between PSR and other PF&R staff by hosting in-person meetings where both sides could share out information about what they do and how they can collaborate.

“If they want to sit down and do a meeting here at the station, come down, we can have all the crews, we have a big conference room. I'm more than willing and happy to do it. Set up a sit-down Q&A thing with them if they want to. I think that would open a lot of eyes on our end, a lot of our firefighters, because I think if all of us were sitting in here, you'd probably get the same, ‘I don't know who they are’ type thing. I think just the face-to-face stuff can take this program leaps and bounds further ahead.”

Cultural Differences between PF&R and PSR

Just as PSR staff communicated concerns about perceived cultural differences between PSR and the fire bureau, so too did PF&R staff—some even suggesting that PSR should not be housed within the fire bureau.

“The moment that a PSR rig shows up at a firehouse, the tenor of the firehouse changes because we know that they're not part of our culture. I don't know how to fix that... it's just going to be hard. The fire service is a very hard thing to break into”

“I feel like CHAT falls under what we're doing, the medical evaluation, the low acuity medical evaluation. I'm not sure that PSR should be housed within Portland Fire and Rescue. I will tell you that, from a firefighter perspective, there is a distinction between the personnel that work on CHAT and the personnel that work on PSR. The CHAT personnel, primarily we see, they're using CHAT to get a foot in the door. They want to be firefighters. They're interested in fire culture. They're more in tune with some of the stuff that ... I don't want to say inappropriate, but if you were not part of our culture, you may think, oh, that's inappropriate for them to say, whereas the PSR people are going to ... They're going to be offended when ... if I accidentally mis-gendered you, a PSR person

would just be on me like, 'Oh, you can't do that. That's so bad. You're such a bad person.' They're just so into this Portland woke culture that they've already made a name for themselves within our fire group of, 'Hey, watch out for the PSR people, because they're looking to break somebody off for saying something wrong, for not treating a homeless person that's covered in feces super perfect.' The idea that PSR folks are in the fire service is a little difficult for some to take.”

While some PF&R staff directed their misgivings at PSR staff for calling out instances of perceived misogyny, racism, and transphobia within the Fire Bureau, other placed blame more at a leadership level, specifically for how PSR and the Community Health Division were launched:

“As far as the rollout goes, it was a Chief's release and then a bunch of dog and pony shows and the media really talking it up. But as far as the end user, we got those general media releases, and then there was really no follow up on our end about what PSR is. All of a sudden, we just had a new division within our organization, and there was no end user training about how to utilize this new organization basically. This led to some understandable feelings of resentment.”

Some PF&R staff also acknowledged that the programs may have different levels of compassion for people experiencing homelessness based on differences in their roles as first responders.

“I think there's a difference in compassion levels, their level versus ours. The homeless for us, they generate a lot of call volume, and we're not equipped with our resources to get them what they need to stop doing the calls that we go on. Generally, these are low acuity calls. They're not calls that we're trained for, they're not calls we want to go on. They just generally wake us up at night, and they make us super busy during the day. So, we generally get burnt out on calls involving the homeless, whereas PSR's whole mission is to interact with them and to support them. And so I think the difference between how we deal with them and the difference between how they deal with them is vastly different, and it could lead to a perceived lack of compassion on our end.”

Others noted that cultural differences exist between PF&R and other responders, and also between different stations within PF&R. It will take time and concerted effort by both PSR and other PF&R staff, but repeated interactions and opportunities to interact both personally and professionally, as well as concerted efforts from PF&R leadership to address systemic issues feeding into perceptions of cultural mismatch between the

programs, will hopefully result in better understanding, communication, and collaboration.

“And then to address cultural differences, we work with AMR. They have their own culture. Police have their culture... And then even within the bureau, the stations you're going to find each one has their own independent identity. But I think something that's common across the board is anybody we work with, they are always welcome to just come sit down and have a cup of coffee with us in the station and talk to us. I think that's the best way to just get to know us and also just be a presence that it's like, 'Okay, yeah, PSR, those are the guys that came and had lunch with us or whatever, and sat down.' If they have time out and about, just stopping by the stations and just again that repetition of like, "Hey, we're here. This is how you use us."

Portland Police Bureau (PPB) Staff: Methodology

We conducted interviews with 11 PPB staff across the three Portland precincts (North, Central, and East) to assess their experiences with and general attitudes toward Portland Street Response and gauge how the program may ease their workload and provide an additional resource to assist in the field. PPB supervisors shared contact information for staff, and we reached out to schedule interviews at times that were as convenient as possible. Interviews occurred via zoom and lasted 30 minutes to one hour. Sessions were recorded and transcribed prior to qualitative thematic analysis.

PPB Staff: Interview Findings

Interviews with Portland Police Bureau (PPB) staff provided valuable information about how Portland Street Response is perceived and experienced by PPB staff, as well as recommendations for improvement. We will review the most salient themes below, which are organized around the value of PSR and areas for improvement.

Value of PSR

The majority of PPB staff we spoke with acknowledged the clear value of having PSR respond to issues involving people experiencing mental health crisis or homelessness.

“So, the ability for Portland Street Response to actually go out to and respond to calls where someone is having some type of mental health crisis, and they're able to do that, whereas law enforcement, for various reasons, whatever the case may be, they may aggravate the situation. I think that the ability for them to do that, we get so many calls for those types of scenarios that are absolutely like... And we acknowledge that this is not a law enforcement call, this is a, these people need help.”

“We would love it if they take all the mental health calls, that would be key, because I mean... we're not psychologists, we're not therapists, that's not our wheelhouse so to speak. We've kind of got shoehorned into that over the years, but none of us are upset that PSR is around and that they take our calls, we'd love that.”

Several PPB staff noted that PSR has the training and the resources available to connect individuals with services, which frees up PPB staff to respond to other types of calls”

“And PSR was able to give to those people, they were dealing with something that we couldn't, which is a lot of time or a lot more time, potentially access to

resources. Just the time that we would actually like to take with people, but just don't have the luxury of doing. So, I've heard a lot of positive feedback. The people that are cynical, I think either just tend to be cynical across the board or are a little defensive. We have kind of a little defensiveness going on right now... but I haven't heard anything negative other than we would like more PSR."

"That would also start to solve the police crisis of people complaining that we don't respond to calls fast enough or are overloaded because without those calls, that's a huge chunk of our calls, we could be much quicker. The other calls that are actually serious victim crimes, so it would just relieve us to do more criminal aspect stuff and let them do the mental health stuff, which I think in the end is what everyone wants is just whoever's the most trained professional to do whatever that job may be."

"What I'm trying to message to the troops is that if PSR can take one call ever, that is one less call for us to have to handle, and might get that person better resources than we would ever be able to give them."

Areas for Improvement

While many of the PPB staff we spoke with reported seeing value in PSR, they also discussed areas for improvement and ways that PSR's value could be enhanced. The primary areas for improvement discussed by PPB staff pertained to PSR staffing capacity and availability, the need for expanded call types and criteria, and working on communication and collaboration between PSR and PPB.

Staffing Capacity and Availability of PSR

Several of the PPB staff we spoke with discussed how PSR staffing constraints have limited their ability to collaborate with them in the field.

"What I will say is right now, as far as the collaboration between Street Response and police, I haven't seen any. And I think it's just because of staffing, there's three teams. I've never interacted with one. So, I have no firsthand experience of what the collaboration is because I just haven't seen it. And that's not Street Response's fault, that's just a fault of the limitations."

Staffing constraints and resulting response delays have also made it difficult for PPB staff to transfer calls to PSR that would be more appropriate for them to respond to than police.

“I've heard a lot of calls come out and people will ask, ‘Can PSR take that?’ I will say, my personal experience with the program is that I've never successfully had PSR take a call for me. They're not super available. At least some of that is the hours I work, right? 4:00 PM to 2:00 AM. But I do work a lot of overtime. I mean, today, I'm here from noon to 10:00. I've already asked for PSR once, and I was told they're not available. So, I would love to see them be able to take more. I have not successfully been able to have them take a call for me yet.”

“And that's a huge part of the problem is they're just not available more often, and I'm going to say 90% of the time, during the day shift we ask for PSR, they're either not working today, unavailable, or their queue is stacked. And at the end of the day, when they go home, their queue is stacked. Where does it go? It goes into our queue, which just seems utterly ridiculous because there's things that they're specifically designated to those people and they're supposed to go take care of these, but then when they're unavailable, we have to go deal with it now.”

“PSR, I've noticed, I mean, it takes them a couple hours to get to any call. And if I've got a guy that's down unchecked in my district, as long as I'm not on something else, takes me five minutes to drive by be like, ‘Hey, you need anything?’ He is like, ‘Nope. And I'm like, ‘Cool.’ It's a five-minute call, and then it's done instead of having it sit on the board and plug up. I like to try and keep my district clear. That's important for us, and it's plugging up my district just waiting on PSR to do something that takes me five minutes. So, I mean, there are definitely calls that I've understood I probably could ask for PSR, but just knowing that I'll either be told no, or have it sit for who knows how long just makes it easier to just go do it myself.”

The Need for Expanded Call Types and Criteria

Several PPB staff noted that PSR would have more value if call types and criteria were expanded. First, some PPB staff expressed frustration that Portland Street Response is not currently able to respond to people in the street or walking in and out of traffic and wondered what would be needed to change this policy.

“If someone's on the sidewalk, they'll deal with them, but the minute they step out on the street, they won't. I don't understand that. The rules aren't that you have

to go stand in the middle of the street with them, but they could certainly take a stab at it before we show up.”

“Restricting PSR, that’s unfortunate. I think when people are in and out of traffic, as long as it’s not on the freeway, I think that would be another call that potentially they could take on as well. Again, I think it boils down to, ‘Are we connecting the people to the right entity?’ Why can’t PSR go to those people in traffic? Is it because they don’t have emergency lights?”

Second, PPB staff discussed whether or not PSR should be able to respond to calls inside residences. Some believed that this would enhance the value of PSR considerably:

“I think responding to someone's residence would be the ton of value in there. When people call 911, they don't care who shows up. They just want something. They want help. They want a situation resolved with no one getting harmed or minimally harmed if force does have to be used. They don't care who shows up. It's unfortunate that we're limiting PSR. They can't go to someone's house. I wish that they could.”

Others worried about safety concerns pertaining to the greater risk of responding inside private residences:

“So going into a residence is a very large risk just inherently because you are... When you responding to somebody on the sidewalk, there is a level of known, you respond there, you're seeing what's going on, you can watch this person before you decide to interact with them, engage where they are right now and what the safety factors are going to be with contacting this person. When you go to a residence, you are putting yourself in a situation where that person behind that door is completely in control of the safety of this situation and will know about it before you guys can react.”

Still, others felt that responding in residences could work as long as it was implemented carefully:

“I mean, I think if we're thoughtful about it, I mean, we can do it right? If someone is in psychosis and they think that their mom is the devil, like I think, ‘Okay, that's a call where the police probably need to go with another responder.’ But someone who's feeling depressed and just down and feeling like they don't know

where to go? We don't need to send police to that. We can at this point, but I think the appropriate model would be to just send PSR.”

This PPB staff person noted another area that was commonly discussed—whether or not PSR should respond to calls involving suicidality and be able to write Director’s Custody Holds. Most PPB staff we spoke with were fully supportive of PSR responding to calls involving suicide. For example, one person said the following:

“I think if someone's threatening suicide and there's no weapon involved, send PSR. There's I don't know how many calls that I've gone to in my career where someone's threatening suicide and wants to go to the hospital and police are automatically dispatched as a protocol in conjunction with AMR. Okay, how about we just send PSR and AMR? Or just PSR even? So, suicide with no threat of weapon, I think is, maybe, something they could take over.”

Some said that PSR’s value to police would expand considerably if PSR could authorize holds:

“I'll tell you that as it stands right now, the people that they can or are willing to deal with are people that aren't a problem for me anyway. The people that they cannot or are not willing to deal with are the people that are a problem for me. And a big part of that is the mental health hold. I don't want to say that without the ability to write a mental health hold, they're worthless to me. I don't want to say that, because I'm sure that they handle a lot more things than I'm aware of that don't then result in a call for service for the police. But the real challenging pieces to this puzzle, which I think is why it was created, to keep the police, an armed government response, away from certain people, that's not happening if they don't have the ability to write a police hold. I don't know if that's going to require a legislative change or a policy change or what, but if they could do that, I think the value of that program would go up from the police perspective exponentially.”

Other PPB staff noted support for PSR authorizing holds but warned of a slippery slope that could cast PSR too much into an enforcement role, which is antithetical to their philosophy and purpose:

“I think that’s some discussions that should be had with a lot of different people. Because that could also cause PSR to be viewed as like almost police-esque if they show and they’re like, ‘Oh, you guys are going to just take me off to the hospital. That’s a slippery slope and could cause some loss of trust from the community.”

Finally, counter to the belief among some that it is too risky for PSR to respond without police, several PPB staff members noted that current criteria are too limited and that

there should be a higher threshold for sending PSR on calls that may involve weapons used by unhoused people as survival tools.

“I'd love to see more of an expansion of what they can take. There's a lot of things I've had the response of, like, PSR won't take that because the person hasn't been checked, or they won't take it because there's an indication like the person's walking around with a stick, that's considered a weapon, they won't take it. The person's not threatening with it, but because they have it and a lot of homeless individuals carry stuff and have items. And so, a lot of the calls do get turned into a police call out of policy it sounds like. So, I think there's some policy limitations on what they can take as well.”

“And my experience with that has been, it's a fairly narrow window, and I don't think there's any way around this, but a fairly narrow window of what PSR can respond to because almost everyone who's on the street has some type of weapon, almost everyone. And obviously I know that creates issues for PSR and I totally understand that and appreciate that but I don't know the work around for that, that's a bump in the road that we'll have to figure out how to sort out over time.”

Communication and Collaboration between PPB and PSR

As we have noted in our previous reports, there remains work to be done to increase communication and collaboration between PPB and PSR. Some PPB staff said that PSR has been difficult to communicate with in the field and that they leave the scene before debriefing calls with police.

“I began talking to her and having good rapport, and we turned around to talk to PSR, and they had left. They just turned around and were gone. And we're like, 'You called us for cover and asked me to talk to her... You didn't tell me to take over the call.' They didn't communicate. They surprisingly left and when I asked on the radio where they're at, they said, 'You guys had it handled, so we left', which was super frustrating to me. And I've heard from other officers that have come to me where it's a similar situation where they'll ask for us to come help because they're not getting very far, and then they just disappear, or they're not very helpful.”

Others' frustration was not so much about interactions in the field but more so a lack of understanding about PSR policies and protocols, and a sense that they don't always know where they are or what they are doing or how to get in touch with them.

“My understanding is that they don't have any policies. They don't have any clear directives... I mean, they're out there. We know they're there. We don't know whether they're out here unless we ask for them, there's just no real communication.”

Still, several PPB staff we talked with acknowledged shared responsibility and provided clear suggestions of ways to increase communication and understanding between responders.

“And I think that my personal opinion is, those are bumps in the road, that'll work out. That's just a communications thing... Like I said earlier, as you just kind of work together and rub shoulders together, it's okay... There's obviously a big difference in tactics and training and considerations, but ultimately the goal is the same, it's just folks live in different worlds and cultures. And I think, like I said, the more you can rub shoulders and actually gain some understanding on both sides, I think that's how you improve things.”

“I would just say that I think the primary benefit of this program would be with increased staffing and with tightening up the communication a little bit. And I think that's on both ends... I think tightening up the communication between the program and the police so that everybody's on the same page. And then just having more of them.”

Community Health Assess & Treat (CHAT) Staff: Methodology

We conducted interviews with five staff from the PF&R CHAT program in order to assess their experiences with and general attitudes toward Portland Street Response. A CHAT supervisor shared contact information for staff, and we reached out to schedule interviews at times that were as convenient as possible. Interviews occurred via zoom and lasted 30 minutes to one hour. Sessions were recorded and transcribed prior to qualitative thematic analysis.

CHAT Staff: Interview Findings

A new component of the second year of the PSR program evaluation is talking with CHAT staff, with whom PSR interacts frequently given that they are both housed within the new Community Health Division of PF&R. Interviews with CHAT staff provided valuable information about how Portland Street Response is perceived and experienced by CHAT staff, as well as recommendations for improvement. We will review the most salient themes below, which are organized around the value of PSR and areas for improvement.

Value of PSR

While both CHAT and PSR are relatively new programs and still learning what their unique roles are, and how to best work together, there seems to be trust and collegiality and a shared sense of purpose in providing their clients with the best possible service. In our interviews with CHAT staff, they remarked about PSR staff's skills in de-escalation and trauma-informed approaches:

“On scene, they definitely have a way of deescalating a client that's just incredible—the way they interact with the community, interact with the patient. It's pretty amazing the skills and knowledge that they bring to the table to really deescalate the situation and bring a better outcome for them.”

“And it's been amazing work because both of us have done dual work on CHAT, but then also work as a PSR EMT. And working with especially Adria because she's on our swing shift, just watching her work and seeing how she deescalates and validates patients. She's just like a saint, and has taught me... I've been a volunteer EMT for seven years, and I never had the experience of diving into the mental health aspect of health and emergency medicine. It's just been an

incredible experience, getting to be paired with these people and watching them work and taking up that... soaking in all.”

They appreciate being able to consult with PSR, especially regarding questions pertaining to mental health.

“Every morning, we meet, go through the morning agenda, and then afterwards, we're all talking about the calls we went on yesterday and the kinds of situations that we've responded to and kind of what we can do better. And it's really nice to go over that because we'll get the input from the mental health crisis responders, the community health workers, the on-call nurses that CHAT has and just all collaborating to get a better outcome for the next time. And it's always a learning experience.”

They also value the blending of expertise in mental health and medical issues that occurs by virtue of CHAT and PSR working closely together within the Community Health Division.

“Early on as a responder, just immediately I can tell you that it was refreshing that... I mean, historically in the world of healthcare, mental health and physical health are so siloed apart from each other and treated like two completely different entities, even though there's so much overlap, and they interact with each other so strongly. Being able to be on a call that was a 911 call, it's treated like a traditional 911 call, but then also in my back pocket have them as a resource to be able to call on to get that wrap-around care and do away with those silos, it's huge. Because there's already been a ton of instances where they're on a call for a behavioral health issue, and then there's a huge physical component. They'll call us. And then, same with vice versa. There's a physical call, but there's really heavy underlying behavioral components here that we need to address, otherwise we're just putting a band-aid on the physical component, then we can call them out. And so, it's been really nice being able to see that interaction.”

CHAT staff also discussed appreciating being able to utilize the PSR peer support specialists and community health workers to provide follow-up support to their clients:

“We have the opportunity to request the peer support specialist to be able to then follow back up and connect with them and help them. Maybe it's a housing need, maybe they need a peer support person to be able to help them go to their doctor's appointments. But we've got this amazing opportunity to meet people

where they're at and really work closely with Portland Street Response in a variety of ways.”

In stark contrast with the attitudes of some firefighters reported in the earlier PF&R section, CHAT staff remarked about the value that PSR has for the Fire Bureau more broadly:

“Especially because of Portland in its unique situation and Portland Fire having been so frustrated and inundated with the calls that are increasing in call type just because of the houselessness and the substance abuse problems and the behavioral health problems. I think it started like this because it was a new division and they're like, ‘Who are these strangers coming into to our organization? Are they making changes? Are they making waves?’ But then, when they realized when the engine company firehouses realize what calls they're going to be taking off their plates, what patients they're going to be helping, that kind of thing, it ended up flipping that on its head. And now PSR is like a godsend to emergency crews because they take the emotional bandwidth that I feel like a lot of emergency responders were losing.”

And, finally, CHAT staff also talked about the value of PSR and the Community Health Division for the City of Portland:

“They have started to build a really great name for themselves in the community. It's just fantastic. And so now people are like, ‘They're the solution for everything.’ And you're like, ‘Well, they are amazing, and they can't solve the entire city's problem.’ So that takes coming back, pulling back to this community health perspective. It takes all of us working together to help figure out how we help get these people connected with resources, housing and mental health and medical, so that they can live their best life.”

Areas for Improvement

Similar to other first responders we spoke with for this evaluation, the primary challenge or area for improvement that CHAT staff noted was in terms of PSR staffing shortages. One CHAT staff member said the following:

“But I feel like PSR staffing has been difficult to be able to call on because they're so overrun and overburdened with calls that it's been difficult to rely on them as a resource to be able to call on, because they're always on a call. So, yeah, I would say they're very understaffed for their call volume. So, that interaction has been kind of strained lately, just because of lack of resources.”

“PSR always has calls in the queue. Burnout seems like it's eventually going to happen, because people are just constantly going all day long. And what's just like, oh, calls are stacking up in the queue and all this has been in there five hours. And so, we're hoping to see once the staffing is what it needs be that the PSR rigs don't have to be running nonstop all day long.”

CHAT staff also acknowledged that having more PSR units working at a time would increase opportunities for positive interactions with other first responders, which may help some of the issues raised by police and fire staff about not understanding what PSR is doing, or not having enough opportunities to collaborate with them in the field.

“I think we have four units on during the day, which is a lot. And I think PSR, typically they have maybe two... I don't know exactly the staffing, and I know they're hiring more. But I think the more units they have on the street, the more exposure people get and the more chance you get to interact work together.”

The only other issue brought up by some CHAT staff concerned the importance of communication and resource sharing between programs.

“So, just trying to make sure the programs aren't siloed away in terms of information or resource sharing. It's come up a few times, but because of those times coming up, I feel like it's improving.”

CHAT staff noted that Community Health leadership have been hosting team-building activities to foster close communication and collaboration between CHAT and PSR.

“We went to place called Punchbowl and just had a bunch of games and activities to get to know everyone. And we were all encouraged to talk with someone that we haven't gotten a chance to talk to a lot with. And yeah, there's been a lot of team-building exercises that really help us grow as a group and help us work together. And it's really nice.”

Bureau of Emergency Communications (BOEC) Staff: Methodology

We conducted interviews with five BOEC dispatchers in order to assess their experiences with and general attitudes toward Portland Street Response. A BOEC supervisor shared contact information for staff, and we reached out to schedule interviews at times that were as convenient as possible. Interviews occurred via zoom and lasted 30 minutes to one hour. Sessions were recorded and transcribed prior to qualitative thematic analysis.

BOEC Staff: Interview Findings

Also new to this phase of the evaluation are individual interviews with BOEC dispatchers who are a very important stakeholder given that they are the first point of communication for community members who call to request PSR's services. Interviews with BOEC staff provided valuable information about how Portland Street Response is perceived and experienced by BOEC staff, as well as recommendations for improvement. We will review the most salient themes below, which are organized around the value of PSR and areas for improvement.

Value of PSR

BOEC staff discussed that the primary value of Portland Street Response for them is the ability to have another option of first responder to dispatch to calls, which helps to address staffing shortages and capacity issues across the first responder system in Portland.

“They have a massive amount of value because our police force is so understaffed that to be able to get to everybody like we can, we don't have the staffing for police to be able to go check on them. So, to be able to have this additional resource and this group that can alleviate that from their workload is huge. Obviously, if they get there and realize they need police, obviously 100%, we'll get police there. But for that just initial contact based upon what we're hearing and what our people are seeing out on the street, it's yeah, a huge value in PSR.”

“We want this service. We think it is valuable. We think this is one of the best things that could happen for our city right now. We are 100% on board.”

They also shared what they hear from first responders about the value of PSR:

“I think I feel pretty good about what I do and don’t send PSR for. I had one where I sent officers for a guy, and the police dispatcher changed it to a PSR call. Because contrary to what people think, police love PSR. They want PSR to go on all the welfare checks. They get really bummed when PSR is not available... and literally, if you don’t say when you’re dispatching, ‘PSR is not available,’ they will say first thing, ‘PSR available?’”

Areas for Improvement

While most BOEC staff we spoke with expressed general support for PSR, they did have a number of suggestions for improvement that would help the dispatching process run more smoothly. The primary areas for improvement were PSR staff capacity; clarifying call criteria; and communication and contact between PSR and BOEC.

Staffing Capacity and Availability of PSR

In line with the concerns shared by other first responders, BOEC staff noted that PSR staffing capacity has created challenges for them on the dispatch side. Some of these challenges pertain to how they communicate to community members about the availability of PSR.

“I mean, it's just working on the staffing piece, that's it. Just because at the end of the day, PSR can service our community in such a different way than police, fire or medical can do for them that I feel like it's just so critical that the community knows that this resource is there and that they can count on it versus like, ‘Oh, well, we know it's a thing, but we don't know when that they'll be able to get to them or if they are even available today.’

“Community members will call and request PSR, and I’m thinking, ‘Oh, this would be great for PSR. I'm just going to collect this info, and we'll be good.’ And then it's like, ‘Oh, they're not available. Dang it.’ Or it could even be, I'm taking a call. They're available. I'm getting it typed up. By the time I'm getting to that send point, they're unavailable. And that's happened to me multiple times where I'm just like, ‘Ugh, literally, they’re available within the last 60 seconds and now they're not.’ So, that's just been personally heart crushing for me.”

Similarly, they described the challenges of communicating with first responders, particularly police, about PSR’s limited availability:

“Yeah. I mean, I personally have gotten into the habit of when I'm setting up a call, in my initial text after I'm saying what's going on, I end it with ‘PSR unavailable’, or ‘PSR not working today’ or something just so then that way, when a sergeant is looking and reviewing all their queue calls in their precinct, and think, ‘This is a PSR call, why am I getting this?’ They understand like, ‘Oh, they're not available. Got it.’”

“My impression is that they're annoyed because PSR is supposed to be this big new deal and everybody loves it, and they're not even always available to take calls. And they're like, ‘But we're here taking the call. Why can't PSR take the call? It's their call now, why can't they take it?’”

Clarifying Call Criteria

BOEC dispatchers have the very difficult job of having to make very quick decisions about how to dispatch calls based on the often very limited information provided to them from call takers. Certain aspects of the PSR call criteria are very clear, while other components require a judgement call that can be very difficult for dispatchers. For example, one BOEC staff person talked about the challenge of determining whether calls involve too high a risk of violence to dispatch PSR to them:

“We run into gray areas. This is a problem. One of the criteria that PSR won't respond to is violent persons... For a lot of people with mental health issues, yelling, gesturing, looking aggressive, that might actually be baseline behavior for that person. But when a caller calls in and says, ‘Yeah, I've got this guy out front, he's yelling, swinging his arms, and kind of ran at me when I walked by’, well, this might be pretty standard behavior, but we end up not sending Portland Street Response because there's this whole gray area of, what's violent? And so, determining a definition of what constitutes violent is difficult for us.”

“I think for the most part, it's clear. Where it gets unclear is that ‘aggressive’ and ‘escalated’ can have different meanings... and how individual responders will agree to something when maybe they shouldn't, or they feel more confident in a situation than maybe they should.”

Another gray area, which was also discussed by police, is whether to dispatch PSR to someone who may be walking in and out of the street. Technically, they are not supposed to send PSR on these calls, but often it is unpredictable whether someone will or will not be in the street by the time PSR arrives. And they see the value that PSR could bring to these calls.

“I mean, I'm thinking of just somebody that's in traffic, By the time PSR would get to them, they potentially wouldn't even be in the street anymore. Or they have that training already themselves that they would know potentially what to even say to that person to be able to get them out of traffic on their own. And they would be potentially less threatening if somebody is in a mental health crisis than seeing somebody in a uniform, a police officer versus a community member that's saying the right things to be able to get them out of traffic. So, I feel like there is value in that too.”

Some dispatchers provided suggestions for ways that PSR could safely respond to these calls:

“There are two levels of people that are in the street. There are the ones swinging at vehicles, that are very violent-acting. And then there are ones that are wandering in and out of traffic, and are obviously not quite coherent, and need someone to help them get where they need to go without being in the street in a situation where they are going to get hit by a car. I mean, it happens a lot. I think that if they had an ability to stop traffic, even like the lights, like the flaggers have on their trucks, like the yellow lights alone, are bright and flash, would do a huge deal, because then they are safer getting out of the car into traffic themselves, to be able to help someone in crisis.”

Communication and Contact Between PSR and BOEC

While the communication and collaboration between PSR and BOEC was generally described in a positive manner, BOEC staff did note some areas for improvement. First, they suggested the importance of having PSR speakers present at their trainings and in-services:

“I would like to see a PSR speaker at our in-services. So, in-services have people from outside of our agency, come in. I think PSR should definitely be a part of in-service, where someone from PSR can come in and give like a screenshot of their day. Like, ‘Here's what we do all day. Here's why we do it. Here's the resources we can offer people.’ So that way, everyone gets a chance to meet somebody. And we work crazy shifts. So that gives our night shift people the same ability to sit with someone and ask questions that our day shift people can get.”

I think in general we need more, but I would say that about all of our partner agencies. I know when they start initially, there's an explanation of what's happening, how it works within our system, and our role in it. We also, we have

the in-service that happens twice a year. But, I do think we need more training on what's expected of us, what's expected of them, how things are working.”

In particular, BOEC staff noted the importance of having trainings specific to mental health and homelessness.

“I think maybe some more education for us, on what mental illness can look like, and how to recognize the difference between mental illness and a drug-induced psychosis. I think that would be a really good training for us to have at BOEC.”

“I think that there should be a set, full, ready to go presentation that is just dealing with mental health and people experiencing homelessness. And it can encompass so many. It can do PSR. It can include CHAT. It can include ECIT officers and Behavioral Health Unit, and have like... I think there needs to be a full day of just dealing with that, during call taking onboarding.”

Second, they discussed the importance of opportunities for learning more about each others' work through ride-alongs with PSR and sit-alongs with BOEC dispatchers:

“I've talked to them on the phone, but I haven't physically met anybody. It would be nice to have more opportunities for interaction. I think it would be really helpful to do a ride-along with PSR.”

“I also think there just needs to be more interaction, and I know COVID and when that happened with this launch and everything really impacted that. But with all of the other partner agencies, we do try to do ride-alongs and sit-alongs, and that hasn't been a thing with PSR yet, and I think it should be because it's very easy to sit on one side of the phone or the radio and pass judgment on the person on the other side, when you've never talked to them or seen them ever.”

“I think everybody who works remotely close to BOEC should come for sit-alongs, because so many people don't understand what it looks like and how it works. And I think sit-alongs are fantastic. So yeah, I think that would be amazing. I think would be amazing just to have even functions where you meet and connect and learn more about each other's job without having to do the job. Because sometimes it's hard to learn what you do.”

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. Second, we talked to people at community events where PSR was tabling (e.g., Good in the Hood and Sunday Parkways).

In total, we attended five community events and visited 160 locations throughout the city of Portland between April 1, 2022 and Sept. 30, 2022. We approached 204 community members, with 150 people agreeing to complete our survey (a 74% acceptance rate). The other 54 people declined or were not available to speak with us (either they were not interested, or they were busy at home or work).

An additional fourteen community members were recruited through social media or email communications (for example, community members who posted about their experience with PSR on Twitter); or via referrals and suggestions from PSR team members and partners. These individuals included neighborhood association members, service providers, and members 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 throughout Portland. Surveys occurred primarily inside businesses, outside residences, outside at community events, and a few surveys occurring over the phone. The surveys ranged from two to 30 minutes, with an average length of seven minutes. Responses were recorded in Qualtrics survey forms on iPads. We provided flyers, postcards, and other information about the program so residents and businesses would know how to contact the program to request service. Surveys were uploaded to SPSS statistical software, and a combination of quantitative analysis and qualitative content analysis were used to analyze data.

General Community Members: Sample Description

Among the 164 community members we spoke with, 45 (27.4%) reported living or working in Northeast Portland, followed by 39 (23.8%) in Southeast Portland; 35 (21.3%) in Southwest or South Portland; 26 (15.9%) in Northwest Portland; and 19 (11.6%) in North Portland. The average age was 38, ranging from 18 to 65. Over half of the community members we surveyed (109 people, 66.5% of the sample) identified their race or ethnicity as White; 17 (10.4%) Black; 17 (10.4%) Latino; 11 (6.7%) Asian; 3 (1.8%) Native American; and 7 (4.3%) people reported being Multiracial. When asked how they describe their gender, 87 community members (53%) reported identifying as women, 67 (40.9%) as men, and 10 (6.1%) as non-binary.

General Community Members: Survey Findings

Experience with 911 and Other First Responders

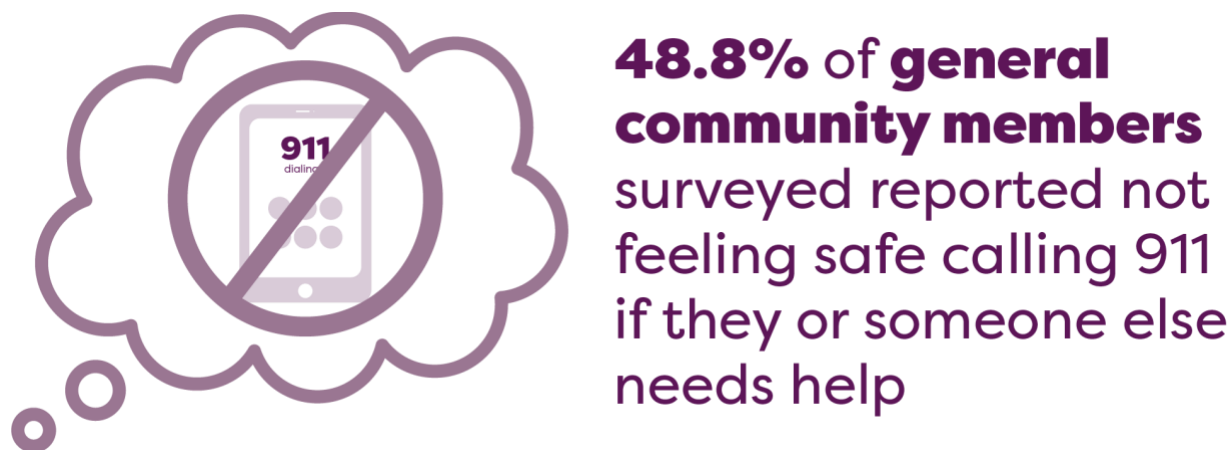
In order to get a general sense for how often community members call 911 for PSR-related concerns, we asked how many times in the past 12 months they have called 911 to report someone experiencing mental health crisis, substance use, or homelessness near their work or residence. Over half the people we spoke with (86 people, 52.4%) had not called 911 in the past year for PSR-related concerns. The other 72 people reported calling 911 between 1 and 40 times to report someone experiencing mental health crisis, intoxication, or homelessness, with an average of 5.92 times. Among those who reported calling 911 in the last year, the highest rates were seen among community members in Northwest Portland (an average of 9.92 times), while the lowest were seen in Southeast Portland (average of 2.61 times).

When asked if they feel safe calling 911 if they or someone else needs help, just over half of the community members we spoke with (84 people, 51.2%) reported feeling safe, while 80 (48.8%) did not feel safe calling 911 (see Figure 20). When asked why they do not feel safe calling 911, the most common response—reported by 29 people (36.25% of those who did not feel safe)—had to do with concerns about delayed service or non-response. One person said, “It’ll take 4 hours for police to get here if they get there at all.” Another said, “They don’t come. We just deal with it ourselves.” A similar number of people (28, 35%) reported not feeling safe calling 911 out of a lack of trust in police offers, or concern that they may cause more harm than help. One person said, “The person will not be met with empathy. I worry police will use force.” Another said, “It usually seems to escalate situations. It seems innocent people get in trouble over nothing. Not good outcomes.”

Finally, a quarter of people who did not feel safe calling 911 discussed specific concerns based on how it might impact other community members, particularly people

of color and people experiencing homelessness. One community member said, “We avoid calling 911 because we don’t want to get houseless people hurt.” Another said, “It’s statistically proven that police use harsher methods on people of color. I’m more likely be harmed or arrested by them when I call for assistance.”

Figure 20. Feelings of Safety Calling 911 Among General Community Members



When examining the impact of race on feeling safe calling 911, we found that, similar to our interviews of unhoused community members, Latinos felt the least safe calling 911 (64.7% said they did not feel safe calling 911 compared to 48.8% of respondents in the total sample). Black people were the next highest group to report not feeling safe calling 911 (58.8%), followed by White people (45.9%), Asians (45.5%), people identifying as Multiracial (42.9%), and Native Americans (33.3%) (see Table 5).

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

Feel Safe Calling 911	BIPOC					White	Total
	Asian	Black	Latino	Native American	Multiracial		
Yes	6 (54.5%)	7 (41.2%)	6 (35.3%)	2 (66.7%)	4 (57.1%)	59 (54.1%)	84 (51.2%)
No	5 (45.5%)	10 (58.8%)	11 (64.7%)	1 (33.3%)	3 (42.9%)	50 (45.9%)	80 (48.8%)

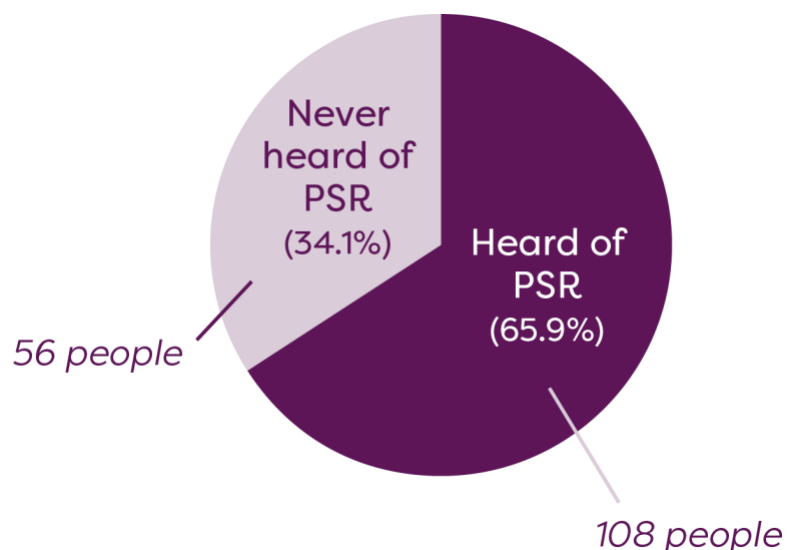
Knowledge of the Portland Street Response

After asking about community members’ general attitudes and experiences with 911 and other first responders, we asked if they had heard of the City’s new Portland Street Response program. The majority of community members we spoke with (108 people, 65.9%) had heard of the program and 56 (34.1%) had not (See Figure 21). We then

asked the 108 people who had heard of the program what they knew about it and how they heard of it. The most common way that people described the program (70 people, 64.8%) was as a police alternative. Similarly, 61 people (56.5%) described it as a program responding to people in mental health crisis. A smaller percentage of people (13%) described the program as one that helps unhoused people, and only 4 people (3.7%) said that it addresses medical concerns.

When asked where they heard about Portland Street Response, just under half (51 people, 47.2%) said they learned about PSR through social media, while 42 people (38.9%) said they heard about it through word of mouth. Eighteen people (16.7%) said that their knowledge came from direct interactions with PSR, and seven (6.5%) said they learned about it through political discussions and racial justice rallies.

Figure 21. Knowledge of Portland Street Response Among General Community Members



When we examined rates of awareness of Portland Street Response by race, we found that White community members were more likely to have heard of the program compared to community members of color (70.6% compared to 56.4%) (see figure 22), and this disparity was marginally statistically significant, $\chi^2 (1, N = 164) = 3.31, p = .07$. Among BIPOC, Native Americans were most familiar with the program (66.7%), followed by Latinos (64.7%), Asians (54.5%), Black people (52.9%), and people identifying as Multiracial (42.9%) (see Table 6).

Figure 22. Knowledge of PSR Among BIPOC Community Members

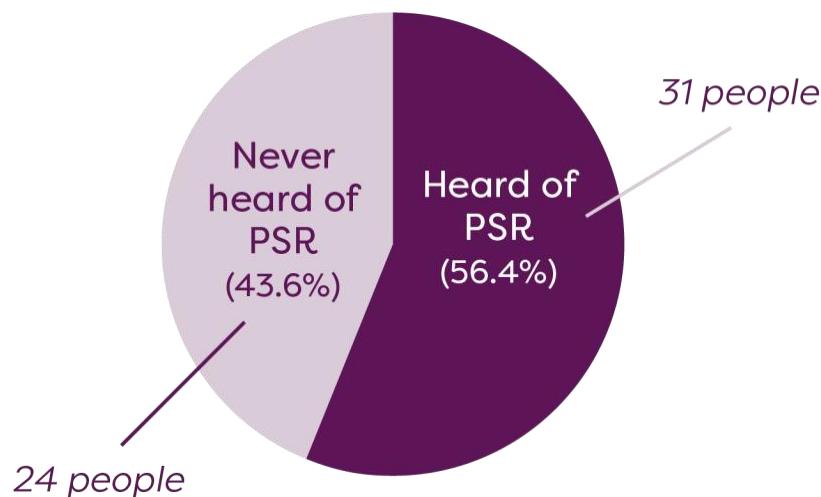


Table 6. Knowledge of PSR by General Community member Race/Ethnicity

Knowledge of PSR	BIPOC					White	Total
	Asian	Black	Latino	Native American	Multiracial		
Yes	6 (54.5%)	9 (52.9%)	11 (64.7%)	2 (66.7%)	3 (42.9%)	77 (70.6%)	108 (65.9%)
No	5 (45.5%)	8 (47.1%)	6 (35.3%)	1 (33.3%)	4 (57.1%)	32 (29.4%)	56 (34.1%)

In examining differences in knowledge of PSR by location, we found no statistically significant differences, with 60 to 70% of people living or working in each of the quadrants included in the study reporting awareness of PSR. This is encouraging and suggests the program is succeeding in educating the broader Portland area about Portland Street Response. While there certainly remains important communications and outreach work to be done to ensure that all community members know about PSR and how to access it, it is also encouraging that we have observed steady growth in the percentage of general community members who are familiar with PSR since the beginning of the program (see Figure 23). This is likely a result of the program’s strong commitment to communications and outreach, particularly among BIPOC community members. We will return to this point later in the report.

Figure 23. Changes in Knowledge about PSR among General Community Members from Program Start to Present



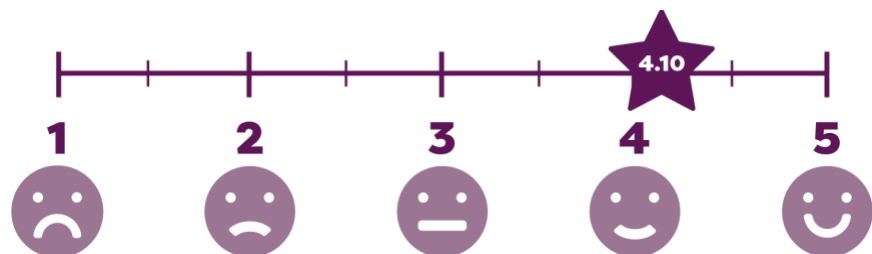
Interactions with Portland Street Response

Thirty of the 164 community members we spoke with (18.3%) reported specific interactions they had with Portland Street Response. Most of these interactions (21 people, 70%) occurred when community members had called 911 or the non-emergency number for assistance and met or saw the PSR team when they responded in the field. Six people (20%) 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, “They’ve responded a couple times outside the coffee shop. I appreciate that they come in and update us about how it went.” The final three people (10%) met PSR when they were doing outreach or trainings in the community.

We then asked the 30 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 4.10 (see Figure 24), indicating a high level of satisfaction with the program. A few community members noted frustration with PSR’s response time. For example, one person said, “There’s a

person who is an ongoing problem. We called a couple times for help, but by the time they got here, the person left.” However, the majority of community members expressed high levels of satisfaction with the service while also providing valuable recommendations for improvement, which will be discussed in more detail in the section describing follow-up interviews with community members.

Figure 24. Satisfaction with Portland Street Response among General Community Members who have Interacted with the Program



Ways to get information out about PSR

Given the ongoing importance of PSR communications and outreach work, we ended our surveys by asking community members for suggestions of the best ways to distribute information about the program. The most common response was *social media* (reported by 67 of the 164 people surveyed, 40.9%), followed by *flyers* (45 people, 27.4%); *word of mouth* (37 people, 22.6%); *outreach activities* (24 people, 20.7%), *billboards* (16 people, 9.8%); *increased visibility* (13 people, 7.9%); *community events* (12 people, 7.3%); and *mailers* (9 people, 5.5%).



Portland Street Response staff participated in the Good in the Hood festival in Northeast Portland in June 2022. Members of the PSU evaluation team attended the event to survey community members about their knowledge of and experience with PSR. (Photo courtesy of Greg Townley).

General Community Member Follow-up: Methodology

If, in the context of our survey screening questions, community members reported having interacted with PSR, they were invited for longer follow-up interviews that occurred via phone and zoom. This resulted in 15 interviews ranging from 30 minutes to one hour. Participants were compensated for their time with a \$10 Visa gift card. Interviews were recorded and transcribed prior to qualitative thematic analysis.

General Community Member Follow-up: Sample Description

Among the 15 community members we conducted follow-up interviews with, the average age was 45, ranging from 28 to 61. Eleven people we interviewed (73.3%) identified their race or ethnicity as White, two (13.3%) identified as Latino, one (6.7%) as Asian, and one (6.7%) as Native American. When asked how they describe their gender, eight community members (53.3%) reported identifying as men and seven (46.7%) as women.

General Community Member Follow-up: Findings

Calling for First Responders

Continued Frustration Over Slow Response from 911 and Non-emergency Lines

In line with themes from our previous evaluation reports, respondents continued to describe frustrations with slow response times from 911 and the non-emergency line. With 911, they described emergent situations where they were put on hold for up to 20 minutes before speaking with an operator:

“911 is too busy. It's not that 911 couldn't do a good job if they had more people. They're just too busy. They can't handle it....You just call and be on the phone for 10 minutes before anybody talks to you. Because they don't have enough operators.”

With the non-emergency line, they described never getting through to an operator, or being put on hold for up to a few hours. These experiences left community members feeling abandoned, unsafe, and doubting the usefulness of resources like the non-emergency line.

“I was actually running an errand and I told the shift manager to call 911, because they did call the non-emergency number and we were on hold for almost a half hour. It's that way all the time too. That's what's sad about it. So, we called 911 instead.”

However, one participant felt that wait times for the non-emergency line had decreased since the implementation of Portland Street Response:

“And the wait times have decreased ever since that program started, and I have noticed that is a very good thing because I've been on hold with non-emergency for up to 40 minutes.”

Asking for PSR Directly

As PSR becomes more familiar to Portlanders, respondents described scenarios where they called 911 and asked for PSR directly. Several were aware of the PSR call criteria and had learned how to request PSR via 911.

“I asked them specifically if we could get Street Response to come out, and they did it... I knew the criteria of what they... Because I have it in my email. I know the criteria they use in order to respond. So, I knew to talk about that—that he was in a mental health crisis, he wasn't being violent, he didn't have a knife or any weapons. So, otherwise, then police would come out.”

Experience with PSR

Positive Feelings about the PSR Team

Community members who had a direct experience with PSR provided overwhelmingly positive feedback in our interviews with them. As in previous evaluation reports, they talked about how PSR was calm and respectful in the way they treated clients:

“I mean, the sense of calm that comes with them is immediate from me and from everybody else around, whether they're the involved parties or just bystanders. They approach with such care and discretion that it's hard to describe, it's just a blessing. I just feel so calm and confident that they may not get the results that we're hoping for to move the people along, but that constant interaction, because they're the same people basically that we're dealing with, is ongoing and they just keep chipping away and keep working with them.”

“They were very professional. I felt they helped her out. They had a female with them so that she could take her in and get her cleaned up. That was the sad part was that she was covered in her own soil and I think it was great that they were able to get her cleaned up and get her some fresh clothes and everything. They did good. They were very communicative. They stayed around and waited until everything was resolved before they left and they kept coming and talked to me and let me know what was going on.”

PSR Exhibited Strong De-escalation Skills

Respondents also remarked positively on PSR’s de-escalation skills. They appreciated that PSR took the time that was necessary to meet clients where they were at, listening to and supporting them. In combination with the need to hire more teams, these long visits may contribute to the lengthy response times, but it is important for PSR be able to continue to take the time necessary for each visit.

“I’ve been at sites in different places where they show up and the situation improves, and that can be anything from what we saw the other day, someone is having a really bad day like they do every day and someone sits down and talks with them and whatnot, or people need resources.... I’ve seen from the few instances with Portland Street Response is that they kind of do the in-depth stuff that they have the time to be able to do to get someone to move or whatever. Yeah. So, they kind of turn the volume down on the situation. And also, it’s communication based, but they also have the time and some resources to be able to provide a little bit of change in this person’s scenario.”

Successful Community Collaborations

Similar to previous evaluation reports, community organizations that collaborate with Portland Street Response continue to report positive experiences working with PSR. They noted that PSR puts community organizations at the forefront and takes a supporting role, asking what they needed and using their leverage as an official part of Portland Fire & Rescue to bring resources their community organization would not have had access to otherwise.

“Although they’re citywide, they don’t have the capacity to be really citywide right now. And so a smaller organization’s able to have really direct focus on neighborhoods and communities. But in the present, it’s been very, very helpful because we’re on site in this direct community so many times a week. So, when we need to reach out to PSR and get access to shelter beds or things like that, it’s extremely helpful.”

A respondent who works at a security organization talked about collaborating with Portland Street Response in the field and encouraging his teams to use PSR as a resource rather than calling the police.

“I'm kind of trying to bring into our resources at the security place that I work at that instead of us being like, ‘Oh, things are escalating, we need to call the cops,’ let's have the Portland Street team kind of on speed dial and at least report situations to them as well, because they might have a better effect.”

High Quality Community Outreach

Participants described only positive experiences about interacting with PSR at events such as resource fairs, neighborhood gatherings, and business association meetings. They also had positive interactions with PSR when team members stopped by their businesses to share updated fliers.

“First of all, there was a good campaign in the newspapers, so whoever's running it did a good job with media. They did a good job with the *Oregonian* and with the TV station. So that was good. Having them go out to community fairs was the best possible way they did that. They sent people out to each one of these areas for outreach because they're connecting directly with people and talking directly to people. And I think that's the best way in today's world because so many people are isolated and they just rely on social media. These guys were actually physically out there talking to people. It was amazing. It was great.”

Areas for Improvement

Growing Pains

In the last report, we recommended that PSR maintain its localized feel as it expanded beyond the Lents neighborhood. This has been difficult to achieve, particularly given the challenges of hiring more teams quickly. A respondent involved with a community organization that collaborates frequently with PSR noted that since the citywide expansion, it has been more difficult to reach and collaborate with PSR. However, they were still hopeful about the positive impact PSR can make and trusts that they can get back to the close collaboration and trust building that occurred during the pilot phase.

“Since they have expanded, and I want to say this really lightly because I know that they're hiring right now, we have not had the same successes. And so there have been instances of them just not showing up to calls at all, and there have been very many instances of them not following up with clients afterwards. But I'm really hopeful, like I said, because I saw the strength coming out the gate that once hiring happens and there are enough people for them to really serve each

district, that will kind of gain momentum again... These are conversations just between advocates and us trying to get help for folks without police involvement or police showing up. And so, these are conversations we're having because I'm always saying, 'Call PSR.' And I'm just hearing back from my fellow outreach workers, 'Actually I did. No one showed up.'... Like I said, the only thing is, and I really feel hopeful and confident that we'll get back to the same place, other than that, I don't think there's much to improve on. I really see as they hire people that this is actually going to be an amazing thing throughout Portland.”

More Teams

Related to these growing pains, several community members pointed out that the current number of PSR teams was not enough to meet the service needs of the entire city. One person recommended that PSR expand to 30 or more teams. Respondents also felt it was important that PSR be consistently funded and employees be compensated well to provide job security and minimize burnout.

“Well, I think the value of it is like any program. The value of it is what you put into the program in terms of resources is what you get in return from the program for the city. So, if it's fully funded and staffed and they're given the resources that they need and supported constantly, then the return for the city will be great because the hope is, is that more people will get services. More people will get resources for their homeless situation. More people will get resources for their addiction situation. And, maybe we can... get people off the streets and into a better situation for themselves and for the city of Portland.”

Response Time Varies

Community members we spoke with reported varying experiences with PSR regarding response time. For the first time in our evaluation process, there were complaints about PSR's response time being too slow. These respondents felt the long response time limited the program's utility. In previous evaluations, PSR's quick response time was universally commended, and in this evaluation, several respondents were still pleased with it, noting that PSR showed up in 10-30 minutes. The long response times other respondents experienced may be because hiring for additional team members has not yet caught up to PSR's recent expansion of their service area and hours of operation.

“So, I called and requested them and unfortunately, it took, I think, two or two and a half hours before we got a call back. By then, one of the other owners had to physically remove the person from the shop. It was done in a way that was ethical, I guess, but he did have to be forcibly removed and he stayed out once it happened, but the thing is, that's what we wanted to avoid happening.”

Another community member described an experience where PSR told them they were busy at the time they called but followed up later:

“But there was one time that they told me straight up that they were busy and not available, but they would try to reach out, which they did. It may have been the next day, but anyways I got the contact that, ‘Oh, I’m so sorry we didn’t make it out there. How are things going?’ Which is great, we’re not forgotten.”

Direct Line to PSR or Improvement in 911 Response Times

Several respondents continued to recommend that PSR have a direct line. One person felt that by calling 911 to reach PSR they were causing further delays in 911 response times, and that a direct line would resolve the issue:

“I think that if it was dispatched through a different number for the Portland Street Response, that would be better rather than tying up 911, just because right now, sometimes you’re on hold with 911 for five or 10 minutes. And so you can’t get through. So having their own dedicated line would be great, also having an idea of ETA.”

Another respondent felt a direct line to PSR would make them feel more reassured that the appropriate responder would be sent, which reflects many community members’ ongoing wariness about police response for mental health crises.

“My hopes, and I’ve kind of been saying this from the beginning, is that there would be a different number that would call Portland Street Response, and they can still at that point gauge in the phone call, ‘Should this be Portland Street Response or should there be police?’ But also, I would feel safer actually having that conversation if I was not calling 911.”

Other participants clarified that *if wait times could be significantly improved*, 911 was an appropriate mechanism for reaching PSR:

“I think that if we can be reassured that Portland Street Response will be available, I think 911 makes sense to me just because there’s already a team of people who are hopefully administrating the right response. Like I said, my coworkers didn’t hesitate. I feel like when there is an issue, we don’t know exactly who to call. and when there’s an easy number to remember, it’s better than having to run to the back and figure out what number to call.”

Value of PSR to Community

A Service that is Needed

Similar to our previous evaluation reports, community members were resounding in their agreement that PSR is an option that is sorely needed in Portland. Respondents frequently encountered people in mental or behavioral health crisis and, for various reasons, felt the typical response options were inadequate. They reiterated that the strength of PSR comes in their specialized training and focus on helping people in crisis. They believe that Portland Street Response has the potential to help improve conditions in Portland and feel reassured knowing that they could call PSR.

“In Portland, I definitely know that there's a lot of anxiety around police and sort of their response could involve use of force. It's something that... that makes us anxious to call them. And I think having trained professionals, they have to mediate the issue, and it's comforting for both individuals experiencing crisis and people having to call them. So it's great for Portland because you know a lot of people want to be there for people and want to make sure everyone's getting the proper care that they need. And I think by having someone who's trained to take care of people in a way that will actually better them is, I don't know, it's reassuring for everyone in Portland, I think.”

A Valuable Alternative

Continuing a thread that has run throughout the rollout of PSR and this evaluation, community members reiterated and expanded on their feelings about PSR as an alternative to police response to people experiencing homelessness or mental health crisis. They noted that police can be intimidating for unhoused people and people in mental health crisis, and that they may not have specialized training for these types of calls. A respondent who works closely with the houseless community noted that people are slowly starting to understand PSR's mission and feel safe around them:

“When I think about law enforcement, it's intimidating, it's scary. And I know this from my own personal experience as an unhoused person, but when I think about PSR, I think community health, I think fire and rescue. So, I do really think first responder. And I think that our whole community is kind of grasping that same safe feeling around PSR compared to law enforcement. So, I'm seeing on the streets, especially when I'm walking with one of the community health workers from PSR ... Folks are more inclined to just be open and honest about where they're at with a PSR representative than I think that they would if someone in uniform showed up, and so that in itself is extremely healing for our community.”

“It's just like, people are trying to survive, and a lot of people are barely able to do that. I think having the access to a team that is more involved in getting care resources to them than cops... Cops don't really have the appropriate training for that. I think that's huge. When you're seeing someone have a mental health crisis, a cop is never going to be the answer to that. To me, I think with the world being in the state that it's in both with homelessness and with mental health, I feel like we need six out of every ten cops, at least, should be Portland Street Response.”

Wanting Long Term Change

Most community members we interviewed seemed aware of PSR's role in the city as a response team. However, some still expressed frustration that they continued to encounter people experiencing homelessness—often the same people—over and over. This likely reflects the fact that most of the community members interviewed were local business owners and store managers who we talked to at their place of work. They were typically calling PSR or 911 because they wanted to remove someone from their business or the surrounding area who was behaving disruptively (though it should be noted that simply moving people along is not PSR's purpose). These respondents wanted to see long term change in Portland and recognized PSR was just one part of that change, and not a comprehensive solution.

“Like I said, my personal opinion is it's sad that we're in this position in the first place, but at least there's a resolution to help the business owners and the area to try to deal with this issue without anybody getting hurt or any really bad outcome. I really would like to see some solutions on this going forward, but for the time being, I think this is a good idea to help some of these people, and maybe they can get them on a path that will be better for them.”

Recommendations

Programs like Portland Street Response that tackle society's most complex issues must continue to be flexible, nimble, and responsive to the people and communities they serve. We have now demonstrated in three evaluation reports that PSR has been successful in meeting its outcome goals of reducing police and fire response to non-emergency calls and calls involving people in mental or behavioral health crisis. We have even seen some early signs that arrest rates may be dropping on some of the most common police call types that PSR is now being dispatched to.

This is all encouraging and should be seen as a win for the city of Portland—and indeed cities across the country that are learning from Portland's model. But there is still much to learn, and much room for growth and program improvement. Therefore, we focus our recommendations below on the process components of PSR—the elements that drive the program and which result in the promising outcomes the program has demonstrated. Specifically, our recommendations cluster around staffing; structure and support; call type and criteria; communication with other responders; supporting PSR within the Fire Bureau; and community outreach and engagement.

1. Address Staffing Issues that Impact Program Success

Ensure Adequate Staff Coverage

Staffing shortages were arguably the biggest challenge during the first six months following the citywide expansion of Portland Street Response. Difficulties and delays with hiring and onboarding new staff along with increased staff turnover led to fewer crews than originally planned operating at a given time; as a result, hours of operation had to be reduced to 8AM to 6PM on the weekend shift for most of this evaluation period. These staffing shortages led to delayed response time, increases in the number of cancelled calls, reductions in the number of calls diverted from other responders, frustration among community members calling to request PSR's services, and stress and burnout among staff members.

Fortunately, the program has been successful in staffing up to at or near its intended 58 full time positions, so it is likely that capacity issues will be less of an issue moving forward. However, the challenges experienced during this evaluation phase should stand as a reminder of the importance of ensuring that there are adequate full-time staff or on-call staff available at all times to meet the ever-increasing demands of Portland Street Response. As we noted in the report, call volume has ballooned by 717% since the same time last year, and this increase will continue as the program prepares to add

night-shift units and respond 24/7 in the coming weeks. Portland Street Response will need to be adequately resourced to be able to add additional staff as needed.

The program should also consider adding staff who can spend more time in the field with clients following calls. One of the hallmarks of Portland Street Response—and a strength noted by numerous stakeholders we spoke with in this evaluation—is their ability to spend more time with clients in the field following the first response. It takes time to build rapport and trust, to engage in de-escalation work in a trauma-informed manner, to discuss service options, and to help guide clients toward solutions. This should not change, and PSR should never be pressured to become a rushed, “run from call to call” type of response unit. However, having staff available who could arrive on-scene following a response in order to wait with clients for an ambulance or other transport; or connect the client to community health workers or other providers could help the first response units get back into service more quickly—and likely increase the probability that the client gets connected to additional services or resources they may need. Some of this work is already being done very effectively by peer support specialists who ride with the team or meet the team on-scene. However, given that they also have their own client loads to respond to, and because there may be instances in which the training and skills of mental health responders or community health medics are needed, it would be beneficial to consider having a floating team of mental health responders and community health medics available to relieve the first responder team in the field. This recommendation aligns with suggestions we heard from PSR staff and leadership in our interviews with them.

Clarify Roles

Another common theme across our interviews with PSR staff was the need for further clarification of team member roles, especially among community health workers and peer support specialists. Staff describe the distinction between roles as peers providing more of the social-emotional support, while community health workers do more case management and resource connection. Both roles are critically important and have led to some of the most enduring programmatic and client successes. It is also important to be flexible and allow staff to lead based on their personal and professional experience. Each client will require a different approach, so remaining nimble is imperative. However, having additional clarity about roles and responsibilities would provide staff with more predictability and also help ensure that clients receive the best care possible.

For example, in our interviews with PSR staff, multiple staff members noted the need for designated staff doing outreach work to connect with clients who the first responders have worked with in the field. Often, it can be difficult to find clients following the first response; but if one or two peers or community health workers were designated

specifically to engage in outreach work (rather than staff sharing this role and completing it as they have availability), they could connect with clients more quickly and increase the likelihood that those clients who wish to engage in follow-up care with a community health worker or peer are able to. Another area worth clarifying to ensure consistency in practice concerns whether or not peers ride alongside first responders in the rig to help engage with clients during the first response. Some peer staff do this consistently while others do not, despite it being a role they thought they would have the opportunity to provide when they were hired. A final role that may be appropriate for peer staff or community help workers is helping to respond to requests for resources in the field from PSR staff and other first responders. Currently, the resource request calls from other responders often get dispatched to the PSR first responder staff; however, having peers or community health workers (or the floating team of responders described above) available to field these requests would free up first responders to address calls for service from community members experiencing mental health distress.

The recent shift of the peer support specialists and community health workers to the new Community Connect program within the PF&R Community Health Division provides a good opportunity to clarify roles to maximize the impact of these vital staff members and ensure that their skills and experiences are being utilized to their strongest potential. However, it is very important that staff are included in this process and that they have a leadership role in clarifying or adapting roles. There is some concern among staff that the reorganization and move to Community Connect may create drastic changes in their work that takes them away from the core mission of Portland Street Response. Given how important the follow-up staff are to the successes of PSR, it is vital that they remain closely connected to the program, a point we will expand upon below.

Encourage Connection Between Teams

While there is a great deal of cohesion and collaboration between PSR staff members, there is a growing sense of division or isolation between first response staff (mental health responders and community health medics) and staff providing follow-up care for clients (community health workers and peer support specialists). Their offices are in different locations, which results in fewer opportunities to see one another, discuss clients, and share ideas. Staff providing follow-up care worry that this separation may make PSR first responders less likely to refer clients to them because they are not as familiar with who they are and what they do. These concerns predated their move to Community Connect, but this move has increased concerns among staff who worry it may further erode team dynamics and separation between teams. It will be important to ensure meaningful and sustained opportunities for continued contact, communication, and collaboration between team members in order to address these concerns.

Encouraging connection between team members will be especially important as night-shift teams are added to the program. During the pilot year of PSR, the night team reported feeling isolated as they began working nights with fewer opportunities to train and overlap with the more experienced day and swing shifts. Having supervisors available during night shifts will help with this some, but it will be critical to consult with night-shift staff about whether they have sufficient opportunities for interaction with and collaborate with other team members, especially team members who have more institutional knowledge of the program that will serve as a critical resource for new staff.

2. Provide More Structure and Support

Refine Protocols and Training

While team members reported feeling generally supported by the PSR program manager and supervisors, numerous staff noted the need for more structure and support in doing their jobs. In particular, having policies and protocols more clearly documented would make staff members' jobs more predictable and provide a template for how to respond to issues that emerge in their work. The types of calls they respond to are dynamic and ever-changing. It will never be possible to predict every scenario that staff may face in the field. But more clearly documented policies and protocols will provide greater consistency and also be helpful as training materials when onboarding new staff. The work flow documents created by the PSR Data Analyst Andy Stevens to help staff understand charting and data collection procedures may provide a good model to follow for the creation of these materials. Video tutorials would also be helpful, both for internal purposes and to share with program partners to help them get a better sense for how PSR operates in the field.

Staff also noted that more robust training and additional opportunities to shadow other staff before responding to calls themselves in the field would help them feel more supported and equipped to do their jobs effectively. Similarly, staff also said that additional training opportunities pertaining to charting and data entry would be helpful, especially practicing with supervisors and other staff to ensure that charting practices are consistent across team members.

Expand the Role and Availability of Supervision

One area we have focused our recommendations around in each report pertains to staff supervision. Staff have direct supervisors who help them with the day-to-day operations of their jobs. They also receive monthly group clinical supervision and opportunities to meet individually with contracted clinical supervisors to discuss difficult aspects of their

jobs and how this impacts their mental health and well-being. This is important, but there seems to be relatively low use of individual clinical supervision among staff, with the exception of the peer support specialists. It can be difficult to make time for clinical supervision in the midst of everything else staff are doing. However, given the high stress nature of their jobs, it is important to engage in clinical supervision, especially in light of the burnout and compassion fatigue that many staff are experiencing. It is important to make sure that staff know that opportunities for clinical supervision are available and to make information about this resource easily accessible to staff. In order to increase use of clinical supervision, we encourage working with staff to block out and protect times in their schedules for this. It may also be worth considering a requirement that staff meet with someone for individual clinical supervision at least monthly, though we encourage this decision to be made in close consultation with staff.

Another possibility is the blending of the direct PSR supervisor role with the clinical supervision role. This would allow for more in-depth discussion of client cases and for processing the stress of the job with someone who is more familiar with the work than a contracted supervisor who is external to the program. This would require that PSR supervisors be licensed to provide clinical supervision but would enhance direct access and connection to someone with advanced expertise in mental health, which some staff report is currently lacking—and which would certainly be needed if the team begins responding to higher acuity mental health calls involving suicide or writing Director's Custody Holds.

Provide Opportunities for Shared Decision Making

We have also been firm in our recommendation that team members should be allowed to lead with their vast personal and professional experience in the field. Empowerment and choice are core values that guide how PSR staff respond to their clients; these values should also extend to how leadership engage with staff. As the program has expanded, some staff report feeling more disconnected from program leadership and feel that decisions that impact them are often made without first consulting them. With all the moving pieces of this complex work, which often requires quick decisions to be made, it is understandable that staff may not be able to be consulted on each and every decision. However, staff need opportunities to provide feedback on new policies and procedures, as well as additional avenues for communication and idea sharing with leadership. Our conversations with program leadership give us confidence that they are aware of this concern from staff and are working actively to be responsive to it. For example, the program manager has set up ongoing meetings with staff to engage in idea sharing and provide them with a platform to provide input on programmatic policies and decisions. We will continue to monitor progress on this throughout the remainder of the evaluation.

3. Refine Call Criteria and Call Type

Continue to Work Toward Expanded Call Types

In our previous reports, we have discussed the importance of expansion in call type and criteria, specifically to allow Portland Street Response to respond to calls inside residences, calls involving suicide, and calls involving higher priority levels (e.g., calls involving people in the street, or walking in and out of traffic). We continue to see value in expanding PSR call criteria to allow the teams to respond to these types of calls; and our interviews with other first responders and community members generally support this recommendation. That being said, we recognize that given staffing limitations, it has been difficult for PSR to respond to all the calls they are currently dispatched to, and adding additional call types could make this even more challenging. It is important that expansion in call types is rolled out gradually, and with clear parameters in place to avoid over-burdening PSR responders, or having them dispatched to calls that are outside the scope of the mental health calls they should be responding to. We understand that negotiations with the Portland Police Association (PPA) to clarify expansion in call type and criteria are ongoing, and we will continue to monitor progress in these discussions and decisions in the months ahead.

Revisit Fire Call Types

One of the PSR program outcome goals is to reduce the number of behavioral health and non-emergency calls traditionally responded to by police and fire. There is clear indication based on our analysis of PSR and PPB call volume that they are succeeding in reducing the number of behavioral health and non-emergency calls that would have been traditionally dispatched to police. Specifically, the vast majority of calls they respond to are calls that would have previously been dispatched to police as welfare check calls. Our discussions with BOEC dispatchers confirm this. And while it will (and should) remain the case that the majority of calls that PSR responds to are calls that would have been traditionally been dispatched to police, it is also important to make sure they are being sent to appropriate calls traditionally responded to by PF&R to help alleviate the load on PF&R staff. We found a substantial decrease in the number of fire calls PSR was dispatched to in the first six months following the citywide expansion (2.2% of all the calls they were dispatched to were calls traditionally responded to by PF&R) compared to during the program's pilot year (8.7% of all calls they were dispatched to were calls traditionally responded to by PF&R).

This reduction is likely a result of a few factors. First, CHAT is now responding to more of the low priority fire and medical calls that PSR was dispatched to prior to CHAT. Second, given how backed up PSR typically was on calls in their queue, it is likely that

dispatchers prioritized the more obvious welfare checks or unwanted persons calls that are more typical of the types of calls they respond to; while fire and medical calls were likely assigned to PF&R or CHAT. Third, PSR stopped being dispatched to illegal burn calls (i.e., calls often associated with cooking or warming fires at unhoused peoples' camps) after April 2022 due to these being seen as outside their scope. The discrepancy in police vs. fire calls is something that was noted by PF&R staff we interviewed, with some staff reporting a belief that PSR is only helping to reduce the load on police, not on fire. We encourage PSR leadership to work with partners at BOEC and the Multnomah County EMS Medical Director (who would need to approve any changes in scope of operation pertaining to medical calls) to ensure that all the PF&R calls that meet criteria for PSR response are being dispatched to them when they are available. This will hopefully result in PSR alleviating more of the load on PF&R and increasing the value that PSR has for them.

Resist Scope Creep

While the vast majority of calls PSR is dispatched to fit their criteria and are aligned with the mission of the program, staff have reported an uptick in calls they are dispatched to that are outside the scope of their services, including the provision of basic resources. While PSR provides resources to community members within the context of addressing mental and behavioral health concerns, they are not an outreach team and should not be responding to calls solely for the provision of resources. This takes them away from the calls they are intended to respond to and risks reinforcing misunderstandings that other first responders and some community members have about the role and purpose of PSR. Further, staff discussed several instances in which police and fire staff requested their assistance at sweeps of unhoused people to convince people to go to shelters. Putting PSR in such a position is antithetical to the program's core mission and thwarts their efforts to build trust among people in crisis. PSR should never be used to carry out sweeps of unhoused people, enforce camping bans, or require individuals to engage in shelter or service use. Their role is to discuss options with people and guide individuals to make informed decisions that match their unique needs and life context.

4. Enhance Understanding and Communication with Dispatchers and Other First Responders

Related to the point above about other first responders requesting PSR to serve in roles that are unaligned with their focal purpose, it is clear that continued efforts are needed to educate other first responders and also dispatchers about the purpose of PSR. While some responders seem to understand the purpose of PSR as assisting people experiencing mental and behavioral health crisis, many still think that the primary function of the program is to address homelessness and provide resources to unhoused

people. This impacts how they request and interact with PSR in the field, as well as how they view the program's success and outcomes. We received a number of helpful suggestions for addressing this lack of understanding and enhancing communication between programs in our interviews with other first responders and dispatchers. We will review these below. We also have confidence that with the greater staffing capacity PSR now has, other first responders will have additional opportunities to see and interact with them in the field, which will increase communication and understanding.

First, some PF&R staff noted that they have a closer understanding and working relationship with CHAT than with PSR, although several staff also reported not understanding the differences between the programs. As the Community Health Division is still relatively new, this is not surprising and speaks to the importance of providing clear definitions and role clarification for both CHAT and PSR. Staff noted that it is difficult to keep up with the volume of emails and paper material they receive about new programs, policies, and protocols. They suggested videos or lectures as part of a required training block on the Community Health Division. They also noted the benefit of having sit-down meetings with PSR staff at fire stations—something that PSR staff and leadership have discussed doing once the program is sufficiently staffed and able to dedicate staff time to conducting station visits.

Second, PPB staff noted the importance of closer communication with PSR. Some staff said this was best done through contact in the field and opportunities to increase understanding on both sides. Others suggested sharing documentation of policies and protocols so they have a better sense of the types of calls to transfer to PSR and when to call PSR for co-response. Others wanted more information about what PSR does on their calls and what the outcomes of calls are, especially for calls that PPB transfers to PSR. Both PPB and BOEC staff suggested the use of clearance codes that could be seen by other responders to see how calls were resolved. This is something that PSR is in the process of working with BOEC to implement. Finally, one PPB staff member noted the possibility of conducting scenario training with PSR at PPB's training facility to develop a clearer understanding of how co-response should occur in the field.

Finally, BOEC staff emphasized the importance of incorporating more robust and ongoing training about PSR in their on-boarding process and in-services. They suggested that someone from PSR should present during their in-service about what PSR does, how the program is working, and what is expected of BOEC staff to support PSR's work. Staff also suggested the importance of PSR providing more general trainings about mental illness and homelessness—perhaps conducted in collaboration with the PPB Behavioral Health Unit. Finally, BOEC staff discussed the importance of having more opportunities for interaction with PSR. Specifically, they suggested that all

PSR staff do sit-alongs at BOEC to observe dispatchers' work-flow; and for BOEC staff to participate in ride-alongs with PSR to better understand their field operations.

5. Address Differences in Culture Between PSR and PF&R

There are clear and compelling reasons to keep Portland Street Response 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. However, there is no denying that the relationship between PSR and PF&R has been fraught due to differences in culture between the two programs—differences that were frequently and openly discussed in our interviews with both PSR and PF&R staff members throughout this evaluation period. And while it is encouraging that multiple firefighters conveyed their interest in having PSR staff come to their fire stations to share a meal and conversation and get to know one another, we also heard from a number of firefighters that they are wary of the differences in culture between the programs and would be apprehensive to hang out with PSR at their stations, or to work with PSR on scene while responding to calls.

Our conversations with PF&R leadership give us trust that they see the transformative role that a program like Portland Street Response can have for the Fire Bureau; and they are willing to do the difficult work of addressing differences in culture between PSR and PF&R to ensure that PSR becomes integrated into the bureau, while also supporting and affirming the program's unique culture and identity. For example, the Community Health Division will be partnering with the Office of Equity to work with CHAT and PSR personnel to foster an understanding of shared values, agreements for resolving conflicts, and a stronger sense of team unity. We appreciate this work and see it as an important step for the Community Health Division. We also commend leadership for providing opportunities for team building to enhance cohesion between CHAT and PSR. However, our sense from our interviews with CHAT, PSR, and PF&R staff is that team building and equity training will need to expand beyond the boundaries of the Community Health Division and include the Fire Bureau more broadly in order for systemic change to take place.

6. Continue to Prioritize Community Outreach and Engagement

Community outreach and engagement is another area of importance that we have emphasized in each evaluation report, and which the program has been very responsive to. It is critical that community members understand what PSR is and how to access it. We have observed steady increases in community member awareness of PSR—among both unhoused community members (rates of knowledge increased from

25.8% of those we surveyed in 2021 to 44.1% in 2022 following the citywide expansion) and members of the general community (from 47.5% in 2021 to 56.4% in 2022). Given significant racial disparities in knowledge of PSR, we suggested targeted outreach to communities of color and culturally specific providers. These efforts seem to be working, as rates of knowledge of PSR increased from 19.3% to 40.9% among BIPOC unhoused community members, and from 27.5% to 56.4% among BIPOC members of the general community. This is encouraging, and the improvements are due in large part to the program's emphasis on and prioritization of community engagement and outreach.

There remains work to be done in community outreach and education, especially as the program has expanded to new areas where it does not yet have an established footprint. While we found no significant differences in rates of knowledge about PSR across the city among general community members, we found that unhoused community members in North Portland were far less likely to have heard of the program compared to those in outer Southeast Portland (where the program began) and Old Town (where the program is most active). Further, across both housed and unhoused community members there remains confusion about what PSR does. For example, many people we interviewed continue to view PSR as a program whose primary purpose is to end homelessness, and thus some suggested that the continued presence of visible homelessness indicated a failing of PSR. Other people we spoke with were not aware that PSR includes staff with both medical and mental health skills. Some community members did not know that PSR could be reached via 911, while others were not aware that the program had expanded citywide and has weekend availability.

This suggests the importance of continued efforts to conduct outreach throughout the city to make sure that all community members are informed about PSR. Educating the whole of Portland with the same thoroughness as the pilot Lents neighborhood is a hefty undertaking and will take time, but is necessary. The community health fairs and other outreach activities conducted in Lents and surrounding areas have been extremely effective in spreading the word about PSR. The program has recently hired a new Community Outreach Coordinator who will play an invaluable role in coordinating such events. We also recognize and commend the efforts of the Portland Street Response Community Outreach Campaign. This campaign has resulted in billboards and advertisements for PSR throughout the city, as well as concerted effort to ensure that communications materials are reflective of and responsive to the needs of BIPOC communities and people with lived experience of mental health challenges and homelessness. Our surveys and interviews for the current evaluation occurred prior to these materials being disseminated throughout the city, so we anticipate seeing even more encouraging signs of progress with communications and outreach when we survey community members in the next phase of the evaluation.

Conclusion

This most recent phase of the Portland Street Response program evaluation makes clear that the program is very much still in the expansion, adaptation, and learning phase. There have been numerous programmatic successes as well as substantial growing pains as the program expanded from 36 square miles to 145 square miles and struggled to onboard new staff quickly enough to keep up with the demands of their ballooning call volume. This is not surprising nor alarming. It is important to remember that programs such as CAHOOTS, on which PSR was based, have been in operation for decades and are still constantly learning and adapting to meet the needs of their clients and community.

The six recommendations offered above, along with patience and persistence as the program continues to expand and adapt, will help Portland Street Response reach its maximum potential impact in the months and year ahead. And because so much of what we learned about both the successes of Portland Street Response, and also the challenges, came directly from PSR staff, it feels only fitting to end with the words of a staff member:

“I think we just need to let the dust settle. We got a lot of influx of calls. We got a lot of influx of new responders. We got a lot of personalities to work out. We got a lot of new supervisors to figure out. It’s just going to take time for all these moving pieces to stop moving. I think that, in the next six months, once we’re good and we’re staffed up, and all of these moving pieces start to settle, we’re going to be a force in the Portland area for helping the people that we work with.”

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Appendices

Appendix A: PSR Staff ProQOL Item-Level Descriptive Statistics

Item	Mean Time 1	Mean Time 2
<i>Compassion Satisfaction Subscale</i>		
I get satisfaction from being able to help people	4.29	4.27
I feel invigorated after working with those I help	4.07	3.55
I like my work as PSR staff	4.14	4.09
I am pleased with how I am able to keep up with helping techniques and protocols in my job	3.29	3.45
My work makes me feel satisfied	3.86	3.82
I have happy thoughts and feelings about those I help and how I could help them	3.93	4.09
I believe I can make a difference through my work	4.07	3.73
I am proud of what I can do to help	4.57	4.18
I have thoughts that I am a “success” as PSR staff	3.21	3.36
I am happy that I chose to do this work	4.29	4.45
<i>Burnout</i>		
I am happy	3.71	3.64
I feel connected to others	3.86	3.91
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	1.86	2.00
I feel trapped by my job as PSR staff	2.14	2.45
I have beliefs that sustain me	4.14	4.18
I am the person I always wanted to be	3.79	3.82

I feel worn out because of my work as PSR staff	2.64	3.55
I feel overwhelmed because my workload seems endless	2.64	2.91
I feel “bogged down” by the system	3.43	4.00
I am a very caring person	4.50	4.64

Secondary Traumatic Stress

I am preoccupied by more than one person I help	2.79	3.18
I jump or am startled by unexpected sounds	2.64	2.82
I find it difficult to separate my personal life from my life as PSR staff	2.36	2.55
I think that I might have been affected by the traumatic stress of those I help	2.29	2.55
Because of my work, I have felt “on edge” about various things	2.50	2.91
I feel depressed because of the traumatic experiences of the people I help	1.64	2.00
I feel as though I am experiencing the trauma of someone I have helped	2.00	2.00
I avoid certain activities or situations because they remind me of frightening experiences of the people I help	1.43	1.36
As a result of my work, I have intrusive, frightening thoughts	1.71	1.64
I can’t recall important parts of my work with trauma victims	2.00	1.55

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: 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, Portland Police Bureau, and CHAT 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

Bureau of Emergency Communications (BOEC) Staff 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. What have been the challenges of adding PSR to your dispatch work? What have been the benefits?

6. Has the PSR team/ program done a good job working collaboratively with you and being responsive to your needs? 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? (EVERYONE ANSWERS)**

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? (EVERYONE ANSWERS)**

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. **How was your experience with the Portland Street Response team different from your experience with other social service providers (e.g., navigation teams, homeless outreach workers)?**
8. **What value does the Portland Street Response program have for your community? (EVERYONE ANSWERS)**
9. **What is the best way to get information out about Portland Street Response to your community? (EVERYONE ANSWERS)**
10. **Do you have any additional suggestions or recommendations for us? (EVERYONE ANSWERS)**

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

Race:

Age:

Gender:

Appendix C: 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.

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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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