

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

Portland Street Response: Year Two Program Evaluation

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Research Team and Acknowledgements

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Cover: A fleet of Portland Street Response vans. (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/ EMTS, 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 program's second year of operation (April 1, 2022 to March 31, 2023) following the citywide expansion of PSR.

Program Performance and Outcomes

Call Characteristics

- In the second year of Portland Street Response (April 1, 2022 to March 31, 2023), PSR responded to 7,418 incidents, which is a 509% increase from the same reporting period in the first year of the program (1,219 incidents).
- 94% of calls were dispatched by BOEC (73% from 911 calls and 21% from calls to the non-emergency number), and 6% from PSR self-dispatch
- Of the 7,418 calls for service, 7,238 (97.6%) were calls traditionally responded to by the Portland Police Bureau (PPB) and 180 (2.4%) were calls traditionally responded to by Portland Fire & Rescue (PF&R)
- The average response time was 30 minutes and 13 seconds
- The average on-scene time was 29 minutes and 30 seconds for all calls, and 47 minutes and 10 seconds for calls involving client contact
- 6.1% of all calls involved co-response with other units (e.g., PPB, PF&R, AMR), while 93.9% of calls involved no co-response
- PSR staff made 894 referrals to service in their initial contacts with clients in the field, with the majority of these referrals (542) made to PSR community health workers and peer support specialists
- PSR initiated 670 transports to hospitals, walk-in clinics, and clients' homes
- 68.4% of calls involved someone experiencing homelessness
- 60.2% of all client contacts involved someone with suspected mental health needs
- 280 clients (7.6% of calls with clients) were identified as high utilizers of PSR services
- The most common outcome of calls with clients was that the client was treated by PSR and released (42.1% of all calls)
- One PSR call (a co-response with police) resulted in a client arrest

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 3.5% 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 19% 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% 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 187 clients (2.5% 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 2,626 snacks or food boxes; 2,280 water bottles; 2,210 sleeping bags, blankets, or tents; and 1,283 clothing items.

PSR Community health workers and peer support specialists worked with a total of 127 clients who were referred to them from the PSR first responders. They completed 1,518 visits with PSR clients and made 216 referrals to service, including 71 housing applications and referrals, 42 shelter referrals, 20 medical referrals, and a variety of other referrals. During the second year of the program, 10 clients obtained permanent housing, 21 were connected to primary healthcare providers, and 22 were enrolled in healthcare coverage as a result of their work with PSR.

Community Engagement

PSR staff also engaged over 6,000 community members in outreach and engagement activities during the second year of the program. This outreach work included de-escalation trainings for local businesses, heatwave and winter weather 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 405 unhoused community members about their knowledge of and experience with Portland Street Response, as well as their experience with other first responders.

- 191 unhoused community members we spoke with (47.2%) had heard of Portland Street Response and 133 (55.9%) had not.
- 59 of 405 unhoused community members (14.6%) reported specific interactions with Portland Street Response, ranging from meeting them during outreach activities to receiving services from them.
- 168 unhoused community members (41.5%) reported having interacted with other first responders in the three months prior to our surveys, with the most frequent interactions (39.9%) 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 171 people (42.2% 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 20 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 4.8 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, training opportunities, and supervision. They also discussed challenges related to staffing shortages during the program's expansion, cultural differences between PSR and PF&R, service and resource gaps that make it difficult to connect clients to services and resources, and concerns about PSR's changing mission.

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 276 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.

- 185 community members we spoke with (67%) had heard of Portland Street Response and 91 (33%) had not. Rates of awareness were higher among White community members than community members of color (70.6% vs. 58.8%)
- 52 of 276 community members (18.8%) 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 (132 people, 47.8%) 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 30 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, outreach, and education 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, despite these successes, there are both internal and external factors that risk stalling PSR's growth and continued success. These factors will need to be attended to carefully to keep PSR on the successful track it has been on since its implementation. Below, we revisit, review, and expand upon the recommendations we offered up in our Year Two midpoint program evaluation, commenting on progress made and work still to be done.

1. Continue to Address Staffing Issues that Impact Program Success

Staffing shortages and turnover remain a considerable challenge and barrier to the program's success. It is important to ensure that there are adequate full-time staff available at all times to meet the ever-increasing demands for PSR, and for the program to be able to operate 24/7. It is also important to work with staff to clarify roles, integrate peer support specialists more regularly into the first response work, and encourage connections between team members.

2. Continue to Provide More Structure and Support

Staff expressed the need for more structure and support in doing their work. In particular, having more clearly documented policies and protocols; additional training opportunities; more regular clinical supervision; increased transparency pertaining to job performance evaluations; 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. Continue to 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. Further, while not directly associated with a specific call type, the ability to transport clients directly to hospitals, shelters, drop-in clinics, and medical appointments would expand the role that PSR can play in connecting clients to services.

4. Continue to Prioritize Communication, Outreach, and Engagement

Continued efforts are needed to educate community members, other first responders, and dispatchers about the purpose and scope of PSR's work. PSR can help better educate other responders and dispatchers by developing training videos, providing documentation of call outcomes, and providing in-service trainings at BOEC related to PSR's work. Continued outreach efforts to ensure that community members throughout the city are informed about PSR are also needed, as is the convening of a community advisory board to help provide community oversight of PSR's work.

5. Adhere to the Original Mission of PSR and Resist Scope Creep

As programs grow and evolve, there are often political and financial pressures that risk taking them off course. While PSR has been largely successful in adhering to its original program mission thus far, recent programmatic policy changes and mandates cause some concern. These include directives requiring PSR to be present during city-ordered homeless sweeps and the banning or curtailing of resources (e.g., tents, food boxes) that PSR clients use to meet basic needs and PSR staff use to build trust and relationships with people in crisis.

6. Consider a New Home for PSR if Tensions with PF&R Cannot be Resolved

As we have noted in previous reports, there are clear and compelling reasons to keep Portland Street Response housed within Portland Fire & Rescue. However, our two years of evaluating PSR have led us to conclude that there are numerous areas of misalignment between PSR and the Fire Bureau. If these differences cannot be adequately addressed and reconciled, other possible homes for PSR should be evaluated, including the Community Safety Division (CSD) or a stand-alone bureau for PSR and possibly other alternative response programs.

Since its launch in February 2021, PSR has weathered an ongoing global pandemic, extreme climatic events, gaping holes in Portland's behavioral health system of care, substantial growing pains, and threats to the program's core mission. The program and its partners have substantial work ahead as they grapple with important decisions that will determine the future of Portland Street Response. However, throughout all of this, program staff have never lost sight of the transformative role they play in providing a compassionate alternative response to people experiencing crisis in Portland.



A Portland Street Response EMT responds to a PSR call for service. (Photo courtesy of the City of Portland).

Introduction

Overview of the Portland Street Response Program

Background and Purpose

Following a report from *The Oregonian* that revealed that 52% of all arrests in 2017 were people identified as homeless (Woolington & Lewis, 2018), Portland advocates called for a new model of emergency response for 911 calls involving unhoused community members and people experiencing mental or behavioral health crisis. In Spring 2019, the street newspaper and advocacy group *Street Roots* outlined a plan for a program called Portland Street Response (PSR), which was modeled after CAHOOTS in Eugene, OR (Green, 2019). Their campaign was endorsed by City Commissioner Jo Ann Hardesty, who had long advocated for the development of unarmed, alternative first response options. Based on these efforts, Portland City Council allocated \$500,000 toward developing and implementing the PSR pilot program in June 2019.

Under the leadership of Commissioner Hardesty, work groups representing a variety of stakeholders (e.g., service providers, advocates, and elected officials) spent months designing Portland Street Response and soliciting input from stakeholders, most importantly from people with lived experience of homelessness and mental health distress (Townley, Sand, & Kindschuh, 2019). The final project implementation plan was presented to and approved unanimously by Portland City Council in November 2019.

Portland Street Response was scheduled to launch in Spring 2020 but was delayed due to the COVID-19 pandemic. 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

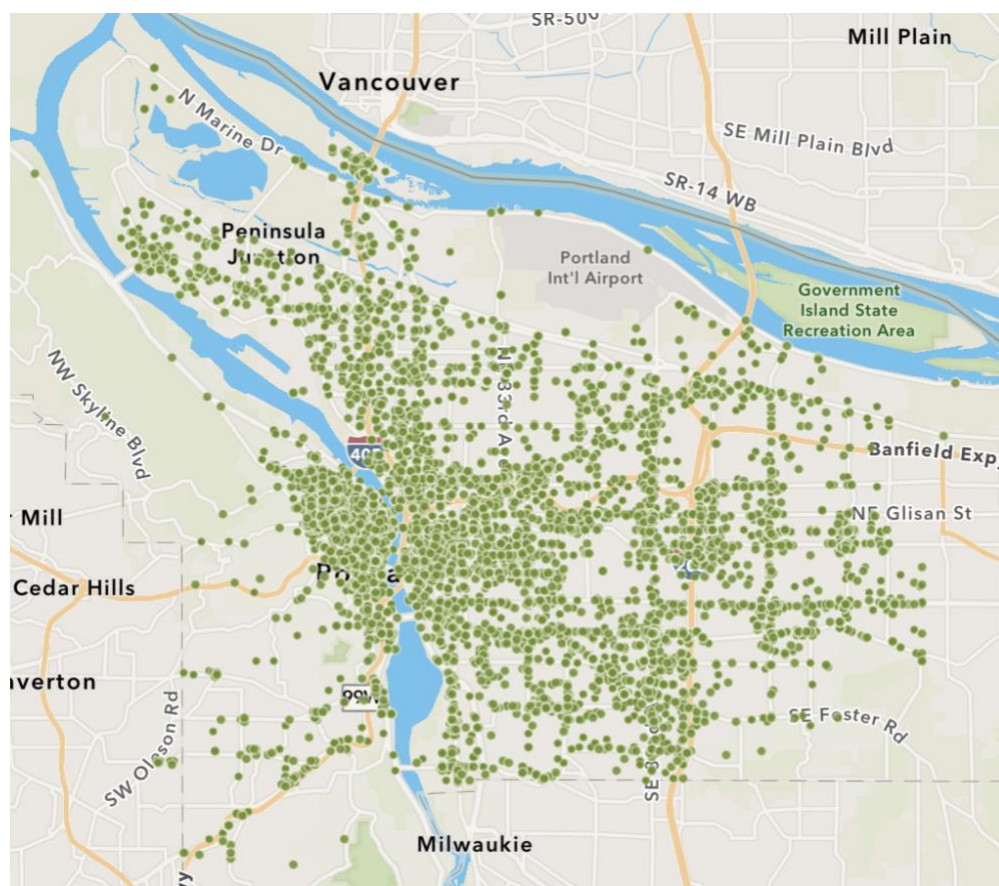
Portland Street Response began with one founding team of four that included a firefighter paramedic, a mental health crisis responder II, and two community health workers. Since that time, the team has expanded to now include nine mental health crisis responder I positions, five mental health crisis responder II positions, 12 EMTs, six peer support specialists, and three community health workers. Rounding out the field team is a PSR program manager, a Community Connect program manager, six 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 to high amount of turnover, with 14 staff departing since the program began.

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 first half of year two, 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 from June to November 2022, with any calls above those sent back to the dispatch center to be dispatched to other responders. Throughout the second year of the program, there were typically between one and six units responding each day of the week (day-shift teams responding from 7:30 AM to 6 PM and swing-shift team responding from 11:30 AM to 10 PM). The program planned to have 24/7 coverage by Summer 2023, but the timing on this is now uncertain given the budget reduction and hiring freeze in Portland Fire & Rescue.

Figure 1. PSR Call Density During Year Two



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 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 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 five 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, CHAT)
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:

- 405 surveys with unhoused community members conducted in collaboration with the Street Roots Ambassador program
- 20 interviews with PSR clients
- 60 interviews with 29 PSR staff
- 16 interviews with 13 Portland Police Bureau (PPB) staff
- 9 Focus groups and interviews with a total of 17 PF&R staff and leaders
- 8 interviews with 5 Community Health Assess & Treat (CHAT) staff
- 8 interviews with 5 BOEC staff
- 276 surveys with general community members living or working in the PSR service area
- 30 follow-up interviews with general community members living or working in the PSR service area
- 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
- Two ride-alongs 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 Community Connect 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 CHAT EMT and a mental health crisis responder on scene at a PSR call in SW Portland. (Photo courtesy of Greg Townley)

Program Performance and Outcomes



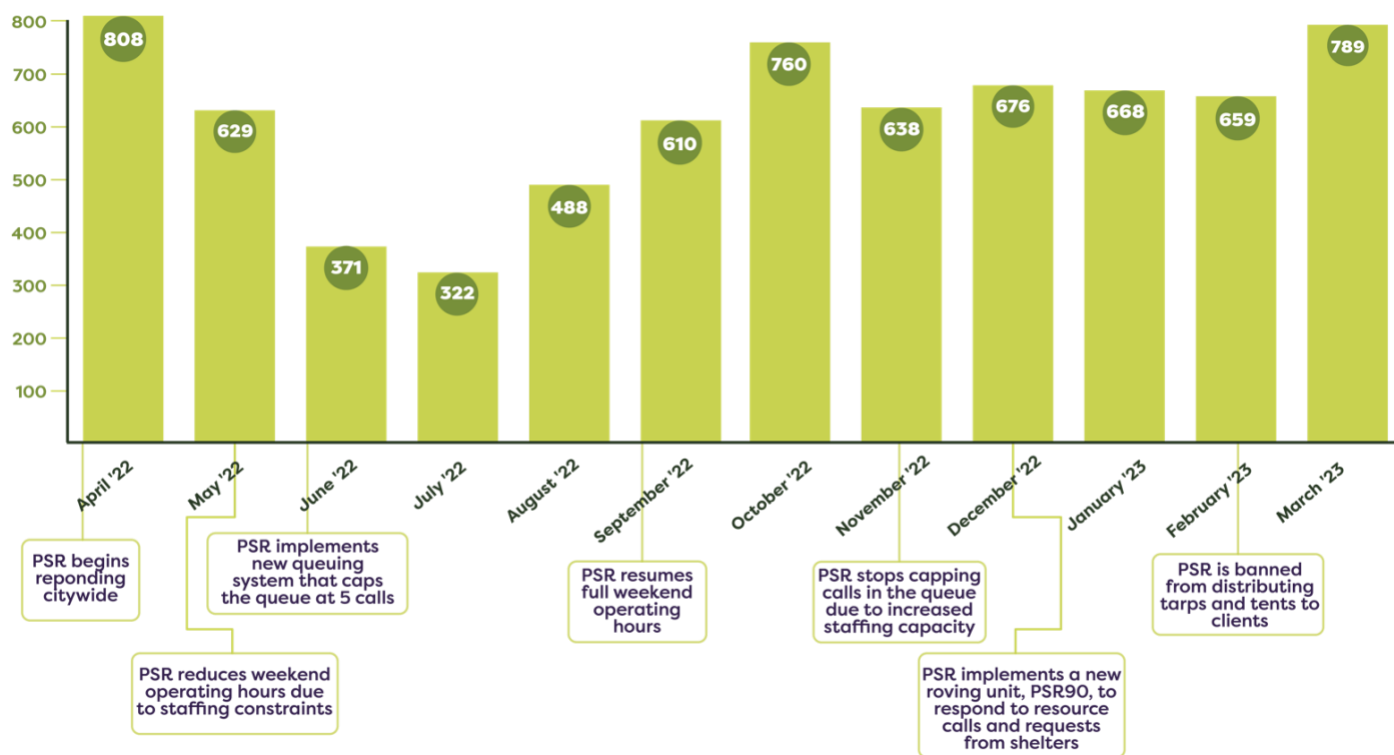
One of 18 billboards placed throughout the city as part of the Portland Street Response Community Outreach Campaign. (Photo Courtesy of Greg Townley).

PSR Call Characteristics

Call Volume and Origin

In the second year of the Portland Street Response program (April 1, 2022 to March 31, 2023), PSR responded to 7,418 incidents, with an additional 532 queued calls cleared by PSR or transferred to another agency. See Figure 2 for a timeline of monthly call volume¹ and significant programmatic changes during the second year of Portland Street Response.

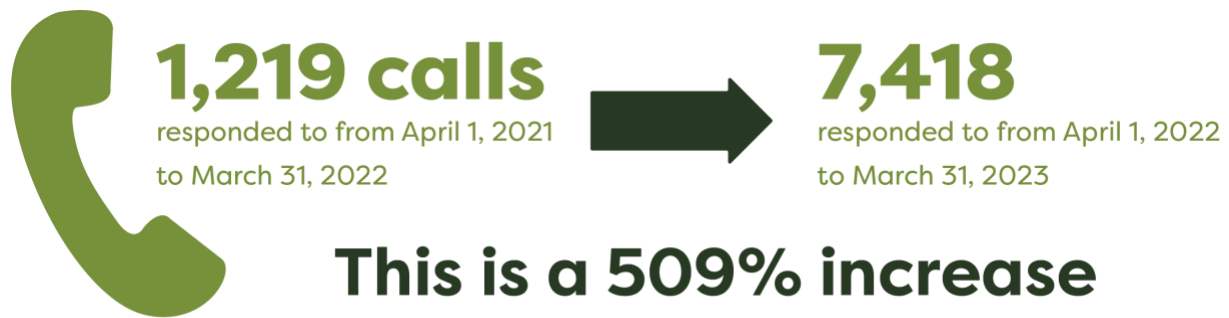
Figure 2. Timeline of Monthly Call Volume and Significant Programmatic Changes during the Second Year of the Portland Street Response



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

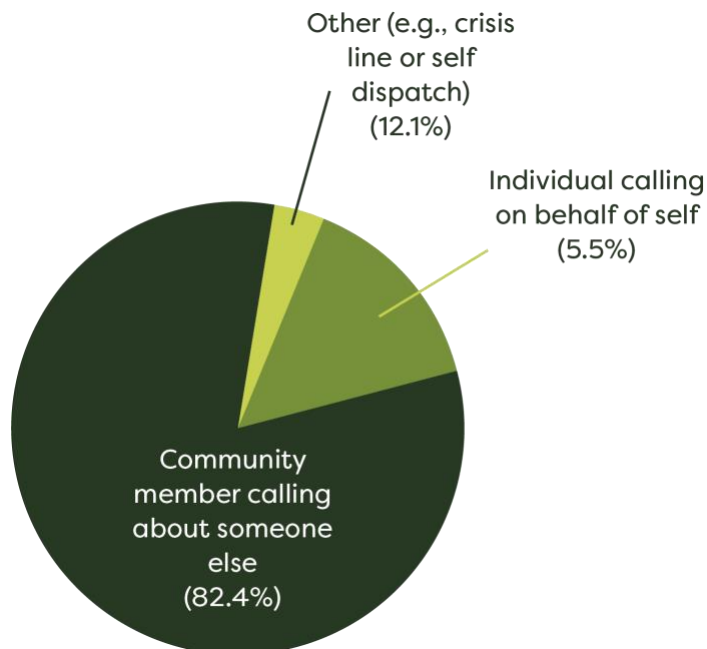
The 7,418 calls PSR responded to between April 1, 2022 and March 31, 2023 represents a 509% increase in call volume compared to the same reporting period in the first year of the program (1,219 calls) (see Figure 3).

Figure 3. Increase in PSR Call Volume between the First and Second Years of PSR



In total, 94% of calls were dispatched by the Bureau of Emergency Communications (73% from 911 calls and 21% from calls to the non-emergency number), and 6% from PSR self-dispatching to incidents. The vast majority of calls (82.4%) involved a community member calling about someone else, while 5.5% of calls involved the individual calling on behalf of themselves, and 12.1% 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).

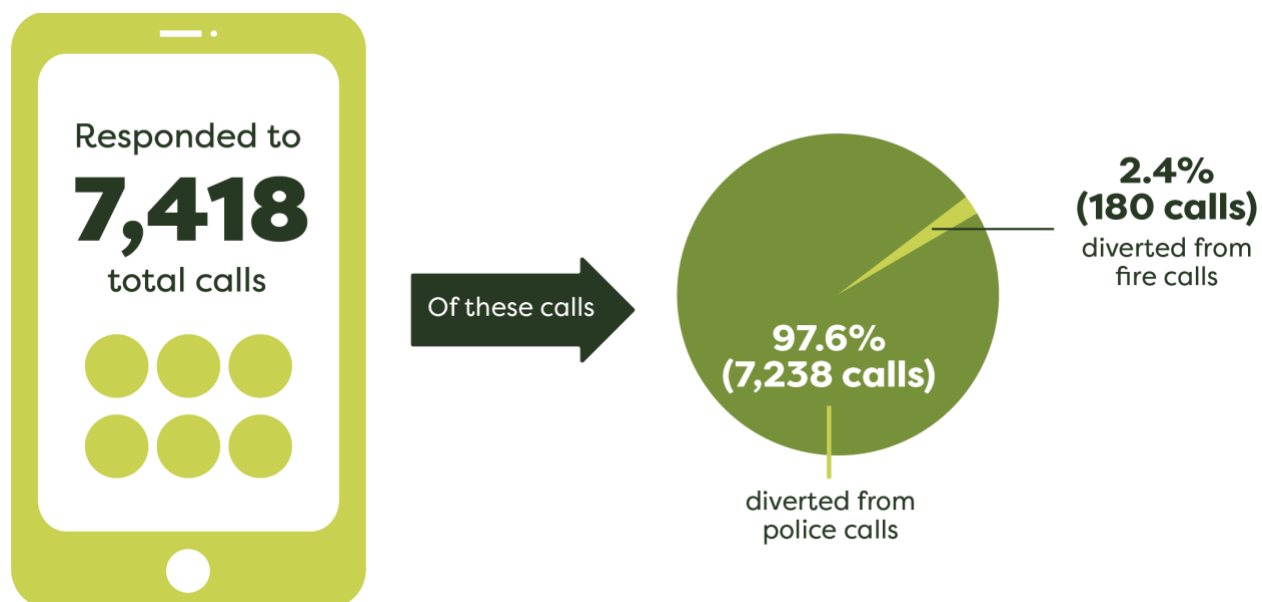
Figure 4. Primary Source of the PSR Call



Call Type

Of the 7,418 calls that resulted in a PSR response, 7,238 (97.6%) were calls traditionally responded to by the Portland Police Bureau (PPB), and 180 (2.4%) 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 7,418 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 Year Two evaluation period, we reviewed a sampling of the 7,000+ calls and consulted with BOEC dispatchers and found a similar breakdown of call types: the vast majority of calls (75%+) 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 180 calls in this category, the most common types were behavioral health issues (45%), calls involving illegal burns or other fire-related concerns (13%), and low priority medical calls with a behavioral health component (42%). 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 compared to the first year of the program.

Response Time and On-scene Time

During the second year of the program, 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 30 minutes and 13 seconds. In comparison, the average response time for police to respond to a welfare check during the same period was 54 minutes and 36 seconds.

The 90th percentile response time was 60 minutes and 39 seconds, meaning that 90% of the time, PSR responds within 60 minutes and 39 seconds, or roughly one hour.

The average on-scene time, which is the time it takes for PSR staff to resolve the call, was 29 minutes and 30 seconds for all calls, and 47 minutes and 10 seconds for calls involving client contact.

Co-Response

While the vast majority of PSR calls (93.9%) required no co-response, 454 calls (6.1% 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 345 of these calls, while 109 calls involved other units requesting assistance from PSR that resulted in a co-response (see Table 1). This co-response rate of 6.1% is nearly 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

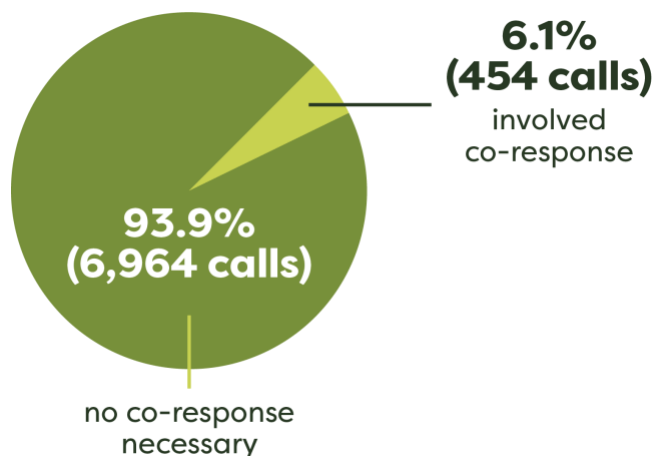


Table 1. PSR Co-Response

Responder	Responder was Requested by PSR ²	Responder Requested PSR
AMR	209	7
PBB	69	46
PF&R	20	31
CHAT	57	22
Project Respond	56	3

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 242 calls in which other responders requested PSR, PSR was able to assume care from PPB on 76 calls, from PF&R on 25 calls, from Project Respond on 4 calls, from AMR on 8 calls, and from CHAT on 6 calls, for a total of 119 calls. PSR also assisted other responders through phone consultations, including 29 phone consults with PF&R, 25 consults with police, and 8 consults with CHAT.

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

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 (3,120 calls, 42.1% of all calls). In 187 calls (2.5% of all calls), clients were treated by PSR and then transported to the hospital by ambulance. Around half of PSR calls during this evaluation period were cancelled prior to arrival on scene or when a client could not be located, and thus resulted in no client contact. This reflects the difficult nature of the calls PSR responds to. In many cases, others have called to request service for the person they believe is in crisis, and this person may not wish to interact with first responders, or may have moved away from the initial location. Still, this figure is higher than it was in the first year of the program (39.6% of all calls), 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 the second year of program. However, it is encouraging that the rate of calls cancelled on scene dropped substantially—15 percentage points, from 53.1% to 38.6%— between the first six months after PSR expanded citywide and the second six months. This likely reflects higher staffing capacity and familiarity, allowing more teams to be stationed throughout the city and ready to respond quickly to calls for service.

Table 2. PSR Call Outcomes

Outcome	Number of calls	Percent of all calls
Client treated by PSR and released (per protocol)	3120	42.1%
Client treated, transported by ambulance	187	2.5%
Client refused evaluation/ treatment	383	5.2%
Cancelled on scene (no client found)	3331	44.9%
Cancelled (prior to arrival on scene)	396	5.3%
Death in the field	1	.01%

Adverse Outcomes

Only 16 calls escalated to risks of physical violence, and no team members were harmed. One PSR client died from suspected hypothermia en route to the hospital, and one client was already deceased upon their arrival (cause of death unknown). During this evaluation period, one PSR call (a co-response with police) resulted in a client in an arrest by police. In contrast, during this same period, there were 371 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 3,691 PSR calls involving client contact, 2,524 (68.4%) involved someone experiencing homelessness; 2,222 (60.2%) involved someone with suspected mental health needs (see Figures 8 and 9); 1,976 (53.5%) with suspected needs related to drug or alcohol use; and 1,767 (47.9%) with suspected co-occurring (i.e., mental health and substance use) needs. Further, 2,687 calls (72.8%) involved someone with unmet basic needs, 345 (9.3%) with chronic health needs, and 320 (8.7%) with acute health needs.

A total of 280 clients (7.6% of all calls involving clients) were identified as high utilizers, meaning they had two or more contacts with PSR during the second year of the program. Specifically, 193 clients were seen by PSR twice; 44 clients were seen three times; 14 clients were seen four times; 7 clients were seen five times; and 22 clients were seen six or more times.

The average age of clients was 41, ranging from 15 to 99. Over half of clients were men (57.9%), and 40.2% were women; around 2% identified as trans or non-binary. Most clients (74%) were White, while 16% were Black, 5% Latino, 2% Native American, 1% Asian, 1% Native Hawaiian or Pacific Islander, and 1% other race. 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 Suspected Mental Health Needs



Referrals and Transports

PSR made a total of 894 referrals to service in their initial contacts with clients in the field. The most common referral type (542 referrals) was to the PSR follow-up team (i.e., community health workers and/ or peer support specialists) for follow-up assistance with housing, health service referral, etc. There were an additional 143 shelter referrals, 78 referrals to CHAT, 34 medical referrals, 35 housing referrals, 29 behavioral health referrals, and 33 referrals to CareOregon. Staff indicated that around one third of these referrals were successful (meaning it benefitted the client in some way, not just that a referral was made); while 3.3% were not successful, and the outcome was unknown in the majority of referrals (66%).

PSR initiated a total of 670 transports to hospitals, walk-in clinics, and clients' homes. While PSR was able to treat the vast majority of clients in the field, 187 clients had to be transferred to AMR for transport to the hospital (see Figure 10). Of these 187 hospitalizations, 89 were for medical reasons, 68 were for mental health reasons, and 30 were related to substance use distress. It is important to note that rates of hospital transports doubled between the first half of the Year Two evaluation (61 hospital transports) and the second half (126 transports), likely influenced by the severe winter weather as well as staff reports of responding to more high acuity medical calls in the winter months compared to summer.

In addition to ambulance transports, Taxi transport was provided on 410 calls, while PSR transported clients directly to health services or their homes on 41 calls. Other transport methods were provided on 32 additional calls.

Figure 10. Number of Clients Transported to the Hospital

187 clients (2.5% 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, 2022 to May 15, 2022 and September 1, 2022 to March 31, 2023; Monday to Thursday from 8 AM to 10 PM and Friday to Sunday from 8 AM to 6 PM from May 16, 2022 to August 31, 2022). During this period and operating hours, PPB responded to 196,922 incidents and PSR responded to 7,238 incidents that would have traditionally been dispatched to police. Adding both the 196,922 PPB and 7,238 PSR call loads together makes the entire call volume 204,160. The 7,238 PSR calls represent a 3.5% 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 slightly 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). Applying this 3.5% figure to the 112,657 calls that PPB responded to during hours PSR was not operating, we estimate that PSR could have responded to an additional 3,943 calls if they had been operating 24/7 during the second year of the program.

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.

Calls Traditionally Responded to by Police

For police, we will focus on welfare checks and unwanted persons calls that are not coded as emergency calls. In total, PPB responded to 26,643 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 26,643 PPB and 6,239 PSR call loads together makes the entire call volume for these types of calls 32,882. The 6,239 PSR calls represent a 19% 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 11.5% in arrests associated with PPB response to welfare checks and unwanted persons calls during the same reporting period (April 1 to March 31) and operating hours in 2021-2022 (419 arrests) and 2022-2023 (371 arrests)—even while the overall arrest rate increased by 4%. This suggests that PSR's activity may be reducing arrests for at least some police call types—a data point that will be important to continue to track as the program grows.

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



Calls Traditionally Responded to by Fire

For fire, we will focus on the categories of PF&R calls that PSR was most commonly dispatched to during the second year of the program: 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 5,946 of these types of calls for service, and PSR responded to 180 of them. This represents a reduction of 3.0% 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.

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

As reported previously, 187 calls (2.5% 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 2.5% 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. For another point of comparison, we looked at similar alternative first responder programs across the United States and noted that the PSR hospital transport rate is nearly identical to the Denver Star program's rate of 2.4%.

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 reflect the primary function and purpose of Portland Street Response, it is also 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 3,000 calls, including 2,173 snacks or food boxes; 2,021 water bottles or other beverages; 1,279 blankets or sleeping bags; 1,175 clothing items; 629 tents or tarps; 336 bus tickets; and numerous other resources such as Narcan, cell phones, shelter vouchers, and hygiene kits.

In 785 of their follow-up visits with PSR clients, community health workers and peer support specialists provided an additional 453 snacks or food boxes; 259 water bottles or other beverages; 108 clothing items; 83 bus tickets or taxi service; 70 cell phones or plans; 55 blankets or sleeping bags; 47 tents or tarps; and numerous other resources such as hygiene kits, Narcan, and hotel vouchers.

Resource Gaps

On the vast majority of their calls, 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 2,108 calls) and shelter (noted in 1,912 calls), followed by gaps in mental health and substance use services (noted in 1,249 and 870 calls, respectively). Finally, resource gaps pertaining to medical concerns were noted in 411 calls, availability of walk-in-clinics in 481 calls, and assisted living facilities in 312 calls.

Follow-up Care with PSR Clients

During the second year of the program, PSR community health workers and peer support specialists, who are now housed in the Community Connect program of the PF&R Community Health Division, worked with a total of 127 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 men; 38% were women; 5% transgender, non-binary, or gender-fluid; and gender was unreported for the remaining 17%. Half of the clients were White, 16% were Black, 2% Latino, 2% Native American, 1% Native Hawaiian or Pacific Island, 5% other races, 3% multiracial, and race was unreported for the remaining 21%.

Community health workers and peer support specialists completed 1,518 visits with PSR clients during the second year of the program, with an average visit length of 59 minutes. Client visits occurred in person, over the phone, and via email or text. Visits involved a variety of activities, with 813 (53.6%) involving social and emotional support; 701 (46.2%) care coordination; 328 (21.6%) attempting to locate a client; 452 (29.7%) provision of supplies; 180 (11.9%) shelter or housing referrals; 138 (9.1%) consultation with another provider or agency on behalf of the client; 111 (7.3%) intake procedures; 106 (7%) medical referrals; and 66 (4.3%) other reasons.

Client Referrals

Over the course of their work with clients during the second year of the program, PSR community health workers and peer staff made 216 referrals to service. These included 71 housing applications and referrals; 42 shelter referrals; 41 food-related referrals; 20 medical referrals; 9 financial/ benefits referrals; 6 behavioral health referrals; 4 referrals for ID replacement; 2 referrals for domestic violence services; and 21 additional referrals for services ranging from case management to energy assistance. Of these referrals, 73% were successful, 10% were unsuccessful, and 17% 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 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, including Central City Concern, TPI, NW Housing Alternatives, NW Pilot Program, the Safe Rest Villages, Home Forward, REACH CDC, Do Good, and Islamic Social Services of Oregon.

Client Outcomes

Community Health Workers and Peer Staff helped their clients achieve notable positive outcomes in housing, shelter, healthcare, and basic needs. During the second year of the program, 10 clients obtained permanent housing as a result of their work with PSR and three clients were able to avoid an eviction and retain housing. An additional 20 clients obtained two weeks or more of shelter, and 17 were able to retain their current shelter. Twenty-two clients were enrolled in health services, 21 were connected to primary healthcare providers, and 22 were enrolled in healthcare coverage. Finally, 8 clients were enrolled in SNAP benefits, and 11 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 Engagement

Community Engagement and Outreach Activities

In addition to their work responding in the field and conducting follow-up visits with clients, Portland Street Response also engaged 6,228 community members and provided over 6,487 supplies (e.g., hygiene kits, blankets, gloves, sleeping bags) at 102 outreach and engagement activities during this the second year of the program. 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 and provider networks (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. PSR also provided support at emergency warming shelters throughout the winter months. These activities help PSR develop a strong presence and trust with a wide range of community members, as we will discuss further throughout the report.



A Portland Street Response peer support specialist at a community outreach event. (Photo courtesy of City of Portland).

Social Media

Portland Street Response also has a very active social media presence which contributes to its ability to engage and inform the community. The program currently has 6,955 followers on Twitter and 3,600 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 year two evaluation period was 4.6%. According to *The Online Advertising Guide*, an engagement rate of 0.5% is considered to be a good rate, and anything above 1% is considered to be great. Only around a quarter of Twitter users report an engagement rate over 2%, suggesting that 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 was funded with a special appropriation by City Council. The campaign involved close collaboration with culturally specific providers to ensure that materials are responsive to the needs of BIPOC communities and people with lived experience of mental health challenges and homelessness. This campaign resulted in advertisements on 62 TriMet buses; 18 billboards; 10 bus benches; 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). However, the campaign had to be halted when its remaining funding was reappropriated to pay for other PF&R expenses following a budget reduction.

Stakeholder Feedback

 Portland State
Homelessness Research
& Action Collaborative

**street
roots**



Portland Street Response

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Unhoused Community Members and Others Served by Portland Street Response

Unhoused Community Members: Methodology

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

Over the course of 7 days (August 23 to August 26, 2022 and February 8 to February 8, 2023), 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 405 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 4.7 years. Most of those we surveyed (262, 64.7%) reported sleeping outside in a tent over the last week. Forty-three people (10.6%) reported sleeping most often in a car or other motor vehicle; 37 people (9.1%) in a house or apartment; 27 (6.7%) in an emergency shelter; 17 (4.2%) outside without a tent; 10 (2.5%) in a hotel or motel; 4 (1%) in an abandoned building, 4 (1%) in a tiny home

village; and 1 (.2%) in jail. Over half of those we spoke with (51.6%) reported experiencing at least one sweep of their campsite or shelter in the previous year.

The average age of the people we spoke with was 42, ranging from 18 to 80. Most people identified their race or ethnicity as White (243, 60%), with 50 (12.3%) identifying as Black; 37 (9.1%) as Native American; 34 (8.4%) Latino; 7 (1.7%) Native Hawaiian or Pacific Islander; 5 (1.2%) as Asian; and 29 (7.2%) identifying as Multiracial. When asked how they describe their gender, 271 people (66.9%) reported identifying as men; 124 (30.6%) as women; 9 (2.2%) non-binary; and 1 (.2%) agender. Forty people (9.9%) identified as LGBTQIA; 130 (32.1%) reported having a physical disability or chronic illness; 167 (41.2%) reported having a mental illness; 37 (9.1%) were veterans; 94 (23.2%) were parents to children under the age of 18, although most were separated from their children; and 9 people (2.2%) reported that English was not their primary language.

Unhoused Community Members: Findings

Experience with Other First Responders

We began the surveys by asking about general experience with first responders. This information helps us know how PSR can continue to develop and improve based on what is working well with other first responders, and also how we can make sure not to perpetuate unhelpful or harmful practices. When asked if they have had any experiences with first responders in the past three months, 168 people (41.5%) answered affirmatively, and 236 (58.3%) said they had not. For the 168 people who had interacted with first responders in the past three months, the most frequent interactions were with EMTs or paramedics (67 people, 39.9%); 63 (37.5%) with police; 26 (15.5%) with firefighters; and 12 (7.1%) with mental health crisis responders.

Among those who reported recent interactions with first responders, 101 (60.1%) reported positive aspects of the experience and 78 (46.4%) reported negative aspects. Positive comments were most often attributed to EMTs and paramedics (43.6%), while over half of the negative comments (55%) were attributed to police. Positive experiences with first responders included EMTs arriving quickly and saving a friend's life; mental health crisis responders helping someone calm down; firefighters helping to put out a fire at a camp; 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.

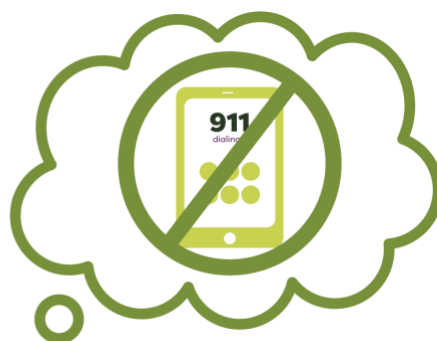
Across all responder categories, individuals noted feeling that they were being judged negatively for being unhoused. For example, one person said the following about their experience with paramedics: “They have arrogant attitudes toward houseless people. They look down on us.” Similarly, another person said, “The firefighter talked to me like I was trash and like they knew everything.” Finally, one person said about police: “Cops tried to touch me. I’m autistic and was having a sensory meltdown. They assumed I was on meth and treated me like I’m stupid.”

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 (171 people, 42.2%) 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, “It has backfired on people before. They take the wrong person or act like they’re on your side. They aren’t there to be your friend. They get paid to punish people.” 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.” Another said, “I did call about four months ago and was on hold for several minutes during an OD. Delay means lives.” 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

42.2% 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 racial disparities that were statistically significant, $\chi^2(1, N = 403) = 5.91, p < .05$. Among community members of color, only 50.3% reported feeling safe calling 911, compared to 62.7% of White participants. Native Hawaiians or Pacific Islanders reported the highest levels of not feeling safe calling 911 (71.4%), followed by people who were Multiracial (62.1%), Latinos (52.9%), Black people (48%), Native Americans (40%), White people (37.3%), and Asians (20%) (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	4 (80%)	26 (52%)	16 (47.1%)	22 (59.5%)	2 (28.6%)	11 (37.9%)	151 (62.7%)	232 (57.6%)
No	1 (20%)	24 (48%)	18 (52.9%)	15 (40.5%)	5 (71.4%)	18 (62.1%)	90 (37.3%)	171 (42.2%)

Changes in Safety Calling 911

Interestingly, over the course of the two years we have been evaluating Portland Street Response, rates of feeling unsafe calling 911 among unhoused community members have dropped from 57.9% at the time of our first report to 42.2% at present, a difference of 15.7 percentage points, and a percentage decrease of 37.2%. Definitive conclusions about the cause of this change cannot be made, but it is possible that increased knowledge of PSR as an alternative first response program made people feel safer calling 911. It is also possible that contextual factors (e.g., the timing of our first survey in closer proximity to the police killing of Robert Delgado in Lents Park) influenced differences. Finally, there could simply be individual differences, either in demographic characteristics or life context, that could be contributing to differing levels of safety calling 911 between those surveyed for our first report and this final report.

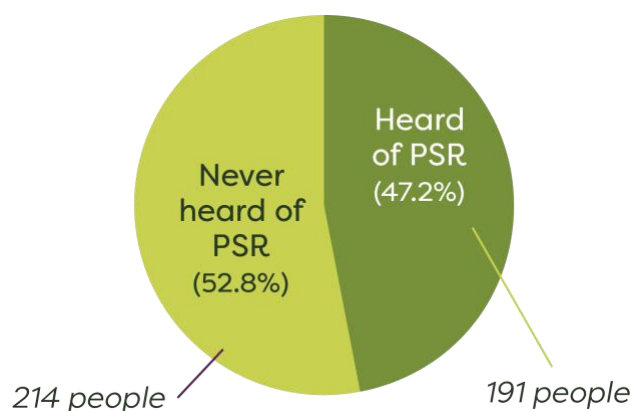
Knowledge of Portland Street Response

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 ninety-one unhoused community members we spoke with (47.2%) had heard of the program and 214 (52.8%) had not (See Figure 15). We then asked the 191 people who had heard of the program what they know about the program and how they heard about it. Nearly half who were familiar with the program (41.9%) said that it’s a program that helps people experiencing homelessness; another third (31.4%) said that it’s a program

that helps people in mental health crisis; 19.4% described it as a police alternative; and the remaining 7.3% said that it primarily addresses medical concerns.

When asked where they heard about Portland Street Response, nearly half (47.6%) said they had seen them responding or had met them through PSR outreach activities, while 16.8% learned about them from other service organizations. Twenty-four people (12.6%) learned about PSR through news or social media; 15 (7.9%) from billboards and signs placed around the city advertising PSR, and the remaining 15.1% reported that their knowledge came from word of mouth (e.g., “I heard about it from other homeless people”; “word of mouth from bike trail”).

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., “They seem to be doing their job, so thumbs up” and “I’m really glad they’re helping us out. More places need something like it”). 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” and “It’s what our city needs. Too many violent issues due to police.” 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 seven of the 191 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”); another worrying that police were still being sent instead of PSR (“Positive except that they still send cops in some situations”); and another suggesting the need for further program refinement (“It’s a good program but needs refining”).

When we examined rates of awareness of Portland Street Response by race, we found similar rates of awareness between White people and people of color (47.9% compared

to 46%) (see Figure 16). Among BIPOC, people identifying as Multiracial were most familiar with the program (55.2%), followed by Native Americans (51.4%), Black people (44%), Native Hawaiians or Pacific Islanders (42.9%), Asian (40%), and Latinos (38.2%) (see Table 4).

Figure 16. Knowledge of PSR Among BIPOC Unhoused Community Members

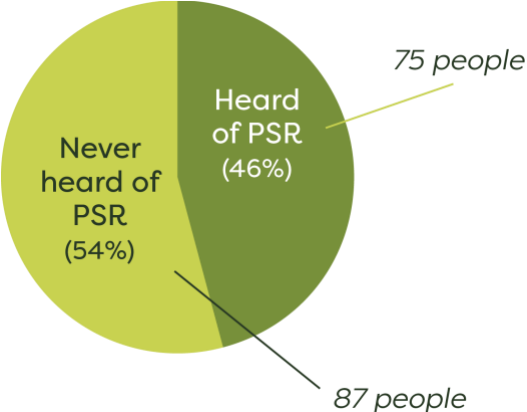


Table 4. Knowledge of PSR by Unhoused Community Member Race/Ethnicity

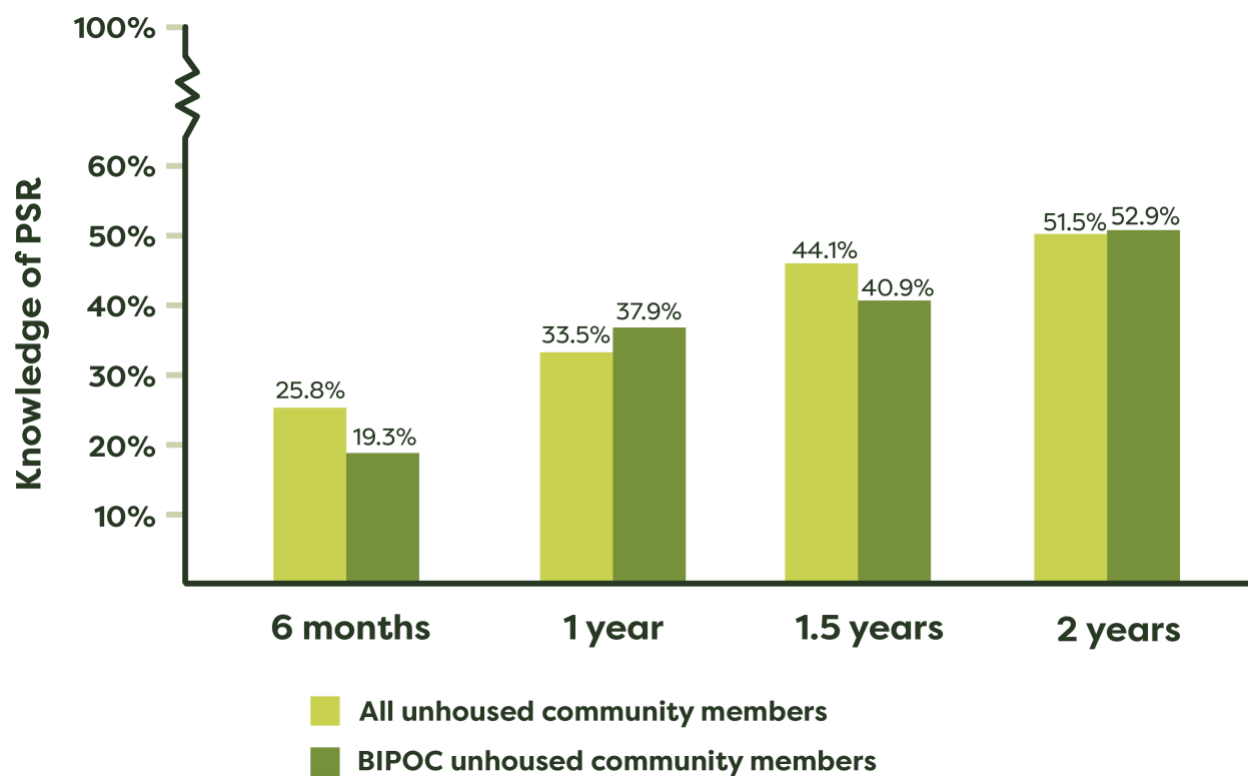
Knowledge of PSR	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	2 (40%)	22 (44%)	13 (38.2%)	19 (51.4%)	3 (42.9%)	16 (55.2%)	116 (47.7%)	191 (47.2%)
No	3 (60%)	28 (56%)	21 (61.8%)	18 (48.6%)	4 (57.1%)	13 (44.8%)	127 (59.3%)	214 (52.8%)

We found significant differences in knowledge of PSR by location, with the highest levels of familiarity in Old Town Chinatown, where the highest volume of PSR activity occurs (53.2% of people surveyed in this area were familiar with PSR); followed by outer Southeast, which includes Lents, where the program began (48% of people surveyed in outer Southeast were familiar with PSR). The lowest levels of knowledge about PSR were in North Portland/ St. Johns, with 38% of unhoused people surveyed in this area reporting knowledge of PSR. However, this is up 14.4 percentage points from our year two midpoint report when rates of knowledge were only 23.6% in this area.

Changes in Knowledge of Portland Street Response

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). These changes were particularly striking among BIPOC unhoused community members, whose rates of knowledge more than doubled—from 19.3% in our first report to 52.9% at present. 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



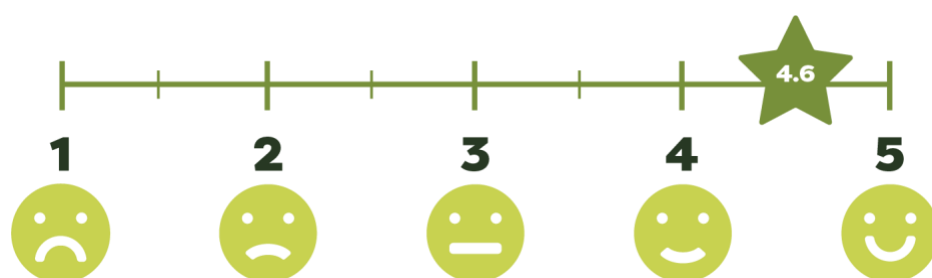
Interactions with Portland Street Response

While the increased rates of knowledge are important, only 59 of the 405 unhoused community members we spoke with (14.6%) reported having any specific interactions with Portland Street Response. The majority of these interactions (34 people, 57.6%) occurred when PSR did outreach do their camps or at community events). Eleven people (18.6%) said they interacted with PSR when someone else called to request help for them; 10 people (16.9% said they met PSR when they called to request help for

themselves; and four people (6.8%) 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 4.6 (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”; “The person was having a bad psychotic episode, and street response let them yell through it and get their feelings out. They didn’t make unrealistic promises”; “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”). Several people also talked about receiving resources, especially warming supplies (e.g., “I got warm clothing”; “I called at night because I was cold and needed warmth. They gave me two blankets and water and made sure I was okay before they left”). 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 seven of the 59 people who reported interactions with PSR provided responses, with three saying that they were told they would receive medicine and other resources but did not receive them; two saying that they felt the team got too close when responding and did not allow enough personal space; one saying the team talked down to 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.” Similarly, one person said, “They talked and had more compassion for mental disabilities and well-being.” 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”; “They care. You can tell. There’s less anxiety asking for help”).

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.” Another said, “It’s huge because when you have schizophrenia, making appointments is hard, so someone coming out to us directly is a blessing.”

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 PSR can help people feel safer calling to request help:

*“People are dying because they don’t feel safe calling 911.
This team can help.”*

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.” Another person noted the importance of considering factors such as pet ownership: “Help people who have dogs that do not socialize well. It’s hard to get off the street when you have a pet. I want to go directly into housing with my dog.” 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 188 people, 46.4%), followed by *conducting outreach* (92 people, 22.7%); *flyers* (82 people, 20.2%); *social media* (54 people, 13.3%); *billboards* (27 people, 6.7%); *involving people with lived experience* (17 people, 4.2%); and *community events* (15 people, 3.7%).



Portland State Researchers and Street Roots Ambassadors conducting surveys of unhoused people in North Portland. (Photo courtesy of City of Portland).

PSR Clients: Methodology

In addition to the survey approach described above, we also interviewed 20 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 20 clients we spoke with was 54. Eleven clients (55%) identified their race as White, 5 (25%) identified as Black, three (15%) as Multiracial, and one (5%) as Native American. 11 clients (55%) identified as women and nine (45%) as men.

PSR Clients: Findings

Experience with PSR

The 20 PSR clients we spoke with reported very positive experiences with the program, with scores ranging from 3.5 to 5, with an average of 4.8 (see Figure 19).

Figure 19. Satisfaction with PSR among PSR Clients



Consistent, Compassionate, Client-centered Approach

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

“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.”

You need people that actually are interested in people, not just, oh, they're doing it because they get a paycheck. There are too many people out there that just, they don't care. They just don't care. Basically, I get the impression that all old people are supposed to do is go away and die. Once you hit a certain age they say, 'We aren't going to help you anymore, because you are no use. You are of no use to us anymore. You are retired. You outlived your usefulness. So, just go away and die.' Well, Heather didn't treat me that way. She treated me like a person, a real person, not a thing, or something that she can just blow off.”

“And it's all because Portland Street Response was on it, and they didn't abandon me. And I thought, 'Oh, well, this'll go on for a little while and they'll get tired of helping us or whatever, and we'll never see them again.' Well, that wasn't true. I've seen them all year. And even when I passed certain people that I've only met once on the street and I say hi to them, they literally try to remember me. And they say, they're always friendly. They answer questions for me, for other people.

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.

“They told us where a safe place to cool off was at, like a cooling shelter and helped us get transport for that. They got us a cab, because I'm in a wheelchair and it's difficult sometimes for me to, even though I have someone pushing me, get on and off the buses and whatnot. So they got us to that and we got to stay cool all day and then fed a meal and then able to go home. Transported me to a few doctor's appointments. Just wonderful stuff like that. Just totally helped out with things that I just—navigating, just navigating Portland in general for getting myself in a position where I could even mentally get on my feet.”

“So now I'm in that place. I've been here for about two and a half months now. They still come by and go bring me food box and see how am I doing. They're still working with me with my mental health trying to find me to provide primary care for my mental and for medical. And they've made life a lot easier through this transition.”

“But Kelly, she stuck with me... brought food and clothes and blankets and all, made sure I had that. And well, she just kept coming every day. And one day, she came and well she got me into the motel over there for a few days. And next thing I know, Carly came by and talked to me, and then Kelly did. And they come by one day, and they was loading me up and taking me out there [to the Menlo Park Safe Rest Village]. So, I was so glad about that. I was—she saying, ‘Let me see my new place.’ I was enjoying it like a wild stallion, enjoying that freedom because it feel so good being free of that stuff downtown.”

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.

“They are consistent. They are absolutely consistent. And when they tell you that they're going to do something, they do what they say they're going to do. And if they can't do it, they come and they give you the exact explanation why. So honesty, they build trust with you. They don't switch too many people up on you. You're not like, "Oh, well, Street Response is coming. I got a text." And you don't know who the people are. It's usually the same group every time. And that is super helpful because they know what's going on, they know what to expect.”

“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.”

“They told the truth. They said they were going to do something, and they actually did it. I mean, we were in Washington for a while trying to get help up there because we thought we'd have a better chance from what we had heard, and they did absolutely nothing for us. And so we came back to Portland and that's when we ran into Portland Street Response.”

Areas of Concerns and Recommendations for Improvement

While the 20 clients we interviewed described their experiences with Portland Street Response as being overwhelmingly positive, they did note a few areas of concern, as well as recommendations for improvement. As will be a consistent theme throughout this report, clients expressed concerns about staff turn-over and what that meant for the consistency of care they received:

“I'm waiting for disability still currently. And I would say that of all the things that Portland Street Response did for me, that is the only thing where the ball got dropped, is I had a staff member who was supposed to be helping me with my disability, but she left the program, and I didn't get any of the information that was supposed to be faxed to her. And nobody knows what happened to it. And in turn, I had to start all over again with the disability stuff for the State of Oregon, which put me a year behind... so that was the only thing, and it's just, when someone quits, we're kind of left lost, and there needs to be better communication about how we're going to keep getting the care we need.”

“I mean, it's a little awkward when you first meet a new person because, especially when you're out on the street, you have told Portland Street Response, basically, they know your secrets. They show up in the middle of a tragedy and they hear it all. So then when they switch from person A, who has quit to, ‘Oh, here's a new person,’ it's a little awkward. And it does make you feel like, ‘Oh, who is this person? Do I really trust them?’ A lot of us are guarded out there. We don't want to tell people our stuff.”

Clients also noted that it sometimes took a long time to receive needed services, such as housing placements:

“If things could have happened faster, but I know things take time, but that's the only thing I could think of for improvement. If it could have happened faster, it would've been great.”

Finally, clients expressed concerns about how recent programmatic changes and policy decisions would affect the care they receive from PSR, and the trust the team has developed with community members in crisis.

“The fact that they can't help with certain things because they're part of the Fire Bureau is ridiculous. Too many rules against what they're doing, not separating them from other things such as sweeps and clean ups. That definitely needs to, that can't happen. They can't, literally, I know so many people that would feel the same way I do. It would be just like pulling me up off a cliff only for me to get up there and find out there's a firing squad behind them. And also as a taxpayer, that would enrage me. Like, ‘Oh, you just spent hundreds of dollars helping this family and now you're going to come tear down their camp.’

Value of Portland Street Response for self and others

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

“You 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.”

“As far as I'm concerned, if I were to win a huge amount of money in the lottery, I would give them a million dollars just to help them out. That's how much I think I appreciate what they did for me.”

“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 or biannual one-on-one interviews with 29 staff, including mental health crisis responders, community health medics, community health workers, peer support specialists, and supervisors (60 interviews total). We also met regularly with the PSR program manager and the Community Connect 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 ride-alongs with the PSR team in July 2022 and March 2023 to observe first-hand how the program is operating in the field.

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 four time points throughout the Year Two program evaluation—June 2022, September 2022, January 2023, and March 2023. At each timepoint, at least 80% of invited staff completed the survey—14 out of 16 at time one; 12 out of 15 at time two; 25 out of 26 at time three; and 24 out of 30 at time four.

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.

For the third ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PSR staff ranged from 37 to 47, with a mean of 37.96 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 16 to 36, with mean of 25.25 out of 50. This indicates 'moderate' burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 15 to 36, with a mean of 22.67 out of 50. This indicates 'moderate' secondary traumatic stress.

For the fourth and final ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PSR staff ranged from 27 to 49, with a mean of 35.78 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 14 to 40, with mean of 27.17 out of 50. This indicates 'moderate' burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 11 to 50, with a mean of 25.83 out of 50. This indicates 'moderate' secondary traumatic stress.

While scores were largely consistent across the four timepoints, scores on burnout and secondary trauma are trending upwards and scores on compassion satisfaction are trending downwards. Scores are all still in the 'moderate' range, suggesting that the team derives a great deal of professional satisfaction from their work and has generally positive feelings about their ability to be effective while also maintaining healthy professional boundaries. However, it is likely that the stressors of being an under-staffed team in the face of increasing call volume, plus perceptions of a lack of support from program management along with recent changes to program policies that many team members have found demoralizing, contributed to these increases in burnout and secondary trauma and decreases in compassion satisfaction.

These stressors are reflected in some individual items that changed substantially from the first ProQOL survey administered shortly after the citywide expansion to the most recent survey in March 2023 should be an especially close area of focus. When asked if they feel worn out by their work as PSR staff on a scale of 1 (never) to 5 (very often), the average score increased over a full point, from 2.64 in June 2022 to 3.96 in March 2023. When asked if they felt “on edge” about various things because of their work, scores increased nearly a full point, from 2.50 in June 2022 to 3.43 in March 2023. When asked if staff feel trapped by their jobs as PSR staff, scores increased a full point, from 2.14 in June 2022 to 3.17 in March 2023. When asked if they feel “bogged down” by the system, scores increased a full point, from 3.43 in June 2022 to 4.43 in March 2023, indicating that they very often feel bogged down by the system.

In addition to needing to address structural and programmatic issues that impact PSR staff well-being and success, it will be important for the team to receive stronger support and supervision, as well as the ability to engage in self-care and maintain 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.

“I think the main thing is that I want people to know that this group of people that work with Portland Street Response is extremely invested, and they really care about the community of Portland. Everyone that works here is bought in. They go above and beyond for our clients... We know our role, we know how important this program is and it's just continually growing with more beautiful people. Truly some of the most beautiful, wonderful people I've ever met work here.”

“To me, a lot of this work is just about relationship, and meeting someone where they're at, being compassionate, and just giving care. Just seeing another human

being, when the person we're responding to might not be seen [as] a human being, to other people out there.”

Team members spoke of appreciating the dynamic nature of the work, which is challenging but allows them to gain experiencing practicing a variety of skills and approaches to helping clients and the community.

“I think the thing that makes the job so unique, and this is both a plus and a growing area for me is just how dynamic it can be. I mean, you walk in on a day, and you never know how many calls you'll get or how long things can be. I think the thing that I've enjoyed most is actually being able to go out into the community and really help people. I think that when I am working with our different clients, one of the things that I notice is just how important and essential the service that we're providing is.”

“I'm really loving going out into the field and doing this work. I like that it's a little unpredictable, and that keeps me on my toes. I have to be ready for anything, or be ready for things to change, and to be able to be okay with that. I think that one of my strengths is just really, really just getting down there, connecting with someone, treating them like a human. To me, it's almost like, when I hear that someone's in a crisis, and we're going out there, I think a lot of the times what I'm seeing is, it's more of how society is in a crisis.”

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. Some of these resource connections are quite large, such as helping clients obtain shelter and housing.

“One guy, we got him into the Safe Rest Village... And the other gentleman, we actually just got his light bills paid off for him. He had almost a thousand-dollar light bill. We got him resources and got paid off, which is great. Got him into housing... actually made it to where he got housing now, but just trying to walk through, walk with him, and try to just show them different ways and life skills.”

“Well, the client work, I actually like the client work, the interaction with the clients, working with the people on the streets.... That Menlo Park Safe Rest Village, that has done wonders for a few people that I know... I don't think it's going to work for everyone, but for the people that have gotten in and have been able to utilize what is there, it's been an amazing transformation to see people

get off the streets and start to form a community and work to be self-sufficient and get those resources that they need.”

These connections can be difficult and take a long time to build, speaking to the importance of patience and commitment on the part of staff and program leadership.

“The housing success was monumental because it's a person that PSR has been working with basically from the start, and it's been a roller coaster with this person of engagement and disengagement and hopefulness and hopelessness. And they've worked with—probably at least half of our staff has encountered this person at some point. And it finally came to be. I think I would attribute that to a commitment, a commitment to continuing to try over and over and over and over again. I think that's what got it done.”

Other resource connections are smaller and more time-limited but extremely important in helping clients in the moment:

“Even being able to give someone a little bit of something that can support them in the moment, that can help them deescalate, whether it's a little food, or a snack or sleeping bag, it's really, you see how impactful that is. I think some of the most rewarding things for me are when we're able to get someone a shelter bed.”

Indeed, the provision of resources to clients—and the resource of time to be able to connect with clients—is a critical tool for staff, helping them to deescalate situations and connect with individuals who may not otherwise be willing or able to engage with them.

“I like that we have concrete resources to give out. And I'm finding during winter, the cup of soup and the hot chocolate is really helpful because I think that builds a sense of trust and rapport. And then just being able to acknowledge that sometimes, you just need somebody to be there for you to hold some space. So, I think the resource of time is really important. Nobody's going to get upset if we're on scene for an hour just sitting with somebody who's crying, which is what they need at that moment. It's really nice to be able to have the luxury of time, to have the supplies to be able to give to somebody, and then to have the follow-up team.”

Unfortunately, budget reductions and new policies banning the distribution of tents, tarps, and other resources have made it more difficult for PSR staff to provide these necessary resources to their clients. We will return to this point later in this section.

The care PSR staff express 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.

“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.”

“It just affirms what I believe about the work and that it takes lots of people responding to this person. People are pretty distrustful of systems and the folks that say that they're there to help. And that I think that we do a good job of consent and in respecting people's boundaries. And the continued way that people see that we show up in that way and that over the long term that that makes a difference.”

“I think that should be a goal for this kind of program, to be a safe alternative. Yeah, in some degree, also, we're there to assess for safety, to meet someone where they're at, and provide any kind of tangible support. And in general, just planting these little seeds about what a first response looks like, and being able to say, "Hey, yeah, this person called about you." And I've had clients say, even to the person who called about them, "Give them my best, or bless them. They're such a blessing that they called today.”

“We're seeing significant ability to establish rapport because of those initial interactions and helping people that significantly are so traumatized by various levels of institutional systems... We are reducing that because of the interactions that we're having. We're rebuilding those trusting relationships with folks to help them collaboratively navigate those systems to get in either to housing or for medical care or for ongoing mental health therapy and all those other services as well as substance use services.”

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 think that also, there are a lot of people with lived experience where they understand clients as peers as well. I think that that's important given that being a first responder, we're not just responding to mental health crises. We get a lot of calls that dispatch doesn't know what to do with, because it's not exactly a physical health emergency, but it's not something that needs law enforcement either... I love just the variety of backgrounds, variety of education, and professional experience that people bring to this. I think that we have a really strong team of responders that are really supportive of each other."

"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.'"

"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

As noted in our last report, numerous staff have expressed a strong need for more structure and support in doing their jobs. This remained a recurrent theme in the

interviews conducted with staff for this report. In particular, staff noted a need for more formal written policies and protocols to help provide more structure and predictability in their jobs.

“I think that we need to have more policies and procedures in place. It feels like things change very quickly, and nothing is, doesn't feel like anything's really in writing at this point. So there are decisions that we're making, where it's like, "Well, we don't know what the policy is here," so we can always consult with supervisors, which is helpful. But just to have, I don't want to say more structure, because I think people also are wanting freedom in this work. But just more guidelines, I guess, more policies.

“I think a guideline, a protocol and procedure map would be great. We're never given any of the information of, 'This is our goal, this is our objectives, this is what we're trying to meet as Portland Street Response clinicians. This is how we do that. This is what our parameters are. These are our guidelines.' I think that information would be really helpful as well. We have never received any of that information.”

“And we do, we need policies in place, especially since we all come from such different backgrounds. I do think that that would be helpful... but also, we're people going into situations with very unique situations, with very unique individuals. It can't be prescriptive.”

Some staff also expressed some deficiencies in training, though it seems like improvements are being made.

“Because training in any government agency is a little lacking. They kind of throw you in and get the on-the-job training thing happening like 'Oh, just do it and you'll figure it out.' And some things you just can't figure out. You need some real training.”

“I feel like our training was lacking, but I hear the more recent trainings have been a little more thorough. I think that's just the nature of them starting the program up so quickly that it wasn't really in place when I felt like I did my training.”

“I think one of the things, and my cohort talked about this after we did ours, and so I think they switched things up a little bit is how helpful we thought it would be to intersperse the 10 shadow shifts with the training. And I think for the bigger

cohorts they've recently had, that is something that they did where they interspersed being in the rig with people and actually having your shadow shift with the other training, which is really helpful, because then it makes it so that way when you're in the classroom setting, and they're giving you the training, you can ask questions that are actually going to be pertinent to you when you're actually doing the job. And that was the biggest thing that my cohort pointed out."

Some staff felt that while protocols and training were indeed improving, they felt that staff who had been with the program longer were sometimes overlooked. Given the dynamic and ever-changing nature of this work, it is important to provide support to staff uniformly and not make assumptions that some staff may not need as much support just because they have been with the program for a longer period of time.

"Getting protocols and training for EMTs is definitely getting more... They're definitely building it out and it's becoming better. It's just frustrating for the people that have been here for the longest. We're constantly getting missed or just getting pushed aside, or saying, 'Oh, because we know it, we're good.'"

In general, Community Connect staff (i.e., peer support specialists and community health workers) noted a stronger sense of structure and support compared to the PSR first responder staff. This reflects the priorities set by the new Community Connect manager and supervisors.

"I feel like we've created more structure and support, people seem happier. We all still have hard days and moments of frustrations, but they're not every day like they were."

"There was just no order. And she reigned it in as tight as possible so that she could watch, observe, audit and ever since she did that, now she's making minor adjustments to see what's working and what's not working and she's giving leeway. And with her doing that, I've gained a lot of respect for her."

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 PSR group supervision format did not allow enough time or space to process difficulties they were having in their work:

“I think for me, more individual stuff... because I think in a group it's great, but I don't want to be the only one talking. There's more things going on, but maybe outside supervision more one-on-one or just speaking to someone that maybe has been a first responder before, or has got a little more lived experience, maybe as a responder, or not. Just somebody with a fresh perspective... I wish supervision was just a part of our schedule.”

Some staff also reported that the group sessions can be more triggering than helpful or therapeutic:

“Pulse Wellness comes in, and we have the group supervisions. Well, we discuss in groups, and then we also can go to Pulse Wellness. We're allocated, I think, an hour a week. We can seek that on our own. I've taken advantage of that once, and it was very helpful. As far as the group discussions, to me, they're personally escalating, because it seems like a complaint fest. A lot of the complaints that come in I don't necessarily relate with. So I come out of those meetings feeling very heightened.”

Staff crave opportunities for individual clinical supervision, although they worried about how they would fit this into their already very busy schedules.

“I don't have clinical supervision at this point in time. That is one of those things that I do miss a bit when working this job. Sometimes the lack of consistent supervision as I've seen it in other clinical jobs, I miss that a little, at least having that individual one-on-one clinical supervision, I kind of miss that, but I also don't know exactly where they would fit it within my work week.”

“Yeah, I mean we get the external supervision, it's kind of hit and miss. We have so many meetings on so many days that the group supervision doesn't happen as often as I think that it should. But again, maybe that's above my pay grade and the one-on-one supervision is, it's up to me. And I have not taken advantage

of it as much as I should because the workload has been a little thicker than necessary.”

“I think people need to have at least some individual supervision, even if it is just monthly... You need to have some of those clinical skills, like boundaries, and knowing what to do and how to deal with certain things. And I think PSR and the City need to put a lot more effort into getting that individual supervision.”

The vital importance of individual clinical supervision is particularly important given recent traumatic events that staff have experienced in the field, as well as programmatic changes that have severely impacted team morale, as we will discuss more later in this section.

“It's actually some of the frustration in the space right now...just processing traumatic calls and not actually having space to do that here, which is so frustrating. This space is so far away from trauma-informed care that it's like when things happen, it's just expected to get over it. Someone died... We should continue to talk about it and do better and make changes.”

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 doing in the right direction with somebody. I think that would be great.”

“I think that's something that's just more needed, more time for us to either process things that are happening on calls, or to just talk about topics that are relevant to this work, that we need more interaction with, we need more engagement with, to learn more about.”

However, a commonly expressed concern, particularly in light of recent turnover among direct supervisors, is that supervisors have different styles of engagement and levels of experience and training in mental health and are not always conducive to the needs of staff.

“We only have really one licensed clinician that's overseeing essentially the entire program of other PSR clinicians. To me that doesn't feel like enough.”

“Hiring people for PSR that have clinical experience so we actually have somebody that we can call and talk to about clinical stuff, because that hasn't always been the case... It'd be really nice if everybody had clinical experience, and that we could debrief, consult, brainstorm, whatever, with them. And some supervisory experience so that they recognized we could implement a debrief here.”

“I think that different supervisors have different styles and some are very new to supervision. And I think that there's some cultural differences in regards to folks who have primarily done their work as in the Fire Bureau as an EMT versus maybe somebody who has a social work background and how they interact with people, and that feels different.”

Further, while some staff felt it would be beneficial to have the clinical supervision integrated with their direct PSR supervision, others expressed concern about how this could compromise their ability to openly vent and process frustrations and concerns with the program:

“I've missed [supervision] appointments because I'm on calls. It's really hard to schedule supervision. And then when they say, ‘Oh, if it's hard to schedule, then just get a clinical supervision with one of the QMHPs at PSR.’ But it's like I want both. I want a PSR supervision, and I also want my Pulse Wellness supervision, because I want that outside perspective, and I want to be able to vent a little bit, and have that be protected and not have any of that come back on me.”

Charting and Data Collection

Staff continue to appreciate the support and dedication of the PSR data analyst, but they reported ongoing need for more training on some aspects of data collection and charting.

“The charting is really user-friendly and quick and simple which I like. We need more training on how we're doing narratives. I think everyone is all over the map. I think that's coming. I've asked for that. I don't know. But yeah, just like how we're doing the DAP [Data, Assessment, and Plan] notes I think really, really varies from person to person and just how we're filling out the charting seems to be really varying from person to person.”

In particular, staff expressed the need for close, one-on-one training and support with data, especially for new staff:

“Honestly, I guess providing training to the oncoming new folks on what Andy has trained us older folks. Because when I first got hired on, Andy came to me and trained me personally. It wasn't through new orientation. It wasn't through Zoom or Teams. He came to me in person and trained me himself on the things that he want to see, the things that I should include, I should add, and everything. But the newer folks aren't getting that as much.”

While charting and data entry on the PSR first responder side has been more consistent, there have been challenges with data collection and charting among Community Connect staff, which may result in underreporting of the valuable work that peers and community health workers are doing with their clients. These challenges may be due in part to the ImageTrend software, which is designed to be used for charting EMS data and may not be as conducive to entering client case management data. It may also reflect the need to be clear during onboarding and training how important it is to enter data consistently so that it is clear what work is being done, what referrals are being made, and the outcomes of this work. Community Connect supervisors are aware of the importance of data collection and have implemented new strategies for supporting staff in this area.

“I think it's coming from some good intentions, which is I think our staff is prioritizing the actual work of clients and not necessarily getting around to that data collection point. We had a good discussion about it yesterday and I think people seem to understand the importance of it more now.”

It will be important to have PSR 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 be especially important given the transition from the previous PSR data analyst to a new data analyst who will be working with PF&R more broadly and may not be as closely tapped in to the inner workings and process of PSR charting and data collection.

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:

“And CHWs and peers, our roles overlap so much that sometimes I feel like I wish there was a stronger distinction so that it could be like, ‘You can do things that I can’t, and I can do things that you can’t.’ I also think we need housing specialists. We need someone whose sole job is navigating housing.”

“I think that the roles of CHW and Peer are interwoven, honestly. The peer's role is more social and emotional support and community health worker is resource connection, getting connected to medical, whatever the need is. But I think for some staff, it may be difficult when you're sharing the load and communication may be difficult.”

Other staff acknowledged the overlap but also drew distinctions between the roles in the following ways:

“And I feel that they overlap a lot anyway. Well, here at PSR especially, I feel like the peers, they probably do a lot of the community health worker work. And I feel like whenever needed, I do peer work as far as what I can do. I interact with people at their level, and I have a life experience that I can share with them, and it works out.”

“Me, personally, I've always understood the peer role. That role has always been clear to me personally... I think just so much of this work is relationship based. An individual client could start out with working with a peer but have a need that it could be better served with a community health worker. But to establish a new relationship, to find capacity for that other staff member to step in is a heavy lift sometimes. In those areas where the needs are in between, I think it's okay for that blurriness to exist, but there definitely are some situations where it is more appropriate for a community health worker to step in. I think specifically housing applications is an example of that.”

Work is currently being done to make the roles more clearly defined and also to better integrate Community Connect staff into the first responder work. 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. Staff expressed strong support for having a stronger peer presence with them in the field and for outreach:

“I would love if we could have a peer on every single rig. And it would be great, if we had an outreach team that could go around and see folks right away and get them scheduled for intakes... We definitely need the peers on the rigs more.”

“I think it would be really great to utilize peers more, especially on the go outs, but they're freaking amazing. The peer support staff that we have as well as, again, everybody that I work with on the boots, the boots on the ground is amazing... I would love more interaction with the peers. I just don't think there's enough of them. Once we give them a referral, or we give them options to follow this person or help them navigate these other needs for self-sufficiency and stability, they've got it. They pick up the ball, they're great at follow through, great at communication and collaborating with us. I just think we could, again, work smarter, not harder.”

In addition to the need to further clarify roles and responsibilities for community health workers and peers, some staff expressed concerns about how moving Community Connect staff into a new and separate office may reduce their connection to and collaboration with first response staff:

“I don't particularly love the separation between Community Connect and the first responders mostly just for social reasons, honestly. I mean those are my friends. I love those people, and I work with those people on calls...so that distance doesn't always feel good, and it keeps me out of the loop.”

Other staff expressed benefits of the separation in terms of having a quieter space to work on client follow-up and enhanced cohesion and support among Community Connect staff.

“Well, for weekdays when there's a lot more crews in the office, I actually value our separate space because it's much more quiet and more calm for us to do work. But on the weekends when there's barely anyone, I don't mind being at Curry, just to see people, versus being alone here in this big office by myself. So, I guess it varies on different days.”

“Yeah. I'm not as concerned as I was. There is a little bit more of a separation, for sure, but what I'm finding is that we are, as the follow-up team, I think having our own space, being together so much, we're really supporting each other a lot more. Cohesive, it's more cohesive, and it feels natural.”

Finally, staff discussed the importance of being proactive and purposeful 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.

"...I know it's going to take a while for people to let go of what they've had for so long and just depend on a team and really understand the value of being a team and actually feel like a team, and not feel like everyone's separated, or feel like you can't say anything around a certain person, or whatever the case, whatever happened before me or whatever's happening now. Just state the concerns and then, I think, once we feel supported within our program, I think its impact will really explode even further."

Challenges and Concerns

Growing Pains

PSR's citywide expansion has been challenging as the program expanded from 36 to 145 square miles and has 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'm noticing even just in my body, you get worked up when you're about to respond to some sort of crisis, and today I was responding, and I can just feel a difference in my body. And I think it honestly was just because I was so fatigued from the beginning of this program. Just call after call after call, no supervisor to call. Just us, the whole city. It just was too much for anybody."

"Add on the new development of a program, everyone really doesn't know what's going on, or how things will turn out, or what needs to be in place. So, it's kind of flying a plane without the plane being put together, or just sitting together trying to make sure we put the parts together, but getting the ball rolling. So, I think that's a lot of that happening with good intentions. There's a lot of individuals that may not truly understand social service, social work, community health. So you have all these different disciplines that seem to have a difficult time communicating and connecting coming together to figure that out for this program."

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:

"I'm sure it comes from a lot of training new staffs and being tired, and then as you know, being part of the first group of PSR who started and then going

citywide and not having enough teams out there, and then we're slammed with new people that we have to train. I think that's probably a lot of the exhausting part for a lot of people.”

Staffing shortages and turnover has been an ongoing challenge throughout PSR's second year, at times leaving the program with half or fewer the number of teams they hoped to have in the field. A hiring freeze resulting from a budget reduction within PF&R has further compounded staffing challenges and also delayed the program's ability to expand to 24/7 coverage.

“We're so short-staffed right now because we were supposed to hire three more community health workers, and two more peers. And then the new commissioner says we can't hire anybody. Right now, we have two community health workers and two peers during the weekday, and then the two in the evening. And then the weekend crew is even smaller. So, we just don't have the staff to do everything we need to do right now.”

“In the past month, we've lost two supervisors, three mental health responders, and two medics got fired in the past month alone. And they got a hiring freeze so none of those positions are going to be replaced.”

The shortage is felt perhaps most profoundly in the EMT role. The presence of both mental health and medical experts within the same team is a huge benefit of PSR, and something that sets it apart from other first response and mobile crisis programs. Staff speak enthusiastically about this multidisciplinary approach to their work. However, staff turnover and hiring freezes has meant that in many cases, the PSR team is not comprised of both a mental health responder and an EMT, which is counter to the program's intended design and diminishes their ability to provide integrated care to their clients.

“Having the EMT is super valuable. At one point, I got sent out with another responder and no EMT, and that was not wonderful. We came on somebody down and unchecked, and he wasn't responsive. So, I was like, ‘Oh crap.’ And I was only slightly out of training, I think, or still in training.”

“One thing that I was so excited about was working in partnership regularly with a medical professional, i.e. rolling out on the same vehicle. There has been very little of that. As of last week, this is the first time I've ever actually been working next to a medical person when we go out on calls.”

“Because with the shortage, we have had crews going out with just two mental health crisis responders, or a mental health crisis responder, and a peer, and no EMT... If somebody's described as behaving in a way that they have a mental health crisis, who's to say that that's not because of medications, it's not because of hypoglycemia, it's not because of dehydration, and medications, and the weather. There's that medical lens that I think is important to think about.”

Communication and Connection 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.

“Yeah, I'd say communication is a big thing. What I've noticed is people want more communication, they want more open communication from supervisors, from management.”

“The upper management people, their offices are not in here. People don't know what they're doing. I feel like they are trying harder to meet with us regularly and give us updates, or ask for some input. But for a while when I started, it was like you didn't see upper management hardly ever. I think that there's a communication thing that I'm not used to where in a lot of mental health places, people speak directly. Communication is valued. People debrief after each shift. And I feel like here, the schedule is shifting every day. You don't know who your partner's going to be. We don't debrief after each shift.”

“I think the biggest area is just... I mean, I think, probably, we need more staffing at the upper level management area. I don't know exactly what positions, if we need more supervisors or if we need a program assistant director or some... I don't know. But it just seems like a lot of decisions roll out without any discussion of those changes.”

Related to this, staff spoke about challenges related to communication with their direct supervisors, and specifically concerns about only receiving feedback when it is negative.

“Yeah, I mean it's kind of difficult. When you're working, you don't really get any feedback. Not about your performance, not about your charting, nothing, until you make a mistake. So it does seem like when the supervisors are talking to you, a

lot of it is negative.”

Some staff also felt that the hierarchical reporting structure between staff, supervisors, and management has enhanced the disconnection they feel from management.

“So it's like, here's the responders, the people on the ground, and then now you've got your supervisors, which that used to not even be there, but now that's there and it was a little more fluid, it was close, but now there's a gap. And then, now with that gap of information, there's a gap with the upper management. So I just think it's kind of furthering the disconnection of what's really going on out there.”

“We need less hierarchy in this place. We need less, ‘You're my supervisor. I have to listen to every single thing that you say,’ and more of an actual community that we make decisions together. This doesn't work in this work. You hired people who don't work in that well in that structure. It's just this huge clash.”

Others reported that communication challenges were much more salient at a management level compared to with supervisors:

“I think that the break in communication, at least the way that I have experienced it when communication issues have come up has been less of a issues of communication between me and my supervisor and more what's coming down from management, because unfortunately sometimes things are either promised or mentioned before they've been through the rigorous process that they need to be for everything, and they're mentioned kind of as a sure idea, and then they hit barriers and just kind of never come back around to some of them is kind of the communication issue I've noticed.”

These communication challenges were discussed by both the first responder staff and the follow-up staff. However, the structure that Community Connect uses, with the program manager, supervisors, peer support specialists, and community health workers all in one office, was described positively by staff:

“...I think that's a really cool thing, actually, to have everybody in the same place... I think it's good to have her here for support and so that we can see what everybody's working on.”

Recently, the PSR program manager has been spending more time at the same office as the first responder staff to hopefully create a similar culture of support and open communication.

Cultural Differences between PSR and PF&R

Being housed within PF&R has a number of advantages, such as providing the program with structure and legitimacy. These benefits were noted by some PSR staff:

“Being a part of a uniformed bureau comes with a lot of ability to manage crowd control and complainants and gives us some credibility in the community where people will respect us and the work that we're doing because we're a part of fire. And it gives the legitimacy to the mental health field that this is serious, this is a 911 kind of response that we need to have. And it legitimizes the field itself where a lot of people still don't even really believe in.”

However, as we have discussed in previous reports, there are a number of key cultural differences between PSR and PF&R that have created tensions between the programs and negatively impacted both morale and ability to collaborate.

“I think that the fire culture part is really hard, with the hierarchy, and the communicating behind closed doors. I've heard the word insubordinate be thrown out several times recently about different peers, and I've never worked in a place where I've heard that word. That sounds like something you use in the military... I think a lot of the people who signed up to work for Portland Street Response weren't thinking of themselves as being firefighters, like fire bureau employees. They were thinking of themselves as something different, their own thing. And I think at least for me, and maybe for other people too, that that's kind of surprising the ways in which we're held to fire culture that we weren't expecting.”

“I think it's really hard being a part of the fire bureau. I think fire culture is very different from a lot of the cultures that are in mental health environments, especially if you've worked for nonprofits versus now working for the city and the fire bureau. That's been a hard adjustment for me... I don't like a lot of the policies. I don't like the hierarchical culture, and that it's been done this way for 100+ years, and so that's the way that it's done. I don't like the ways in which fire policy kind of holds us back.”

“There is this idea of the chain of command, and it feels very difficult to actually bring a lot of social workers or social work-minded people, advocacy-minded

people, into a very hierarchical structure. And I wonder if that is, maybe some of the issues that I'm seeing, is with, especially around communication.”

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.

“One of the cool things we did last month, I think it was, they have a new group of firefighters going through the training, and we actually went and presented on PSR to them. And I feel like that was really great, because they asked some really good questions. But there was one moment they were like, ‘Gosh, this seems like a lot of your program is relationship building.’ And I said, ‘Well, imagine you're having your worst day of your life. How would you feel about having a stranger coming up and telling you what you should do to make it better? Would you listen to them?’”

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.

“I love CHAT. CHAT and PSR hand in hand... I know that they get a different name, and they're only medically oriented, but they are, in my personal view, an essential part of what is making PSR what it is, having both of us, because while we attack things from very different vantage points sometimes... when we need them as a resource or when they're needed as a resource throughout this community, I watch the response to them going very well, because they show up well.”

“I would say CHAT side is definitely getting way better. We're all more way collaborative. Sometimes, if we're so busy they kind of help us with down and unchecked calls and just being supportive in that way.”

“The co-response with CHAT has been wonderful. We're all pretty friendly with each other and all really supportive of each other. CHAT will pick up calls if it leans more medical, and then they'll call us if it's not. But they've been fantastic.”

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.

“A lot of it is people see the issue of substance use and mental health within downtown Portland and they want it to go away and they think Portland Street Response's responsibility is to make that go away and/or to make people move. We don't have that power, nor do we want that responsibility or power.”

“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.”

Staff also discussed the ways in which both community members and clients sometimes mistake PSR for an enforcement unit, and it is important to educate the community that PSR's services are entirely voluntary.

“The expectation that community members tend to have for us, is that we will function similarly to police, and disabusing them of that notion I believe is an important part of my job, because I find that we get a lot of unwanted persons calls where people think I'm just going to come in and move someone along, and so that's definitely one of those places where sometimes when we come on scene, because we come so organized, and we come in on our outfits and stuff, sometimes the first thought that the client has is that we are enforcement. So community sometimes expects us to act like enforcement, and sometimes our clients when they first see us think we are.”

“I think part of it is just continuing to put out the messaging, but also just continuing to reeducate people on what we do, and what we don't do. I think a lot of people in our community think we have housing resources when we don't, and so that's a thing that they need cleared up. They think we're enforcement when we're not. They think that we can just get people into the hospitals, and we don't. And a lot of people don't realize that we're voluntary, and that is one of the bigger things is because we're voluntary, that means if we stroll up, and someone says, 'Fuck off,' we're fucking off. We're respecting that, and so I think it's just about continuing to put out the information, and when we hear the misinformation, correcting them. I think that that is the biggest thing.”

In line with the information presented above concerning cultural differences between PF&R and PSR, some PSR staff noted specific misunderstanding about the role of PSR within the Fire Bureau:

“I think from inside various fire department locations, they think that it’s our responsibility or that we have some coercive power to go up to this person maybe in a trauma motivational interviewing way to encourage this person to move... We don’t have that responsibility and it’s not a responsibility that we’re seeking. There’s a lot of that—the fire department will come and ask us to tell someone to move, tell them that they have to move their tent, they have to move out of an area... There’s a significant amount of frustration that I’m witnessing within the fire department toward Portland Street Response and what fire thinks is the appropriate process to reduce folks using substances on the street.”

Even more concerning to staff were a number of instances in which PF&R supervisors asked PSR staff to assist 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.”

As we have noted in previous reports, and which we will expand upon in the recommendations section of this report, 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.

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.

“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."

"We came about to create a different first response, but with the infrastructure in the system of our city and the resources available, all we can really do is show up and be nice, and a lot of the time we fucking get back in the van, and the person is still right there."

"The real frustrating part about working during the weekends is our shelter line... our main shelter line that we use, they're only open Monday through Friday until 4:30 p.m. So, for the weekend swing shift, it's like, 'Oh, there's someone who needs help getting some access to resources or getting some access to a shelter.' And pretty much, we show up and go, 'Sorry, we don't got much, we don't got really anything. If you want a CityTeam voucher, here's a CityTeam voucher. But the CityTeam vouchers are pretty limited in their scope of who they cover. And then, we're like, well, if all of our shelter stuff doesn't work, then it's like, 'Well, the best we can do is get you a sleeping bag and a tent and hope for the best.'"

Losing Access to Critical Resources

Compounding the challenges noted above, recent programmatic changes have made it even harder for PSR staff to provide potentially life-saving resources to people they serve. In mid-February, Commissioner Rene Gonzalez ordered all bureaus he oversees (including the Portland Fire Bureau, and thus Portland Street Response) to suspend the distribution of both tents and tarps. At that time, the ban on tents and tarps was framed as a temporary one but has since been updated to a permanent ban.

In our last report, one PSR staff member spoke with gratitude and pride about the ability to distribute resources freely to clients:

"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."

In the evaluation surveys we conduct with unhoused individuals, we hear often that something that sets PSR apart from other first responders is their ability to distribute resources. While staff were still able to distribute blankets, jackets, and other warming supplies, the restrictions on tents and tarps was a big blow to staff, taking away what many described as one of their most important tools.

“Well, I think we got used to being able to give people what they need. Tents especially. And the idea that we couldn't give them out came right before another winter storm. Well, I mean the tent's not the best, but it can protect you from the wind and the elements more than just not having a tent... It's impacting peer support people especially because they identify with this. It's just like, okay, how can we help? If we can't give them a tent, and we can't find any shelter, and we can't do anything except for saying, 'Hey, we're trying,' then it feels like almost demoralizing to the peer support. They don't have the tools they need.”

“So the idea that a tent, which is a very impactful intervention between someone and the cold, just for someone to live through the night, the fact that that could be removed from my arsenal whatsoever when I know how quickly we run out, how frequently that is asked for, how often that is needed as a resource, it makes me frustrated and nervous for my clients, because I know that the people that are going to pay the biggest price for it not being there isn't me. It's them.”

“I feel like the tent and tarp is a great resource and was a good shelter and privacy for them. It was also a good way to initiate trust too because it was super immediate. I still feel like our services in terms of what we can provide with mental health support and deescalation is still there. I don't know yet, but I imagine our community will be let down, the people that we serve will be let down.”

“So many people are feeling impacted by this and feeling like their job is limited now. It took away a huge resource that we could give people. I mean, we were giving people shelter, we were giving someone so they're not in the pouring rain, so they can have peace and quiet, so they can have all their belongings in one space. We were able to give that to people and now we can't. We can't even give out tarps.”

More recently, budget reductions and changes in policies within the Fire Bureau have curtailed resources even further, taking away not only the ability to provide tents and tarps but even basic resources like clothing and food boxes for clients.

“I feel like as far as supplies, getting those for the clients, those are a lot of our tools, a lot of the reasons our clients are escalated, having that whole problem, challenges, is because they lack resources. Without tents and with being able to spend less on, say, clothing supplies and things like that, it just makes our jobs more difficult. More so, I really worry about what could happen to our clients,

especially on a week like this, where we've got inclement weather coming, cold weather, and we have had clients where, they're just outside. They're just freezing. They have nothing around them.”

Staff Morale and Concerns about PSR’s Changing Mission

Given the stressors reported above, as well very real structural challenges and changes to program policy, staff morale is low. We heard this both directly in our interviews with staff, and it is also reflected in the quarterly Professional Quality of Life surveys we presented above.

“Morale's real bad right now. I know there are a couple people looking for other jobs in the Community Health Division. There are other people just looking for jobs, period.”

Staff retention and the loss of institutional knowledge that accompanies high levels of staff turnover were also noted by staff as threats to the program’s success:

“In a program like this, staff retention and longevity is going to be the significant factor in success for this program. If people are constantly leaving, and you're just constantly retraining people, you're not going to be able to have the rapport with fellow coworkers and staff, and we're really not going to be able to establish that rapport in the community if every week or every month we have a new clinician or a new CHAT [medic] that we have to integrate and help them understand the process specifically to Portland Street Response.”

There are also very strong concerns among staff that the program is being fundamentally changed from its original mission and purpose.

“It just feels like the program is changing. And if we are going to have to participate in things like sweeps, enforcing any kind of camping situation... And not having supplies [e.g., tents, food boxes, etc.], it's like going into surgery without the tools you need. You can't do the job without the things.”

“The program is losing its original mission.”

Despite these challenges and perceived threats to the program's mission, many staff members continue to demonstrate high levels of resiliency and dedication to their clients and to the community, and their continued faith in the program and its core mission:

“That depends once again on what lens you're looking through. Mine is just basically supporting those that have no support. Because, I mean, a lot of time, you think of people out there, you think of trash, like it gets swept. When you think of sweeping something, what do you think of? You think of garbage. You think of trash. These are people. They just make different choices. Everybody's journey's going to be different.”

“I want to be effective in my job, and I want to feel like I'm doing good work. Sometimes when I feel like there's barriers to that, then I feel a little paralyzed or discouraged, but it's not impossible to work through... I think this program has an opportunity to, and it continues to, it's definitely working. I think that it has a lot of potential.”

“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 our 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.”

Other First Responders and Dispatchers

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

We conducted focus groups and individual interviews with 15 PF&R staff from four stations in different parts of the city 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. Four PF&R staff were interviewed twice, once at the mid-point of the Year Two evaluation, and once at end of the evaluation. 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 to protect confidentiality.

PF&R Staff: Focus Group and Interview Findings

Focus groups and interviews conducted with PF&R staff throughout the second year of Portland Street Response provided valuable information about how the program 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.”

Related to this point, one PF&R staff member described the benefits of PSR's ability to develop relationships with individuals in crisis on the streets:

“One thing I was thinking too, that might help is sometimes we have, well, for lack of a better term, we call them repeat offenders, and we know them by name. We pretty much have their birthday memorized because we go on them so often, but every once in a while, that person disappears off the face of the earth. The question we always ask ourselves is, ‘Did they die or are they off the streets?’ That's something that if the answer was given and there was light shed on an individual, we'll just say Joe, for example, and PSR was like, ‘Oh yeah, we know Joe. We got him set up in a housing situation. He's clean.’... Maybe that's something where PSR could be like, ‘Yep, we know him and, this is where he is at. He's doing well.’ That's something that would probably help out too.

They described the specific skills, training, and experiences that help PSR be more successful on certain types of calls:

“It's more about trying to get them to a right service and the right person to get them because we never really have had any training or resources or the time to spend a half an hour, 45 minutes, with somebody who's having a mental health crisis on the street, get them where they need to go or at least help them. That's not our job and what we've ever been able to do... We'd show up and try to help with a medical problem and next thing you know, you're dealing with a mental health issue, and we don't have the capacity to do that. So hopefully, Portland Street Response is able to fulfill their mission.”

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.”

Some PF&R staff we spoke with expressed a genuine interest in the success of PSR, though the current tensions between the programs (which will be discussed in more detail below) have made it hard for them to see and experience the full value of PSR:

“We truly want them to succeed because their success means success for us as well. I mean, the fewer chronic patients that we go on that don't have an emergent medical need, the better our life will be and the more successful they'll be. So yeah, we truly want them to be successful. It's just we're having a hard time gauging whether or not they currently are. We just don't have a personal relationship with them to trust them better.”

Areas for Improvement

In line with the quote above, while some of the PF&R staff we spoke with reported seeing possible value in PSR, the prevailing opinion among the PF&R staff we spoke with was a sense of still not fully understanding the purpose or value of PSR, as well as perceived tensions between the programs. The primary areas of concern discussed by PF&R staff pertained to PSR staffing capacity; needing more information about what PSR does; competing over limited resources within the bureau; and addressing cultural differences between PSR and the Fire Bureau.

Staffing Capacity

Similar to other stakeholder feedback we received, particularly in the first six months following PSR's expansion, several of the PF&R staff we spoke with discussed 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.”

And while staffing capacity was not discussed as a concern as frequently in the interviews we conducted in the second half of the Year Two evaluation, the limited hours of the program reduces the likelihood that PF&R will upon their services when they're needed:

“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 the purpose and value of PSR

Despite repeated attempts by PSR staff to educate PF&R staff about what PSR does, there remains a lack of understanding about the role of PSR and questions about the program's value for the bureau compared to other programs like CHAT.

“I'd say bureau wide, just in my limited interaction, I don't see the east side companies all that often, but listening to some union conversations, there's still a lot of, ‘We don't know what they do and what purpose they serve within our union.’ I think that progress is slowly being made, but we're not quite there as a bureau of what purpose or what benefit do they bring to our fire bureau?”

“I haven't seen a report come out and I could have missed it but I don't think it's been boiled down to, ‘Hey, this what's happened over the last year or two with this program and this is what has done for you or not done for you.’ I can't really honestly tell you that I know any more than I did a year ago as far as how they're helping me or helping citizens or helping the fire bureau or whatever else.”

“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:

“Portland Street Response, I think it was designed to take more police calls and CHAT kind of picks up some of our calls... and because we work with CHAT, we request CHAT more than we request Portland Street Response... I don't know, it's the first thing that comes to mind.”

Some PF&R staff also cited the lack of a known and trusted “spokesperson” for PSR as something that limited their knowledge of and trust in the program.

“When we had... was it Tremaine? I always saw him in the forefront. I had a real sense of respect for PSR because I have a lot of respect for Tremaine. He’s a medic, and he genuinely is a solid firefighter and cares about people... Whether he was on the news or even on the side of the streets, I felt like we were making headway with it. I haven’t seen anybody like him, representing us on the PSR side, that gives me that confidence anymore... It was just seeing him there, correlating him to that program. I was like, ‘Okay, we’re working together. We’re making progress in shedding light on how PSR can make a difference because we have a spokesperson. We don’t have that anymore, so that’s something I think if someone filled that role on our end, stepped up and started working side by side with PSR, I think you’d have more buy-in on the PF&R side.’”

PF&R staff provided recommendations for increasing knowledge about PSR within the bureau. The consensus seems to be that emails and paper materials about PSR are not helpful. Rather, training videos that demonstrate clear policies and protocols pertaining to co-response and collaboration in the field, as well as opportunities to gather informally to get to know one another were recommended as more helpful approaches.

“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.”

We do get a lot of publication about PSR... I think that because there’s so much literature on it, people just pass it off and don’t read it, to be honest. I think a real beneficial way if we were going to try to understand and get shed light on what they do, and it would truly be a meet and greet situation where even just our station with the firefighters that are here and a handful of PSR folks sit down, meet and talk and more than just, ‘Hey,’ handshake, ‘I’m [name omitted for confidentiality], who are you,’ type of thing, but also how can they help us, how can we help them?”

Competing Over Limited Resources within the Bureau

A new theme that emerged in interviews we conducted in the second half of the evaluation year concerned competition over scarce resources within the Bureau. This is likely a result of the PF&R budget reduction announced in early 2023 and illustrates the growing rift between PSR and PF&R.

“So they're talking about cutting our budget. We had some memos coming out to us telling us they were going to stop hiring and they were going to look for ways to cut. And so it was more about, ‘Well, hey, wait a minute. If you're going to keep funding that Portland Street Response, you better not be cutting our budget.’”

“I’m not sure they impact us, other than drawing funds. And I’m not sure if they’re drawing funds away from us. I mean, if the question is, if we're going to lose our rescues but keep PSR, and the Fire Bureau budget is going to decrease our operational firefighting capacity but we're going to keep PSR, that's going to be a problem.”

“And then maybe one other thing that comes to mind is just some conversations that people were wondering why the money that is funding Portland Street Response is coming out of... I don't know if it's a general fund or something like that. It's eating away at some other services in the city, including in Fire, and people were concerned about that.”

And regarding what we heard from most PF&R staff about their greater likelihood of calling and working with CHAT instead of PSR, it seems that this may in part related to a perception that they’re competing for limited financial resources:

“CHAT is being funded from an outside agency on paying on the most part. So anything we can get that doesn't cut into our own budget and risk losing staffing to our core fire services obviously is a better safer plan for us.”

Tensions and 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—discussing differences in politics and service approach between the programs and some even suggesting that PSR should not be housed within the fire bureau.

“They're not firefighters. I suppose. I mean, I think the CHAT people are much more aligned with the fire service and the fire service culture. The PSR people are much more aligned with the woke Portland. God forbid you say anything hurtful or a little bit off color because they're going to run that straight to a supervisor and ring you up with HR. That is their culture, so the people in the Fire Bureau do not trust PSR people... I think that their culture and our cultures are not going to see eye to eye. I just don't see that happening.”

“Probably politically, if you were to poll, I think the bureau in general leans more center to center-right, maybe respective to PSR. I think that causes some animosity as well. I think if you were to poll anybody in a firehouse, they would say that PSR, in general will lean left to far left as opposed to people on stations leaning center to center-right... It's been hard to overcome that in this current climate, for sure.”

While some PF&R staff directed their misgivings at PSR staff, others 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.”

Several PF&R staff also acknowledged that the programs have different service approaches and levels of compassion for people experiencing homelessness based on differences in their roles as first responders. Their comments reflect vastly different attitudes from PSR toward people experiencing homelessness.

“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.”

“There'll be a lot, not a lot, but some disparaging comments about [PSR] giving out cigarettes or hot chocolates to the homeless, and on our end, that just seems enabling... I think that's probably the biggest one that you'll see is giving them stuff to build a connection, but to us it seems like they're just giving stuff away to a group of people that we predominantly view as just taking and not giving back to society. As a group of firefighters who are service-minded to see a population that does nothing but take and never give back to society, it's hard to stomach, but then we also have to view that they're doing this to solve this problem that we don't like already, but that connection hasn't been made yet.”

“From my perspective, it is extremely enabling to the homeless population. And that is all it is doing. The homeless population now expects us to have all sorts of gear and equipment for them. Even though we're the fire department, they're still demanding things that they're getting from PSR, including cigarettes, tents, tarps, safe use kits, the things that they have been handing out. Enabling. And that is the extent to what we see out as the first responders.”

Within the context of discussing differences in the programs' approaches to providing resources to unhoused people, some PF&R staff discussed the recent directive banning distribution of tents and tarps within the bureau. Some staff said that the directive was universally lauded within the bureau: “That's it. No more tents and tarps. We're done... Finally, we have stopped this crazy enabling.” Others questioned the utility of the ban:

“There hasn't been any difference as far as calls coming in for warming fires... We were giving out so few of the actual tents that I don't think it really made a dent as to whether or not people on the streets could get a tent.”

It is clear that if PSR is to remain housed within the Fire Bureau additional efforts will be needed to address cultural differences between the programs and to better educate PF&R staff on the purpose of PSR, including the importance of resource distribution for building trust with clients and for providing potentially life-saving service.

Portland Police Bureau (PPB) Staff: Methodology

We conducted interviews with 13 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. Five PPB staff were interviewed twice, once at the mid-point of the Year Two evaluation, and once at end of the evaluation. Sessions were recorded and transcribed prior to qualitative thematic analysis.

PPB Staff: Interview Findings

Interviews with Portland Police Bureau (PPB) staff conducted throughout the second year of Portland Street Response provided valuable information about how PSR 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.

“The PSR model is more trauma informed. I think, sometimes when police show up with a badge and a gun, there might be a history there with that person. I think PSR can kind of lower those barriers and try from a different angle, but I'm grateful for PSR.”

“We have had tremendous success. We started trying to ask Street Response if they're available, if we can put a call on their board for them to stop by our precinct and offer some resources to these people. And that's been great when it happens. It's been really great. They usually come, it doesn't tie up any of our resources. They're very succinct. They handle the whole thing from beginning to end, and typically I think it's a better, more humane solution to the problem than us giving them a resource card and telling them to leave.”

“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:

“I would say there's been, when I've been called to a welfare check or it's in my district and I've gotten on the radio even before going out there to see if PSR can take it. And then dispatch has been like, ‘Oh yeah, that's probably a good idea.’ Where I haven't needed an interaction with the people and I'm like ‘Well, why are we taking this?’ And it can just be an oversight with dispatch being like, “Oh yeah, actually PSR should go on that instead.”

“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.”

In discussing the recent mandate that PSR be present at sweeps of homeless camps if requested, one PPB staff member noted the value and importance of PSR not being seen as an “enforcement arm” by people in crisis:

“And I'll also say, this is my opinion, this is not opinion of the police bureau... I don't think Street Response has a role in sweeping houseless community members. I agree with the idea of Portland Street Response, which is that you are purely there to be an external resource to offer resources and options for people. And once you start intertwining yourselves with the enforcement arm, that's really hard to fix. Once somebody has got in their head that, ‘Street Response is only here to help me until they're going to make me move or until

they're going to make me go away or until they're going to find my stuff and I'm going to go to jail,' you can't fix that once people think that.”

Finally, one PPB staff member also noted more general support for and appreciation that the city is testing alternative forms of response to better serve the needs of the community:

“I am thankful that the city is thinking outside the box and has implemented PSR and even internally with the police bureau, like the PS3 program, the Public Safety Support Specialist. I think those type of things make sense. It doesn't have to be a police officer, paramedic, firefighter. Public service can look a lot of different ways. So, I think what we're doing makes sense, just kind of refining the process. Refining what we have should always be an ongoing process.”

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

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

“There have been times when I've called them to co-respond, they're just not available. I don't know why that is. So I haven't really followed up on why that is. It hasn't happened a lot, so I can't for sure say that they're not, but I don't know if they're... is just out of the hours they do.”

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 still hear officers asking for PSR all the time, like, ‘Can PSR take that? Can PSR take that? Is PSR working?’ Although, that has largely dried up because, I mean, it was a running joke that they got asked for 10 times a day for a couple weeks, and there wasn't a single time where they were available. It was either they're not working today because bad weather, they're not working today because they had a training. I thought they were on until 10:00. No, they stop taking calls at 8:30.”

“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.”

In some cases, PPB staff expressed concerns about interactions with community members who thought PSR would be responding instead of police:

“The community member just wanted PSR to come check on him. Now they're getting two armed police officers sent to that person, and the community member gets mad about it. The police get mad about because it's like, ‘You wanted PSR. They're not available.’ That community member never would've called if they knew that police were going to be the response.”

Other staff noted PSR staff capacity has improved over the course of the year, and they no longer have concerns about the team's availability:

“I think, just being more robust as far as how many teams they have is great. Being citywide now, having hours outside of just the day shift hours has been awesome, because it's a needed resource and it obviously shouldn't be restricted to just one neighborhood or one part of the city.”

“And when we ask for them through dispatch, we get them more than we did before. And I don't know if that's just because there are more teams or whatever, but that is something that we've noticed.”

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.

“Officers are still having a hard time wrapping their heads around the people who are mobile and why Street Response can't respond to that. And I've tried to explain to them that that just doesn't fit their model really well. And the whole issue we talked about of they literally don't have equipment on their vehicles to block traffic and safely go out there and not have it be a liability to them contacting someone in the middle of the street. I think police officers in their heads are like, ‘But it's Street Response. Don't they go to people in the street?’ “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:

“I feel like my gut feeling is that just makes me uncomfortable. It's an unfair thing, again, just with equipment and the potential for danger. I just know that things can switch so fast inside of a home.”

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

“Well, I do think residences, unless there is something that really speaks to safety issues... Just taking it step by step to see what’s there, but as far as... There are plenty of times where there's like a friend calling in about... We went to one today where a friend was calling me and saying, ‘He's been feeling depressed and now he's not answering my phone.’ It's a welfare check. There's nothing in any history that there's any safety issues. And that person has to now respond to a person in uniform and feeling absolutely awkward talking to us, doesn't want to share anything, and it's just a regular person with mental health issues and has people worried about him. So, I think that would be something that I would definitely be like, why wouldn't that be something they could go on, and probably be more helpful than I am coming with my badge and gun and taser on me.”

This quote relates to 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.”

“I think we have, it feels like a huge component of calls that does require holds or the assessment holds. And if we can increase that, I do think it would be helpful. And especially if there are people with more mental health background than myself, then I would happily give more of that to mental health providers to take care of. I think there's plenty to go around. I do think another agency would just be helpful.”

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.”

They also expressed some safety concerns if PSR were to start enacting holds:

“I also would be concerned about the safety of Portland Street Response enacting that hold. Just in my experience, I have people when I am working with them who are very near baseline for most of our interaction, but once that click happens where they realize, 'Oh, this person's trying to send me to the hospital again,' they now are very upset.”

Communication and Collaboration between PPB and PSR

While it seems that communication and collaboration in the field has improved substantially since PSR expanded citywide, PPB staff did note some areas where communication and collaboration could be improved, such as when PSR requests an officer to assist with a psychiatric hold:

“Street Response is out, they are with a person, they are troubleshooting their resources, and they want police to come stage in case we need to do a police officer hold [POH]. That's a tricky call for us... it's not something we can't stage and be ready to do a POH... but a lot of officers feel like they can't sit there and just be waiting in case Street Response needs them, just because of our call volume and staffing. That's the first problem. The second problem is, police officer holds are more restrictive to us than just the pure legislation would lead you to believe... and to do that hold, it's going to require us not only to come in

there and stage, but to interact with this person for a pretty extended period of time to get that eyewitness behavior that I think is going to be an immediate danger to themselves or others... So, I think the best thing, if the goal of Street Response is this person needs to go on a hold, the best way to do that per our policies would be to call us and to say, 'We would like an ECIT [Enhanced Crisis Intervention Team] officer to come and evaluate this person for a hold.'"

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 which calls PSR will or will not respond to.

"We went there, and he was just angry, like, 'I'm tired of being homeless. I don't have any resources. I don't have any help. I can't do this anymore. I've got to do something different. I've got to get housing.'... We're like, 'This is perfect. Maybe PSR will come deal with him and talk to him and give him some resources.' So we requested PSR. They called us, and we said, 'Hey, can you bring him some resources?' We got pushback from PSR, saying, 'That's not our job. Police misunderstand our job. Our job is to deal with people in crisis who have a mental health underlying thing for that crisis they're experiencing.' We're like, 'Yeah, he's got all kinds of mental health conditions.'... It was like, 'That's not our job. We don't just come pass out resources to people.' ... Again, there's that disconnect between how it was sold to citizens and what their job is, or what they feel like their job is at PSR."

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."

"What seems to make it to us is messaging from our commanders or captains. I wonder if there were a lot of changes that you wanted to voice, like, 'Hey, we're not doing the queue system anymore. We have this many teams. We're available these hours. We'll take these kinds of calls.' I think a summary like that sent to

our captains or commanders of the precincts, I think, and with the tagline, 'Can you please pass this along at roll call?' Because they come to roll call a few days a week, and they'll keep passing it out, which I think is better than somebody takes one day off, they miss it."

"I would just say that I think the primary benefit of this program would be with increased staff 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 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. Three of the five CHAT staff were interviewed twice, once at the mid-point of the Year Two evaluation, and once at end of the evaluation. 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 was talking with CHAT staff, with whom PSR interacts frequently given that they are both housed within the 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.”

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.”

“We were on a call, and it's like, ‘Oh, we took his vitals, we're talking with him, and it seems like he needs something more than just the medical part,’ and then it's like, ‘Maybe we should call PSR, they can stay a little while, give him some food. The mental health responders can just sit talk and do their therapist thing.’”

CHAT staff also discussed appreciating that PSR mental health responders are taking a greater interest in medical skills training following a series of higher acuity calls they found themselves responding to:

“After some of these higher acuity calls happening on Portland Street Response, now it's really gotten those mental health crisis responders to then engage with us... I think it was a nice little wake up call to them of they're in this all by themselves until AMR or a Fire Unit gets there. I've got to be able to be an equal partner and know what kits to go grab from the rig and how to help get the BVM out to breathe for somebody, or skilled assist.”

“I've really noticed a huge shift in the mental health crisis responders really being a lot more engaged in that medical side even though it's not necessarily technically there's scope of practice, but there's been a lot more talk of the mental health crisis responders going and getting maybe an EMR, like an emergency responder training, just to be able to help with some of those things.”

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 PSR in a variety of ways.”

Despite expressing an awareness of tensions and differences in culture between PSR and the fire bureau more broadly, CHAT staff noted an appreciation for PSR's approach and a strong sense of shared purpose:

“I'm a strong believer in helping people no matter what, and that's why I got into this field... I mean, sure, you're going on 911 responses and you're showing up on the worst day of people's lives, but sometimes the worst day of people's lives is not a life-threatening emergency, so to say. Sometimes people just need someone to listen to them and talk to them and help them through what they're going through. I think a big portion of the work we do, even firefighters, whether they want to embrace it or not, is kind of case management. Just that community connection... A lot of it is just being there in the moment and listening to these people, like PSR does. I think some of the firefighters in Portland Fire kind of don't see it that way. That's where the problems start, I would say. They don't feel like they have to deal with situations like these, even though it's their job.”

And, finally, CHAT staff also talked about the value of both programs in helping to lead national efforts around alternative first response:

“We know that the country is watching these programs because we're not unique in what we're experiencing in this city... It's across the country that we need to, we have this amazing opportunity to pave the way for other programs to hopefully come forward within our state and hopefully across the nation. And that includes admitting our failures, so then we can learn. As long as we're learning, then we'll come out on top.”

Areas for Improvement

Similar to other first responders we spoke with for this evaluation, one of the primary challenges or areas 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.”

CHAT staff also discussed the importance of communication, connection, and resource sharing between programs.

“The relationship when we do work together is great, and we are super comfortable leaning on each other and asking for resources and guidance, being able to soundboard. Right now, unfortunately, we're just siloed and stuck in our little worlds because we get so enveloped in our work that we don't brush shoulders, but that's a virtue of being busy and staffing versus population.”

Related to this point was a recommendation to establish more opportunities for shared training between PSR, CHAT, and the broader fire bureau:

“One of the main changes I would love to see as a Community Health Division as a whole is to train with the firefighters and just kind of get to know them on a personal level and how the Community Health Division operates on a 911 response versus how fire would operate, and how we could work together in those incidents.”

CHAT staff also discussed specific types of training and support that they viewed as being particularly important for PSR, including trauma and resiliency support.

“Most of us on the EMT side have had people die in the field and experienced that and have a team of people who are very experienced in that who know how to come up and support you... but with PSR, when you have therapists coming in, a lot of times they're like, 'I wasn't prepared to have someone die.' It can be a lot more traumatic for them. And so management needs to come up with some resiliency training on how people take the time to get the self-care you need to work through whatever trauma you just experienced. And also, there is still a job that has to be done, so you toggle between those two.”

Bureau of Emergency Communications (BOEC) Staff: Methodology

We conducted interviews with five BOEC dispatchers 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. Three of the five BOEC staff were interviewed twice, once at the mid-point of the Year Two evaluation, and once at end of the evaluation. Sessions were recorded and transcribed prior to qualitative thematic analysis.

BOEC Staff: Interview Findings

Also new to the second year of the PSR program 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.”

They also shared that having PSR available as a first response option helps them provide better customer service to the community:

It's better customer service and that makes me happy. I like to be able to have that to offer people. To be able to say we do have it makes me very happy actually. Who doesn't like to be able to offer somebody what they want when

they're asking for help? That's the dream, kind of. That's why everybody started doing this in the first place... And you can hear the change in their tone from the beginning of the call. They're so apprehensive. They're like, 'What am I doing? I'm trying to be helpful for this person that just asked me to call 911, but I'm calling 911, and it doesn't feel like an emergency. And then having the call taker, in that case me, being receptive on the other end of the line, I think for them is like, 'Oh, cool. Yeah. You can have that.' I don't know, it just feels good.

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, especially earlier in the second year of the program, 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.'

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.'”

“If PSR is available, we can set up a call and have a hold. The problem, just like PSR or Project Respond asking for a cop is when a cop on scene asks for PSR, if all of the PSR units are tied up, it's not like we can just jet one out there right now. And so we'll say, 'We can create a call for them to respond. Currently they're all tied up.' And then more often than not the cop will say, 'Well, I've got to get going. I can't wait here with this person. You can set up a call. And if they're still here when PSR gets clear, fine. If they aren't, they aren't.'”

Fortunately, in our follow-up interviews with BOEC staff near the end of the second year of the program, they reported that PSR's availability has improved considerably:

“I feel like since we've last talked, we've had way more units available, which has been fantastic. So calls aren't having to hold for some of, I mean, before we were seeing hold times for six hours to get somebody out there and now it is way more immediate. It's within the hour or they're at least being able to call the original caller and make contact as to what exactly the person is needing. So that's been fantastic.”

However, despite the greater availability of staff during their current hours of operation, BOEC staff also reported wishing that PSR's hours of operation would expand, which aligns with a recommendation we heard across the stakeholder groups we spoke with.

“I wish that the hours would expand more because I think right now they're only available until about 9:00 PM. And so it would be nice if they could expand or at least maybe weekends or something. Just being able to add the additional resource to also help alleviate a little bit of what officers are having to respond to with them being so inundated with calls because then they have to respond if PSR isn't available. So, expanded hours would be nice”

“It's not fun when they're not available, and we have to tell community members. That's why I'm really looking forward to them being 24/7 because I think there's some confusion not only for us, but also for the public on when they're available.”

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. Some staff described the PSR call criteria as a “moving target” that changes regularly, adding complications to their already difficult jobs:

“It can be difficult, just because we get communication from our management of, ‘Hey, here's the updated PSR requirements and you need to make sure to make it clear in your call what exactly is the call is the person wanting or requesting.’ And so then it's just kind of like, okay, well this month, how has it changed? What are they wanting, what won't they go on? And then it's like, oh, if I set something up, is it just going to get cleared, because that's not something that they will actually respond to? But can I trust that if that's not something that they can go on, is it going to get kicked back to the police side so that way at least somebody can go check on this person?”

Given the number of potential responders in the City's first response system, they also expressed some confusion and a lack of clarity about which responder to send:

“The whole issue with CHAT, PSR, Police, and Fire is incredibly confusing and not well communicated to dispatch. We've got PSR going out and saying, ‘This is really more appropriate for CHAT.’ We've got CHAT going out and saying, ‘This could use PSR.’ We have police going out and once they've finished saying, ‘This should be a good candidate for PSR to check on.’ There's a lot of confusion about who can ask for who. What service does this person really need? Is this a CHAT candidate? Can PSR give this person a ride to a shelter? There's just a lot of unanswered questions and hazy SOPs [Standard Operating Procedures], since we weren't involved in the development of any of these programs.”

BOEC staff discussed the difficulty in determining whether certain call types that PSR is commonly requested on are actually appropriate to dispatch them to or not. One such 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.”

Another gray area in need of clarification for BOEC staff concerns calls involving “unwanted persons.” This is one of the call types that originally inspired the development of PSR, and the team has had success in responding to these calls and helping people move on to other locations. However, BOEC staff are hesitant to set these calls up for PSR given that PSR is not an enforcement unit and cannot require a person to move away from a business or residence.

If a caller specifically says, ‘I want this person out of here,’ I don't see the point in setting it up as a Street Response because I'm not addressing that caller's need or want. If the caller says, ‘I've got this person in front of my business and I really think they need to be checked on,’ I don't talk them out of Street Response. I'll set up a Street Response call. I just have seen many times that on the ones where they want them gone, even if Street Response is able to convince the person into moving down the street, they either have just moved the problem along or the caller calls back an hour later and say, ‘Yeah, when Street Response was here, the person left, but now he's back again. And this time can you just send the police?’

“They don't have the power to make anybody move along or leave, so if somebody is calling and they're saying, ‘Hey, I really want this person moved along,’ that's not up to PSR... That would not be a PSR call because that's not their job is to make people leave, that's the police's job.”

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."

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."

"They should give us ride-alongs. I mean we do it for a police, fire. And I think having them come up more, seeing what it's like on our end, seeing what it's like when we're taking calls. I think that's something that a lot of people don't really understand what that part's like. I love more connection, honestly. I don't like being so detached. I've heard some people complain about their radio etiquette, although I don't think it comes up that often, so maybe just offer them more training, and more opportunities for them to learn about our world here."

"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, community centers, public spaces, etc. 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 seven community events and visited over 300 locations throughout the city of Portland between April 1, 2022 and Sept. 30, 2022. We approached 340 community members, with 259 people agreeing to complete our survey (a 76% acceptance rate). The other 81 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 17 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 276 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 276 community members we spoke with, 83 (30.1%) reported living in Southeast Portland, followed by 59 (21.4%) in Northeast Portland; 55 (19.9%) in

Southwest or South Portland; 47 (17%) in Northwest Portland; and 32 (11.6% in North Portland). The average age was 37, ranging from 18 to 76. Over half of the community members we surveyed (193 people, 69.9% of the sample) identified their race or ethnicity as White; 27 (9.8%) Latino; 17 (6.2%) Black; 12 (4.3%) Asian; 8 (2.9%) Native American; 4 (1.4%) Native Hawaiian or Pacific Islander; and 15 (5.4%) people reported being Multiracial. When asked how they describe their gender, 154 community members (55.8%) reported identifying as women, 98 (35.5%) as men, 15 (5.4%) as non-binary, 7 (2.5%) agender, and 2 (.7%) transgender.

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 (147 people, 53.3%) had not called 911 in the past year for PSR-related concerns. The other 123 people reported calling 911 between 1 and 50 times to report someone experiencing mental health crisis, intoxication, or homelessness, with an average of 5.39 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 7.61 times), while the lowest were seen in Southwest Portland (average of 4.24 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 (144 people, 52.2%) reported feeling safe, while 132 (47.8%) 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 56 people (42.4% 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 always show up. They’ll just cruise by sometimes.” A similar number of people (47, 35.6%) reported not feeling safe calling 911 out of a lack of trust in police officers, 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, “I worry about whether police presence will escalate situations rather than dissolve. Also, the price of an ambulance trip can be devastating.”

Finally, 27 people (20.5%) 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

47.8% of general community members surveyed reported not feeling safe calling 911 if they or someone else needs help



When examining the impact of race on feeling safe calling 911, we found that Latinos felt the least safe calling 911 (66.7%), followed by Black people (58.8% reported not feeling safe calling 911), Asians (50%), White people (45.6%), people identifying as Multiracial (40%), Native Americans (37.5%), and Native Hawaiians or Pacific Islanders (25%) (see Table 5).

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

Feel Safe Calling 911	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	6 (50%)	7 (41.2%)	9 (33.3%)	5 (62.5%)	3 (75%)	9 (60%)	105 (54.4%)	144 (52.2%)
No	6 (50%)	10 (58.8%)	18 (66.7%)	3 (37.5%)	1 (25%)	6 (40%)	88 (45.6%)	132 (47.8%)

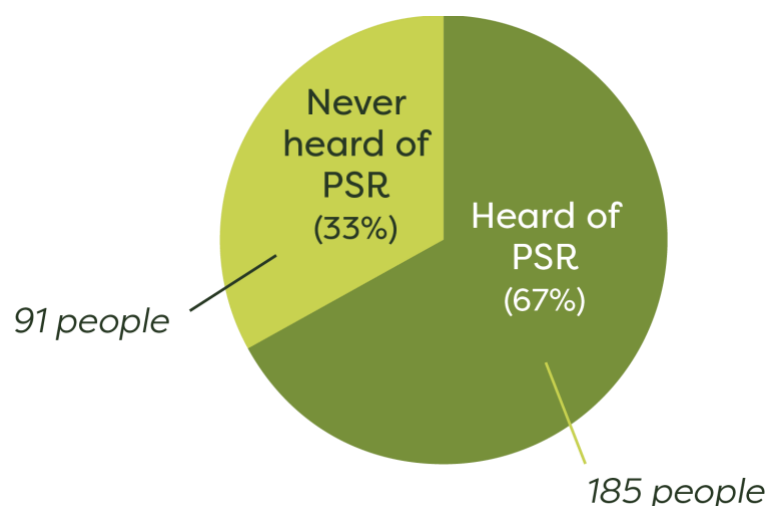
Knowledge of Portland Street Response

After asking about community members' general attitudes and experiences with 911 and other first responders, we asked if they had heard of the City's new Portland Street Response program. The majority of community members we spoke with (185 people, 67%) had heard of the program and 91 (33%) 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 (125 people,

67.6%) was as a police alternative. Eight-four people (45.4%) described it as a program responding to people in mental health crisis. A smaller percentage of people (16.2%) described the program as one that helps unhoused people, and only 9 people (4.9%) said that it addresses medical concerns.

When asked where they heard about Portland Street Response, nearly half (79 people, 42.7%) said they learned about PSR through social media, while 60 people (32.4%) said they heard about it through word of mouth. Thirty-two people (17.3%) said that their knowledge came from direct interactions with PSR; 11 (5.9%) said they learned about it through political discussions; 11 (5.9%) through neighborhood communications; and 9 (4.8%) through billboards and signs advertising PSR.

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 58.5%) (see figure 22), and this disparity was marginally statistically significant, $\chi^2 (1, N = 276 = 3.80, p = .05$. Among BIPOC, Latinos were most familiar with the program (70.4%), followed by people identifying as Multiracial (60%), Black people (52.9%), Native Americans (50%), Asians (50%), and Native Hawaiians or Pacific Islanders (25%) (see Table 6).

Figure 22. Knowledge of PSR Among BIPOC Community Members

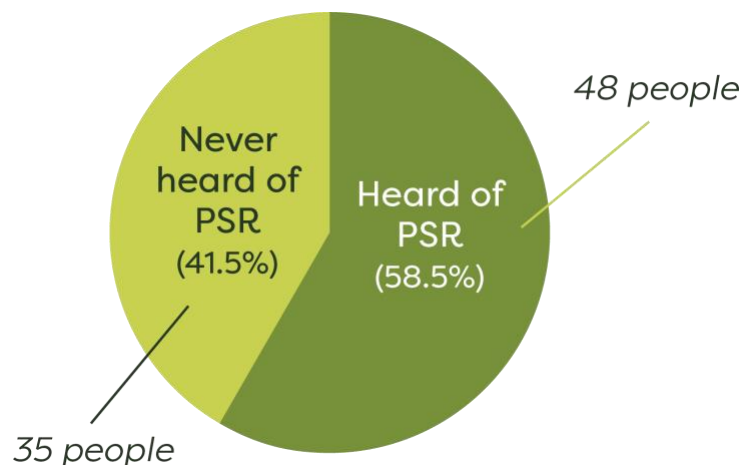


Table 6. Knowledge of PSR by General Community member Race/Ethnicity

Knowledge of PSR	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	6 (50%)	9 (52.9%)	19 (70.4%)	4 (50%)	1 (25%)	9 (60%)	137 (74.1%)	185 (67%)
No	6 (50%)	8 (47.1%)	8 (47.1%)	4 (50%)	3 (75%)	6 (50%)	56 (61.5%)	91 (33%)

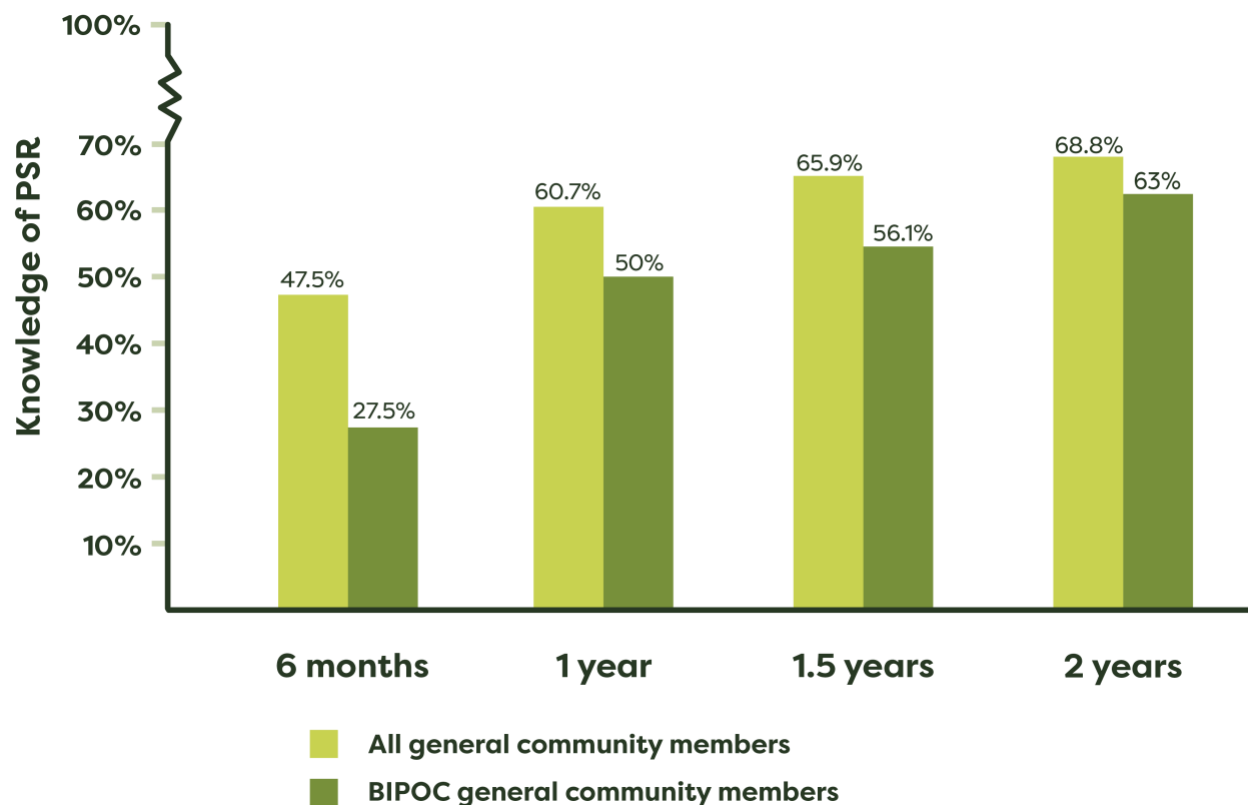
In examining differences in knowledge of PSR by location, we found no statistically significant differences, with 60 to 70% of people living or working in each of the quadrants included in the study reporting awareness of PSR. This is encouraging and suggests the program is succeeding in educating the broader Portland area about Portland Street Response.

Changes in Knowledge of 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). These changes were particularly striking among BIPOC general community members, whose rates of knowledge more than doubled—from 27.5% in our first report to 63% at present. 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

Fifty-two of the 276 community members we spoke with (18.8%) reported specific interactions they had with Portland Street Response. Most of these interactions (39 people, 75%) 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. Eight people (15.4%) 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 five people (9.6%) met PSR when they were doing outreach or training in the community.

We then asked the 52 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 4.0 (see Figure 24), indicating a moderately high level of satisfaction with the program. A few

community members noted frustration with PSR’s response time. For example, one person said, “It was 2.5 hour wait time between call and response time.” Another said, “We called a couple times for help, but by the time they got here, the person left.” Others wanted to see different outcomes from the response: “They just cleaned up, help her pick up the trash. And then just moved around the corner in a tent... I feel like they should have taken her to a shelter.” 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 119 of the 276 people surveyed, 43.1%), followed by *flyers* (64 people, 23.2%); *outreach activities* (62 people, 22.2%); *word of mouth* (53 people, 19.2%); *billboards* (27 people, 9.8%); *community events* (25 people, 9.1%); *increased visibility* (13 people, 4.7%); and *mailers* (11 people, 4%).

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 30 interviews (15 in the first six months of the evaluation and 15 in the second six months) ranging from 30 minutes to one hour. Participants were compensated for their time with a \$10 Visa gift card. Interviews were recorded and transcribed prior to qualitative thematic analysis.

General Community Member Follow-up: Sample Description

Among the 30 community members we conducted follow-up interviews with, the average age was 41, ranging from 21 to 61. Twenty-four people we interviewed (80%) identified their race or ethnicity as White, four (13.3%) identified as Latinx, one (3.3%) as Asian, and one (3.3%) as Black. When asked how they describe their gender, 11 community members (36.7%) reported identifying as men, 14 (46.7%) as women, two (6.7%) as non-binary, two (6.7%) as agender, and one (3.3%) as trans-masculine.

General Community Member Follow-up: Findings

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

Calling 911

As in every previous evaluation report, community members shared their feelings about calling 911 in general and using 911 to reach PSR. Some community members described calling 911 to ask for PSR, and others who were historically reluctant to call 911 described being more willing to call now that PSR is an option. Others were concerned about using 911 to reach PSR, specifically due to the possibility of police response, wait times when calling 911, and wanting easier and more direct access to PSR. Some participants still felt a direct line to PSR would address these concerns.

Increased Comfort with Asking for PSR Directly

As PSR has become more integrated into the city's first response system, more community members reported asking for PSR directly when they called 911, continuing this trend from our last evaluation report. Community members gave several examples where they assessed a situation, decided it seemed appropriate for PSR to handle, called 911, and asked for PSR. It is encouraging to hear about community members building confidence around their ability to assess situations in the moment, and being knowledgeable enough about PSR to determine when a PSR response could be

appropriate. This may indicate community education and outreach efforts about the program have been effective in reaching some community members.

“I went to try and get a hold of them. Because at the time the person wasn't being violent or anything like that. They just seemed to be having a mental health crisis. And so, I think what happened was they answered, I asked for Portland Street Response and then they went ahead and asked me a few questions to make sure that I guess it was the appropriate response to send.”

“There was a situation in which I had to call 911 . . . I called them twice one day because there was this one woman who was just kind of acting up on the street, throwing trash, all this type of stuff. So I thought, ‘Okay, this is where I would imagine Portland Street Response would be appropriate.’”

More Likely to Call 911 now that PSR is an Option

Other community members, who had been reluctant to call 911 in the past because they found the responders unhelpful expressed being more willing to call 911 now that PSR is a response option:

“The last time I called 911 was for somebody that overdosed. But other than that, I don't feel comfortable calling 911 because I don't feel like they're going to be a help. Since I know now that PSR responds to 911 calls, that has made me more open to calling 911.”

Concern about Use of 911 Resources

One community member liked the simplicity of calling 911 to reach PSR but was concerned about clogging up 911's queue with less urgent issues. She described calling 911 and being put on hold before she could state the issue she was calling about:

“Personally, I love it. It's easy to call because it's just 911. But I hate that there's always a wait to get through to 911. Because I always think about, ‘Oh my gosh, if this was somebody who just had a heart attack, or someone was just hit by a car and they're dying, and I'm on hold, and someone else is calling for something that's not as life-threatening.’ I love that it's easy to get through with just the one phone number. I would love it if it could instantly be pushed into it somewhere where you're not taking up that phone line, or something. That's honestly, my

biggest hesitation in calling Portland Street Response in the future is I don't want to take up a spot on the phone that could be literally killing somebody else because they're not getting lifesaving care in that moment. That's my only frustration with this, the way the system is set up right now, from my own experience.”

Skeptical about PSR's Connection to 911

Some community members, particularly those who worked directly with unhoused people, remained skeptical of PSR being dispatched through 911. They explained that PSR being dispatched through 911 meant that PSR could be accompanied by the police at any point, and calls they made that were intended for PSR had the potential to result in police being dispatched instead. Avoiding police presence whenever possible has been an ongoing concern, echoed in previous evaluation reports. As mentioned elsewhere in this section, some community members have become more comfortable calling 911 and find 911 an easy and memorable way to reach PSR. However, it is important to note that many community members who work most closely with unhoused people—one of the major populations PSR serves—remain uncomfortable with its association with 911.

“We never want the police to be involved, so it's always pretty traumatic when the police show up. Yeah, it's like when you call 911, there's always a chance that the cops are going to show up. And I would say that is a barrier to the program. There's probably people that hesitate calling.”

“Yeah, I would say that without Portland Street Response there, before Portland Street Response, there really was a huge lack in knowing who to call if someone was having a crisis, because most folks did not want to call the police, and there is still some hesitancy around using 911 as it was devised to contact them and have it be filtered through that system. So it's been a process of trust-building, and I feel like there's been a lot of trust built, at least by the people I've worked with and who I've talked to about the program.”

Experience with PSR

In earlier evaluation reports, community members spoke extensively and overwhelmingly positively about their experiences with and observations of PSR in the field.

“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.”

In this evaluation report, community members continued to speak positively of PSR, and also spoke in more depth about other aspects of their experience with PSR, including trust-building, shared values, and their observations of unhoused people’s perceptions of PSR.

Learning to Trust PSR

This round of evaluation included several interviews with community members who are also involved with local non-profits and grassroots mutual aid groups. These interviewees spoke about the process of building trust between their organizations and PSR, and between unhoused community members and PSR. They noted that building trust with populations that have been marginalized, such as unhoused people, is a long and delicate process. However, organizations are beginning to trust PSR because they are seeing their clients have positive experiences with PSR.

“...They've consistently maintained our trust through the interactions and the feedback that we're getting from our community. So we trust them because of our personal experience, but also because so many of our customers, the ones who do know of them, have positive things to say, and we really like to follow the guidance of our community. And so really, we trust them because the people we work with trust them. . . I mean, that's the key aspect of all of our work, especially with unhoused folks and really any minoritized population. There have been so many broken promises and so much broken trust that we need to maintain as much of it as possible.”

Another respondent noted that PSR’s connection to the city’s emergency response system, specifically the possibility of police co-response (building on an earlier theme in the “Calling 911” section) could undermine the hard-won relationships with unhoused community members and community-based groups.

I know that with Portland Street Response soon to be required to assist in sweeping camps, that's going to hurt the public's trust in PSR the same way.

“PSR is being forced to regress in their mission a little bit by not being allowed to give out tents, participating in sweeps, things that are more punitive and harmful, but that feels like it's out of their hands. But then again, that is what the organization is doing.”

Shared Values with PSR

Several service providers described how PSR's values aligned with their own. This increased their comfort with using the program and collaborating with PSR.

“I mean, the best interest of the community member is at PSR's heart. I truly believe that. There's a few people that work for PSR that I've personally spoke with and work with, and I know that that's where their heart is.”

Unhoused Community Members Asking for PSR

Respondents also described cases where unhoused community members asked specifically for PSR. This is encouraging and speaks to the trust that has been built between PSR and the unhoused community:

“The houseless people that I do have a good rapport with have spoken really positively of them [PSR] and seem to be benefiting. I've even had someone come in and say, ‘Hey, can you call Street Response for me? I need some help right now.’”

“And even I got feedback from this person, sometimes they have asked me to specifically call Portland Street Response for them, so I don't want to assume, but it seems like they've had general good interactions if they're asking for them again.”

Improvements

When potential improvements to PSR were discussed, community members continued to suggest changes that have been recommended in previous reports. These changes include expansion of the program, quicker arrival times, and more community education about the purpose of the program (i.e., when it is appropriate to request PSR). Now that PSR is more established and integrated into the city, service providers were also able to share perspectives on the difficulties navigating service systems, and the need for better coordination of resources.

Expanding the Program

Echoing previous evaluation reports, nearly every respondent recommended PSR expand both in terms of operating hours and increased staffing. One participant saw expanding PSR as directly related to its ability to reduce the harm caused to unhoused people in encounters with police.

“I know the program's expanded. I know it's gone citywide. I know it's still not 24 hours, which feels like it should be better, because a lot of bad things happen in the middle of the night.”

Like, if they've got people that are in North Portland and then some that are in Northeast Portland, and then some that are in Southeast Portland, where it wouldn't have to take too much time when a call comes in for PSR to get there, instead of law enforcement getting there. Because I feel like if they were in more areas, there are more people, then it would eliminate more people potentially getting harmed by law enforcement.”

Quicker Response Times

Continuing from our evaluation report on the first half of Year Two, community members reported varying experiences and levels of satisfaction with the time it takes PSR to arrive on the scene. Some community members described PSR arriving quickly or were satisfied with the length of time it took PSR to arrive. Others felt PSR's response time was too long, was inconsistent, or described cases where PSR did not show up at all. One community member pointed out that if PSR is to be considered an emergency response team, it is imperative that they arrive quickly. These varying experiences are likely due to many factors, including ongoing staffing issues described in the staff section of the report.

“I have personally called them about five times, but in my time since they've come into availability, I think we've called them more than 20 times to [workplace]. It's been overwhelmingly positive. There have been a few times where maybe they were too busy and they didn't show up, a police officer showed up instead, or an ambulance showed up instead.”

“They take a lot longer, and I'm sure that's just because of staffing and funding and all those kind of things, but it is hard when they should be under the emergency response. And so it's like... One time we've called for an individual who was experiencing mental health needs at our office and just exceeded what our staff and myself was trained on. And so we called, but by the time they responded, it was an hour later and it's like, well, we had to figure it out by then,

and we did. And luckily, with more de-escalation on our side, it ended up being fine, but an hour is not an emergency response. And so that's one of the most frustrating things.”

Ongoing Community Education

Organizations that collaborated with PSR on community events continued to report positive experiences. However, there are still some areas where respondents recommended further community education about PSR. Some community members felt the program needed to be more widely advertised, but also acknowledged that knowledge of the program would eventually spread through the city via word of mouth. Indeed, in our evaluation data collection we observed higher levels of knowledge of the program in neighborhoods where PSR had been operating for a longer period of time.

“I think these are the sort of things that happen by word of mouth. I've told my friends about it and a lot of them have said, ‘Oh, I didn't know about that.’ The more that it's effective and visible, then the word will get around. . . Honestly, I think word of mouth is one of the best ways for word to get around about something that's good. Because if it really is good and it solves a real problem, then people will talk about it.”

Among community members who were already aware of PSR, some were still confused about the specific services PSR offers. This was in terms of who the PSR team members are (some respondents thought they were volunteers, or solely mental health professionals) as well the appropriate scenarios in which to call them. Some community members had encountered other programs such as Project Respond and Clean & Safe, and were unsure how these programs differed from PSR.

“I have seen kind of a mixed understanding of who's responding to the calls. Is it just a person that got hired with Street Response? Is it a social worker? Is it an EMT with mental health training? Maybe some more organization or even just clarification on who's coming would be helpful to understanding. Sometimes it's just a person with a Street Response shirt, and sometimes it's a group of social workers that show up. . . Maybe just more organization about how they're responding to what calls, and then the clarification of who is actually working there.

Another community member pointed out that 911 triages the appropriate calls to PSR. They felt if more community members were aware of this it would take the pressure off them in terms of learning about specific situations in which they should request PSR.

However, this requires community members being comfortable calling 911 regardless of outcome, which was not the case for every community member we interviewed.

“And I'm unsure that people realize that it's just a matter of calling the 911 or non-emergency, and then it sounds like they triage that at that point to the proper people. So, I feel like that takes the pressure off of a lot of people trying to figure out who to call. I'm curious if they all know that they can still just call 911 or non-emergency and it's going to actually dispatch the correct people.”

Value of PSR to Community

Overall, the community members we interviewed continued to believe that PSR adds tremendous value to the community and provides a first response option that is sorely needed. Community members continued to contrast PSR's unique skillset with the skillsets of other first responders. They noted that, historically, they had unhelpful or even harmful interactions with other first responders. They also expressed that PSR's presence would allow other first responders to be dispatched to situations more appropriate to their training.

PSR has a Unique and Much-Needed Skillset

Community members continued to praise PSR's unique skills, particularly the care and empathy they saw displayed by PSR teams in the field.

“They came and they just kind of sat and talked with her for a minute, got her outside and chatted a bit, and they went on their way. It seemed like at least what happened is they gave her what she needed in that moment, and then they also made sure that we were safe just being people that are at work. That was a pretty positive time. They handled the heightened emotional state that she was in really well. I thought it was great.”

Community members also spoke to PSR's role as a first response program, and its ability to provide immediate services as a unique strength:

“PSR brings this sense of immediate services, being able to get people into whatever kind of help and support that they need in the moment. They don't have to wait on waiting lists or nothing like that to get people into places, or anything like that. They can make things happen in the moment. I think that that particular service is highly helpful and benefits the community a lot. Because, if it was me trying to get the same service for someone, my peer and I would likely have to wait, versus PSR being able to make that service happen in the moment.”

A More Appropriate Response

As in previous evaluation reports, multiple community members discussed how PSR is a more appropriate response to mental health crises than police. They felt that responding to these situations should not be part of the police's job, given their training does not focus on these areas. They noted that PSR taking on these calls freed up police for other, more appropriate calls.

“I'd rather free up the resources for police to be responding to the type of thing that they're supposed to be here for. And yeah, I think if somebody is not being a danger, then it's sensible to treat them more compassionately and peacefully... I think it's better to have somebody that's trained in mental health counseling, and somebody with the healthcare background. In that respect, it seems like it's a really good idea and I'm glad I got to see it play out the way it was supposed to play out.”

“I definitely like that there's an option for people who are more specifically trained in those things [mental health] to be able to be dispatched... I have met some officers who seem like they care about their community and seem to approach things with compassion, but at the same time, it's nice having a bit more of a guarantee that someone who is better equipped to handle a mental health crisis can show up since that is something that we deal with quite a bit in Portland.”

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 four 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. Community members also report feeling safer calling 911 knowing that PSR is now an option for response.

This is all encouraging and should be seen as a win for the city of Portland—and indeed cities across the country are learning from Portland's innovative model. However, despite these successes and national influence, there are both internal and external factors that risk stalling PSR's growth and continued success. These factors will need to be attended to carefully to keep PSR on the successful track it has been on since its implementation.

To assist with this and to outline near-term and longer-term priorities, we will now revisit, review, and expand upon the recommendations we offered up in our Year Two midpoint program evaluation. Within these previous recommendations are new suggestions for programmatic improvement and continued expansion. We note that some of these recommendations are specific to the internal operations of the program, while others will require broader systems-level changes that will enable the program's success and sustainability over time.

1. Continue to Address Staffing Issues that Impact Program Success

Ensure Adequate Staff Coverage for PSR to Operate 24/7 as a Multidisciplinary Team

As we noted in our previous report, staffing shortages were arguably the biggest challenge during the first six months following the citywide expansion of Portland Street Response. 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. There has been progress in staffing up in meet the demands of the ballooning call volume, which increased by over 500%

between the first and second year of the program. Encouragingly, increased staffing has resulted in fewer calls cancelled on scene because clients cannot be found (down 15 percentage points between the first six months after PSR expanded citywide and the second six months) and also increased rates of call diversion from police (up one percentage point both for all calls and also for specific dispatch types that PSR most frequently responds to, including welfare checks and 'unwanted persons' calls).

However, despite these improvements, staffing shortages and turnover remain a considerable challenge and barrier to the program's success, resulting in fewer teams in the field at a given time, fewer direct supervisors to support staff, and delaying the 24/7 availability of PSR's services. A spending and hiring freeze within the Portland Fire Bureau announced by Commissioner Rene Gonzalez in February 2023 came at a critical juncture as new PSR staff were preparing to be hired, onboarded, and added to the team to prepare for its expansion to 24/7 coverage. The expansion was originally slated for late winter/ early spring 2023, but the timeline for this expansion is now uncertain given the hiring freeze. We have recommended that PSR should be available in all parts of the city at all hours of the day since our first evaluation report released in October 2021. We also continue to hear about the importance of PSR being available 24/7 from all stakeholder groups we interview for the evaluation. For example, BOEC dispatchers noted that PSR being available 24/7 would simplify their workflow considerably and eliminate their own confusion about when PSR is or is not available. It would also reduce confusion and frustration from community members and other first responders who request PSR's services but are told by dispatchers that the team is not available. Further, it would eliminate the need for PSR to transfer calls back to police or other first responders at the end of their day. They would simply roll these calls over to the PSR night shift, who would then roll remaining calls over to the next day shift, and so forth. Being available 24/7 would also help address community members' concerns about calling to request PSR and having police respond instead.

Staffing shortages resulting from the hiring freeze, staff turnover, and also EMTs being taken out of the field for training have also meant that more crews are responding with two mental health crisis responders instead of a mental health crisis responder and an EMT, especially on the weekend shifts. The presence of both mental health and medical experts within the same team is a strength of PSR's model, and something that sets it apart from other first response and mobile crisis programs. Staff speak enthusiastically about this multidisciplinary approach to their work. Sending out crews without an EMT present is counter to the program's mission and design and diminishes their ability to provide integrated care to their clients. Addressing this area of staff shortage should be a priority moving forward.

In our last report, we recommended that the program should consider adding staff who can spend more time in the field with clients following calls so that the responding unit can get back in service more quickly. One of the hallmarks of Portland Street Response—and a strength noted by numerous stakeholders we spoke with in our 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. Having staff available who could arrive on-scene following a response 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. In December 2022, PSR implemented a new roving unit called PSR90 to relieve the responding unit in the field, connect clients to follow-up services, respond to requests for resources from other first response units, and assist with transport to shelters during extreme weather events. This expands the services that PSR can offer to other first responders and to the community and helps other PSR units continue responding to new calls.

Clarify Roles and Encourage Connection Between Teams

A common theme across our interviews with PSR staff has been 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 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. However, having additional clarity about roles and responsibilities would provide staff with more predictability and help ensure that clients receive the best care possible. Work is currently being done to make the roles more clearly defined and to better integrate Community Connect staff into the first responder work. Specifically, there is interest in having peer support specialists more consistently available to ride alongside first responders to assist with the initial contacts with clients in the field. This is a positive direction and aligns with recommendations we heard from numerous staff members in our interviews. However, it is also important to make sure that Community Connect staff are available to provide follow-up support to clients and make referrals to housing and health services. It will be necessary to increase hiring of both community health workers and peer support specialists to be available to do this work.

In our last report we also discussed concerns about 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) given the latter group's move to the Community Connect program and a new physical office separate from first responders. While some Community Connect staff continued to report concerns about this separation, most staff appreciated having a quieter office to work on client follow-up and felt a stronger sense of cohesion and support in this new space.

As peer support specialists begin to ride in rigs alongside first responders more regularly, there will be natural opportunities for collaboration between staff. Encouraging connection between team members will also be important when night-shift teams are added to the program. During the pilot year of PSR, the night team reported feeling isolated with fewer opportunities to train and overlap with the more experienced day and swing shifts. Having direct supervisors available during night shifts will aid in this, but it will be critical to consult with night-shift staff about whether they have sufficient opportunities to interact 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. Continue to Provide More Structure and Support

Refine Protocols and Training

Throughout our interviews during the second year the program, staff have expressed the need for more structure and support. 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 fieldwork. More clearly documented policies and protocols would provide greater consistency of practice and also be helpful as training materials when onboarding new staff. Video tutorials would also be helpful, both for internal purposes and to share with program partners to help them have a better sense for how PSR operates in the field. We recognize that program leaders are aware of these needs and working to finalize protocols. We also recognize that the Community Health Division was operating without a Division Chief for several months which likely contributed to the lack of structure experienced by staff. Our understanding is that PSR policies and protocols are drafted and awaiting final approval by PF&R leadership. There is also ongoing work being done to update and finalize call criteria and policies with BOEC partners that are waiting on approval from the Portland Police Association (PPA).

In addition to refining policies and protocols, 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. In our most recent interviews with staff, they noted that trainings had been revised to better integrate field-based shadow shifts with the classroom training.

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. While charting and data entry on the PSR first responder side has been more consistent, there have been challenges with data collection and charting among Community Connect staff, which may result in underreporting of the valuable work that peers and community health workers are doing with their clients. These challenges may be due in part to the ImageTrend software, which is designed to be used for charting EMS data and may not be as conducive to entering client case management data. It may also reflect the need to be clear during onboarding and training how important it is to enter data consistently so that it is clear what work is being done, what referrals are being made, and the outcomes of this work. Community Connect supervisors are aware of the importance of data collection and have implemented new strategies for supporting staff in this area.

Expand the Role and Availability of Clinical Supervision

One area we have focused our recommendations around in each report pertains to staff supervision. Staff have direct supervisors who assist 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 most staff. It can be difficult to make time for clinical supervision amid everything else staff are doing. However, given the high stress nature of their jobs, and especially considering the burnout and compassion fatigue that many staff are experiencing (and which is also illustrated by upward trends in the quarterly Professional Quality of Life surveys we administer to staff), it is imperative that staff engage in individual clinical supervision at least monthly, but preferably weekly or biweekly. In previous reports, we have recommended working with staff to block out and protect times in their schedules for this important supervision work. However, staff report that scheduled supervision times are often preempted by other meetings or being delayed responding to calls in the field. Staff must be supported in making clinical supervision a priority both for the sake of their own professional well-being, and also for the sake of the clients they serve.

In our last report, we also discussed the possible 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 an external contracted supervisor. This would enhance direct access

and connection to someone with advanced expertise in mental health, which most staff report is currently lacking. There has been some success since our last report in implementing semi-regular group clinical supervision provided by a direct supervisor who is also a licensed clinician. However, in order to scale this practice up, the program will need to hire additional direct supervisors who are licensed clinicians. Having this support in place will be necessary before the team begins responding to higher acuity mental health calls involving suicide or writing Director's Custody Holds. In addition to considering the blending of direct supervision with clinical supervision, it is also important to continue providing staff with opportunities for external clinical supervision in cases where they may not feel comfortable talking with a direct supervisor about a work-related issue with a colleague, supervisor, or manager.

Enhance Transparency and Provide Opportunities for Shared Decision Making

In each report 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 PSR has expanded, some staff report feeling disconnected from program leadership and feel that decisions that impact them are often made without first consulting them. These concerns have been amplified in recent months, and staff have reported feeling blindsided and demoralized by the dismissal of PSR staff just days prior to the end of their probationary periods and by top-down directives from Fire leadership that seem to be in direct opposition to the mission of the program.

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. Community Connect staff have noted the value of having the staff, supervisors, and manager all together in the same location, which provides more opportunities for both formal and informal communication and creates a greater sense of cohesion and support among colleagues. On the other hand, PSR first responders have noted that their physical separation from their program manager (whose office is located in a different fire station), as well as the hierarchical reporting structure between staff, supervisors, and management, has enhanced the disconnection they feel. In response to this, it is our understanding that the PSR program manager is now spending more time at the same office as staff and working to create more opportunities and meetings with staff to engage in idea sharing and build back trust and cohesion.

There is also a need for greater transparency and more regular communication from supervisors and/ or managers pertaining to job performance so that staff have a clear record of how they are doing and areas for needed improvement well in advance of the end of their probationary periods. It is our understanding that PSR management has implemented a more regular and transparent process for evaluating staff, with clearer communication of performance targets and areas for improvement.

3. Continue to Refine Call Criteria and Call Type

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 PSR staff, other first responders, and community members generally support this recommendation.

As one PSR staff member said about responding to calls inside residences, *“That’s a component of working in the mental health field. We go where the people are. We meet them where they’re at. That might be in their own personal residence. Just because they’re housed doesn’t mean they’re not having similar or related mental health crises.”* The team is ready, willing, and experienced in responding to calls involving mental health distress and non-emergency issues inside residences. They understand the need for safety protocols and gathering information about any potential risks before entering the residence. Given both the team’s willingness to respond to calls inside residences, and also the powerful role it will play in enhancing the scope of those they can serve, responding to calls inside residences should remain a priority area for program expansion.

Similarly, PSR staff are well equipped to support community members on calls involving suicide risk. One staff member said, *“When Portland Street Response has the infrastructure to support it, I think that would be a really good thing for us to do. I know that when it comes to my expertise and the work that I love to do, those are the kinds of calls where I see myself being highly motivated to participate.”* Currently, PSR is not dispatched directly to calls involving suicide; and they must request co-response from PPB or Project Respond if someone on a call presents a risk of harm to themselves and needs to be hospitalized. While some staff have understandable concerns that responding to calls involving suicide and writing Director’s Custody holds risks casting PSR into more of an enforcement role, we encourage continued exploration and consultation with program partners regarding the feasibility of bringing this call type into scope.

Finally, while not directly associated with one specific call type, the ability to transport clients directly to hospitals, shelters, drop-in clinics, and medical appointments would expand the role that PSR can play in connecting clients to needed services following calls in the field. However, thus far the team has had to rely on cabs, bus tickets, or other first responders to transport clients to services. One PSR staff member said, *“I don't really understand why we can't transport. It's really expensive to call a cab every single time. It's really expensive to pay two people to wait with somebody, and to have a whole rig out of service for hours.”* During the winter weather emergencies of 2023, Multnomah County granted temporary permission to PSR to transport clients to warming shelters. It is worth examining the feasibility of being able to transport clients in non-emergency scenarios as well. There may need to be some modifications made to PSR vans to ensure they are accessible for all clients, but the ability to provide transports to make sure clients get to shelter, walk-in clinics, medical appointments, and so forth could enhance the success rate and impact of PSR's services considerably.

As we noted in our last report, we recognize that current staffing limitations might make it challenging to expand call criteria. 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. Continued persistence and advocacy are needed to arrive at shared agreements with PPA and Multnomah County (who would need to approve the team's ability to write Director's Custody Holds and provide transports) about expanded call criteria and call type.

4. Continue to Prioritize Communication, Outreach, and Engagement

With Other First Responders and Dispatchers

It has been interesting to observe the evolving relationships between PSR and other first responders and dispatchers over the course of our evaluation. There have certainly been challenges, but generally PSR has been successful in integrating themselves into the broader first response network in the city. This is encouraging, though ongoing work is still needed to educate other first responders and also dispatchers that the purpose of PSR is assisting people experiencing mental and behavioral health crisis. Many still think that the primary (or perhaps exclusive) function of the program is to address homelessness and provide resources to unhoused people, which 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 discussed these in our previous report and will revisit them here and discuss where action has been taken, and where remaining efforts are needed.

Our follow-up interviews with PPB staff continue to reflect a much-improved relationship between PSR and PPB. In our initial interviews with PPB when PSR first launched in 2021, many PPB staff we spoke with expressed opposition toward and skepticism about the value of PSR. And while some staff certainly still feel this way, the majority of PPB staff we interviewed for the Year Two PSR evaluation noted positive examples of collaboration in the field; appreciation for PSR's greater availability to take calls from police that are more appropriate for PSR; and belief in the value of the program. There are still areas for improvement, and PPB staff noted still wanting more clear documentation of PSR's policies and protocols (especially as it concerns co-response), as well as more regular reports about the outcomes of PSR calls. Both PPB and BOEC staff suggested the use of clearance codes that could be seen by other responders to see how calls were resolved, which is something that has now been implemented.

In our follow-up interviews with BOEC staff, they continued to express generally positive relationships with PSR, but they still feel somewhat detached from them and would appreciate more opportunities to learn from and with them. 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. We are uncertain whether these types of trainings or in-services are in the works but see them as beneficial ways to enhance communication and collaboration between PSR staff and BOEC staff. 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. We understand that some PSR staff have done sit-alongs at BOEC, but to our knowledge there have not been opportunities created for BOEC staff to do ride-alongs with PSR. BOEC staff reported doing ride-alongs with police and fire to get a better sense for their work in the field, especially as it relates to their dispatch work. Scheduling ride-alongs with BOEC staff, and continuing to encourage PSR staff to do sit-alongs at BOEC, should be a priority in the relationship with BOEC in the coming months.

Within the Fire Bureau, PSR and CHAT demonstrate a close, collegial relationship. This is not surprising given that they are housed within the same division of PF&R (the Community Health Division), and they respond to similar types of calls, with CHAT more focused on medical needs and PSR focuses on behavioral health needs. Staff from both programs discuss the value of collaborating with one another in the field and appreciate being able to play a multi-disciplinary role in providing care to community members. There is a recognition that many CHAT staff are hoping to move into roles as firefighters, which creates a closer alignment between CHAT and PF&R than between PSR and PF&R. Firefighters note that they have a closer understanding of 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 been doing to the extent that staffing capacity allows. Other efforts will be needed to address continued tensions between PF&R and PSR, which we will return to later in this report.

With Community Members

In addition to communication and education efforts with other first responders, outreach and engagement with community members 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 doubled from 25.8% during PSR's six months of service to 51.5% in our most recent round of surveys) and members of the general community (from 47.5% in the first six months of the program to 68.8% in our most recent surveys). 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 52.9% among BIPOC unhoused community members, and from 27.5% to 63% among BIPOC members in the general community.

This is impressive, and the improvements are due in large part to the program's emphasis on and prioritization of community engagement and outreach. These efforts included a large promotional campaign that placed 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. When we asked community members, both housed and unhoused, how they found out about PSR, 5 to 10% of both unhoused and general community members reported learning about PSR through the billboards and signs posted throughout the city.

In our last report, we noted the need for continued community outreach and education, especially in areas where the program did not yet have an established footprint. For example, we found significantly lower rates of awareness of the program in North Portland compared to downtown (where the program is most active) and Southeast Portland (where the program began). Based on this finding, PSR's Community Outreach and Engagement coordinator prioritized outreach activities in St. Johns, and in our most recent surveys, we found that rates of knowledge about PSR increased by almost 15 percentage points in that area of the city.

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 of the PSR hours and operating area.

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. As part of the promotional campaign noted above, PSR had planned to distribute a mass mailer to all Portland residents with information about what PSR does and how to reach them. This population-level strategy would have been an effective way to reach community members for whom other channels of communication have not worked. Unfortunately, the campaign was halted prior to being able to distribute this mailer when its remaining funding was reappropriated to pay for other PF&R expenses following the budget reduction within the bureau. The budget reduction has also made it difficult to move forward on having PSR's promotional materials translated into other languages besides English. This presents a concerning accessibility issue and risks excluding some community members who could perhaps benefit most from PSR's services. Printing

materials in non-English languages and other accessible formats must be a priority moving forward, and funds should be made available for this essential work.

Further, creating interactive educational materials may be helpful in combatting ongoing misunderstanding about the mission and scope of PSR's work. It is important to recalibrate peoples' understanding of the program—to provide a compassionate, unarmed response to community members in crisis, with the primary outcome goal being diversion of calls from other responders. Some ideas for educational messaging include videos documenting a typical PSR response; client or staff testimonials; and illustrated step-by-step guides detailing what PSR does and how to reach them.

Finally, it is imperative to convene a community advisory board to help provide community oversight of PSR's work. We understand this work is in progress, and the program hopes to have the advisory board in place in the next few months. This board, comprised of both people with lived or professional experience in this work, as well as general community members, will help to refine outcome goals and expectations for PSR and be a critical point of consultation before any major programmatic decisions or changes are made. This board will also play an important role in helping to make sure the program adheres to its original mission, as we will return to next.

5. Adhere to the Original Mission of PSR and Resist Scope Creep

As programs grow and evolve, there are often political and financial pressures that risk taking them off course and cause them to stray from their original mission. There have been a number of such risks over the last few years. As we have evaluated the success of Portland Street Response (including possible threats to this success), it has been helpful to refer back to the [original report](#) we co-authored with community partners that informed PSR's original implementation plan (Townley, Sand, & Kindschuh, 2019). PSR has been overwhelmingly successful in adhering to the eight major recommendations of this report: 1) PSR responds separately from police (only around 2% of their calls involve co-response with police); 2) they prioritize training in mental health, de-escalation, trauma, and listening, and they actively involve peers and people with lived experience in the work; 3) they make their clients feel safe by responding unarmed, never running warrant checks, and providing resources and supplies; 4) their uniforms and vehicles are easily recognizable and distinct from other first responders and include a logo selected by people with lived experience of homelessness and mental health challenges; 5) they provide referrals to housing and health services and help transport clients to shelters, hospitals, and clinics; 6) they provide linkages between their clients and places they can go for help, though they face substantial challenges and gaps in services pertaining to substance use disorder treatment, mental health, and permanent housing; 7) they help to educate community members about calling 911 and work

closing with BOEC to ensure that PSR is dispatched to appropriate calls for service; and 8) above all, they treat their clients with compassion and dignity and never lose sight of the importance of leaving people better off than they found them.

It is impressive that PSR has been able to remain so closely aligned with the original program mission thus far. However, recent programmatic policy changes and mandates cause some concern. In our last report, we documented a threat to PSR's core mission whereby staff discussed several instances in which police and fire staff requested their assistance at sweeps to try to convince unhoused people to go to shelters. As we stated in that report, 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.

Counter to this recommendation, Fire Chief Sara Boone presented a directive in April 2023 which requires PSR teams to be present during city-ordered homeless sweeps if requested by city workers. While PSR's responsibility would be assisting campers who may need support during sweeps—not directly carrying out the sweep—it still risks casting them into an enforcement role which will undermine the trust they have worked for over two years to develop with unhoused people and other people in crisis. Already, when we do surveys of unhoused people about their attitudes toward PSR, we hear concern from some who confuse Portland Street Response with Rapid Response Bio Clean (one of the primary services the city contracts with for camp cleanups) given the similarity in their names. These concerns would undoubtedly be magnified if they see PSR regularly present at sweeps alongside Rapid Response, police, and other first responders.

Any direct association between PSR and city-directed sweeps is not only beyond their scope of services (for which they are already short-staffed) but more detrimentally, it is counter to the central tenet of the program to not operate as an enforcement unit or use enforcement strategies in their work. In addition to concerns from PSR staff about this directive, 63% of community members polled by KATU expressed disagreement when asked if PSR should provide assistance to PF&R during sweeps. We also heard from service providers and first responders about the risk this directive poses to the program's reputation, including one PPB staff member who said, *"Once you start intertwining yourself with the enforcement arm, that's really hard to fix. Once somebody has got in their head that, 'Street Response is only here to help me until they're going to*

make me move, or until they're going to make me go away, or until they're going to find my stuff and I'm going to go to jail', you can't fix that once people think that."

Another area that risks misdirecting PSR away from its central mission concerns limiting the resources the team is able to provide to community members who are in crisis. In February 2023, amid freezing temperatures and near-record breaking snowfall, Commissioner Gonzalez ordered all bureaus he oversees (including PF&R, which houses PSR) to suspend the distribution of both tents and tarps. At that time, the ban on tents and tarps was framed as temporary but has since been updated to a permanent ban. And while staff were still able to distribute blankets and other warming supplies, the restriction on tents and tarps was a major blow to staff who viewed tents not only as essential to protecting people during inclement weather, but also a *"good way to initiate trust because it was super immediate"*, something that can offer people *"peace and quiet"* and provide *"privacy for them"* during a mental health crisis.

More recently, budget reductions and changes in policies within the Fire Bureau have curtailed resource distribution even further, taking away not only the ability to provide tents and tarps, but even basic resources like food boxes and clothing. This matters not only because these are resources that people need for survival, but it also undermines PSR's fundamental practice of developing trust and building relationships with people who are in crisis. If we think of ourselves and how we would approach a friend or family member who was experiencing mental health distress, would we not want them to be comfortable, nourished, and safe? Tents and blankets, food boxes, hygiene kits, hotel vouchers, and other resources are all critical tools for PSR. They also help the program fulfill one of its central tenets to treat people with compassion and dignity.

These threats to PSR's mission not only risk steering the program off course and diluting its impact, but they also contribute to an atmosphere of distrust, resentment, and uncertainty among PSR staff members who were drawn to this work to help people, not to harm them. Team morale is very low right now, as staff are concerned about the future of the program and their ability to keep providing this valuable service to the community.

6. Consider a New Home for PSR if Tensions with PF&R cannot be Resolved

In each of our reports, we have noted the very real benefits of having Portland Street Response housed within Portland Fire & Rescue, and we will repeat those here. 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, in each report, we have also indicated increasing concern about cultural differences between PSR and PF&R that have created serious challenges and tensions between the programs. PF&R's hierarchical reporting structure and rigid protocols for field operations may work in the context of emergency first response, but it clashes with some of the fundamental components of PSR's culture which are more rooted in social work and advocacy, including trauma-informed care, harm reduction, and the ability to be flexible in the field in order to best meet people where they are at. Our interviews with firefighters indicate a distrust of PSR due to political differences and a belief that PSR's service approach is enabling of unhoused people and people in crisis. In each report, we have recommended creating opportunities for formal and informal collaboration and team building between programs. PSR has visited fire stations to talk about their services and provided presentations about PSR at new firefighter trainings. We are encouraged by the positive collaborative relationship between PSR and CHAT, and there is hope that over time this will transfer over to improved communication and cohesion between PSR and the Fire Bureau more broadly.

However, our two years of evaluating Portland Street Response (following two additional years of assisting with the development and design of the program) have led us to conclude that there are numerous areas of misalignment between PSR and the Fire Bureau. If these differences cannot be adequately addressed and reconciled, it seems prudent to begin evaluating other possible homes for PSR that may be more nurturing of its continued growth and development. In the near term, the Community Safety Division (CSD) seems like a viable home for PSR, helping the program continue to fulfill its mission of being separate from police but still be connected to important first response infrastructure and backend services coordinated by the city. A next step should be assessing alignment between PSR and the Community Safety Division (CSD) and evaluating the potential for moving PSR here. Ultimately, if Portland Street Response is indeed a co-equal branch of the city's first response system, it should be its own stand-alone bureau, or perhaps part of a new bureau of alternative response programs that includes PSR, CHAT, the Public Safety Support Specialist (PS3) program, and others. This restructuring may be possible as the city transitions to a new form of government over the next few years.

Conclusion

Following almost two years of advocacy, development, and design, Portland Street Response (PSR) launched on February 16, 2021 with a team of four in one neighborhood of Portland, Oregon. Since that time, the program has expanded citywide, added over 50 additional staff members; responded to nearly 10,000 calls for service; consistently demonstrated an average 4% reduction in calls traditionally dispatched to police; assisted dozens of community members in obtaining housing, shelter, and connection to health services; and established itself as a trusted, necessary branch of the city's first responder system. Throughout this time, PSR has weathered an ongoing global pandemic, extreme climatic events, gaping holes in Portland's behavioral health system of care, substantial growing pains, and threats to the program's core mission. The program and its partners have substantial work ahead as they grapple with important decisions that will determine the future of Portland Street Response. However, throughout all of this, program staff have never lost sight of the transformative role they play in providing a compassionate alternative response to people experiencing crisis. As we have done in each previous report, we will close with the words of a community member served by PSR:

"I would describe PSR as a team, as people who come that genuinely want to help people. They don't want to see people hurt. And they don't want to see anything excessive or extra happen, when all that person that's going through it may need is just someone to listen to them rant and rave. Or also may just need to get into a shelter or somewhere where they feel safe at... So, PSR, I feel, is a great team of people who actually care about the community and want to make a difference."

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Appendices

Appendix A: PSR Staff ProQOL Item-Level Descriptive Statistics

Item	Mean Time 1	Mean Time 2	Mean Time 3	Mean Time 4
<i>Compassion Satisfaction Subscale</i>				
I get satisfaction from being able to help people	4.29	4.27	4.21	4.17
I feel invigorated after working with those I help	4.07	3.55	3.63	3.57
I like my work as PSR staff	4.14	4.09	4.08	3.74
I am pleased with how I am able to keep up with helping techniques and protocols in my job	3.29	3.45	3.25	3.13
My work makes me feel satisfied	3.86	3.82	3.58	3.22
I have happy thoughts and feelings about those I help and how I could help them	3.93	4.09	3.71	3.61
I believe I can make a difference through my work	4.07	3.73	3.79	3.65
I am proud of what I can do to help	4.57	4.18	4.17	3.65
I have thoughts that I am a “success” as PSR staff	3.21	3.36	3.29	3.09
I am happy that I chose to do this work	4.29	4.45	4.25	3.96
<i>Burnout</i>				
I am happy	3.71	3.64	3.42	3.30
I feel connected to others	3.86	3.91	4.21	3.96

I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	1.86	2.00	1.96	1.91
I feel trapped by my job as PSR staff	2.14	2.45	2.83	3.17
I have beliefs that sustain me	4.14	4.18	4.00	4.04
I am the person I always wanted to be	3.79	3.82	3.67	3.30
I feel worn out because of my work as PSR staff	2.64	3.55	3.33	3.96
I feel overwhelmed because my workload seems endless	2.64	2.91	2.88	2.91
I feel “bogged down” by the system	3.43	4.00	3.96	4.43
I am a very caring person	4.50	4.64	4.42	4.61
<hr/> <i>Secondary Traumatic Stress</i> <hr/>				
I am preoccupied by more than one person I help	2.79	3.18	2.88	2.96
I jump or am startled by unexpected sounds	2.64	2.82	2.63	2.65
I find it difficult to separate my personal life from my life as PSR staff	2.36	2.55	2.63	3.13
I think that I might have been affected by the traumatic stress of those I help	2.29	2.55	2.58	2.83
Because of my work, I have felt “on edge” about various things	2.50	2.91	2.71	3.43
I feel depressed because of the traumatic experiences of the people I help	1.64	2.00	2.12	2.57
I feel as though I am experiencing the trauma of someone I have helped	2.00	2.00	1.79	2.13

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I avoid certain activities or situations because they remind me of frightening experiences of the people I help	1.43	1.36	1.46	1.91
As a result of my work, I have intrusive, frightening thoughts	1.71	1.64	1.88	2.17
I can't recall important parts of my work with trauma victims	2.00	1.55	2.00	2.04

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 your 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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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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