



PORTLAND
FIRE & RESCUE



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Auditor Simone Rede
City Auditor's Office
1221 SW 4th Avenue, Room 310
Portland, OR 97204

RE: Community Health Workload Audit of Portland Fire & Rescue

Dear Auditor Rede:

I would like to thank the Auditor's Office for the review of Portland Fire & Rescue's Community Health Workload. The report makes many observations that I agree with. The commission form of government has made the work of our Community Health Section challenging. For instance, Portland Street Response and its accompanying goals were not created by Portland Fire & Rescue (PF&R), but rather were created at the Council level for PF&R to implement with little opportunity for meaningful input.

As you mentioned, the lack of an adequate safety net for people experiencing mental illness or struggling with substance abuse placed extra pressure on our programs to expand, which was often done at a reckless and irresponsible pace due to external influences beyond the bureau's control. I take it as a matter of personal pride that, with the support of Commissioner Gonzalez, one of my first actions as interim Division Chief of Community Health was to resist those external pressures to expand PSR and to slow things down sufficiently to introduce plans for program stabilization and long-term success.

Beyond this, I take strong exception to the report's assertion that a goal of Community Health is to reduce the workload of frontline crews. Insofar as the stated purpose of the audit is to determine whether our Community Health programs adequately shift work away from Emergency Operations' fire crews, I'd like to begin by addressing this most critical point of disagreement.

Community Health Goals

Simply put, the goal of Community Health is to implement the goals of PSR (behavioral) and CHAT (medical). PSR goals were not created by Portland Fire but were established for Portland Fire by Commissioner Hardesty and Mayor Wheeler, as memorialized by CAO Tom Rinehart in November 2019:

Commissioner Hardesty and her team, in collaboration with the Mayor's Office, have worked diligently to develop a Portland Street Response pilot to provide a non-emergency response to people who are experiencing a mental health crisis or have a non-urgent medical issue. The goal of the pilot is to deploy responders, trained in behavioral health, crisis intervention, and medical assistance, to reduce police and firefighter interactions with people who have not committed a crime or who do not require emergency medical attention.

PF&R was not offered the opportunity to craft or refine these initial PSR program goals. They were developed outside of PF&R and issued to the bureau for implementation. Had the Portland Street Response goals been developed by PF&R, reducing firefighter interactions would not have been included as an objective because the program is designed to respond almost exclusively to calls for service that would otherwise go to Police. 98.5% of PSR's responses are to calls that otherwise would be responded to by Police.

CHAT goals, on the other hand, were established in-house by PF&R in partnership with CareOregon, and they are intended to:

- Provide individuals who call 9-1-1 for non-emergent health issues the care they need in the moment and connect them to the right resources to get them on the path to health improvement (e.g., connected to a Primary Care Physician, enrolled on Oregon Health Plan, etc.).
- Provide education to community members regarding how to access appropriate healthcare in the future—using 9-1-1 as a last resort instead of their first option.
- Help reduce the number of individuals going to the emergency department for non-emergent issues.

The common denominator between PSR and CHAT is that neither program was designed to reduce firefighter workload. While CHAT does provide frontline crews with some relief from lower-acuity medical calls, this is an added benefit of our relationship with CareOregon, not a CHAT program goal or performance metric of our agreement.

Community Health Division Elimination

As the report correctly notes, the Community Health Division lacked adequate oversight and leadership for a substantial period until I assumed the role of interim Division Chief of Community Health at the end of March 2023.

Regrettably, the audit fieldwork that informed the Auditor's Office report's recommendations ended in May 2023 and does not reflect many of the improvements made to PSR and CHAT since that time. One unintended consequence of creating a stand-alone division to house these programs was that they became isolated from the rest of the bureau in terms of policies, procedures, and culture. To better integrate the programs into the bureau and enhance their ability to serve populations with an elevated need of medical services, I moved Community Health to our Medical Services & Training Division in July 2023, shortly after my appointment as Interim Fire Chief. Since that time, we have made tremendous improvements to the management structure and support for PSR and have improved collaboration between CHAT, PSR, and Emergency Operations frontline crews.

Performance Measures & Programmatic Adjustments

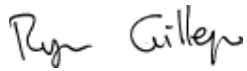
The Community Health section has created a Strategic Plan that includes the following: Continuous Quality Improvement (CQI) Program (CHAT, PSR), Operational Posting Plan (CHAT, PSR), Aftercare Team (CHAT, PSR), Overdose Response Team Pilot (CHAT), and Call Type Designations review of appropriate CHAT call types with BOEC and MCEMS.

Community health program stabilization is included in the priorities of our 2023-2025 PF&R Strategic Plan, and these include stabilization of staffing, program goals, funding, and organizational culture.

For performance measures, the Community Health section tracks key outcomes through dashboards developed for each program. The CHAT reports are submitted to CareOregon quarterly. Links to each of the program dashboards are provided below for your reference.

Finally, in terms of programmatic adjustments, we have removed the 3rd pillar of Community Health, formally Community Connect, and merged the operations of this team into an Aftercare Team that serves both PSR and CHAT.

Sincerely,



Ryan Gillespie, Fire Chief
Portland Fire & Rescue

Auditor's Recommendations	PF&R Action/Response
Portland Fire & Rescue should:	
1. Clarify to Bureau employees, the public, and City Council to what extent the Bureau is committed to operating the programs of the former Community Health Division, including expanding them where warranted. If the Fire Bureau does not intend to keep the programs, work with City Council to find the appropriate home for them if Council agrees they provide important service to Portlanders.	Portland Fire & Rescue will continue to clarify and reinforce to Bureau employees, the public, and City Council that PF&R remains strongly committed to PSR and CHAT for the benefit of the residents of Portland – especially to the benefit of those among our most vulnerable populations. We are proud of what we have achieved so far with these vital programs, and we look forward to greater success in the future.
2. Set clear goals for the programs of the former Community Health Division. If one of the goals is to reduce Emergency Operations fire crew workloads, the Fire Bureau should consistently articulate that goal.	The goals of Community Health are as follows: PSR Goals (as defined by Council) (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 (see above for more on why the impacts to fire are minimal). (3) Reduce the number of medically non-life-threatening 911 calls that are transported to the emergency department.

	<p>CHAT Goals (as defined by CareOregon agreement)</p> <p>(1) Provide individuals who call 9-1-1 for non-emergent health issues the care they need in the moment and connect them to the right resources to get them on the path to health improvement (e.g., connected to a Primary Care Physician, enrolled on Oregon Health Plan, etc.)</p> <p>(2) Provide education to community members regarding how to access appropriate healthcare in the future—so they use 9-1-1 as a last resort, instead of their first option.</p> <p>(3) Help reduce the number of individuals going to the emergency department for non-emergent issues.</p> <p>The goal of Community Health is not to reduce Emergency Operations fire crew workloads. However, we are fortunate that CHAT funding comes with the added benefit of relieving crews of lower-acuity medical calls.</p>
<p>3. Create a plan for the programs of the former Community Health Division to achieve their goals. If one goal is to reduce Emergency Operations fire crew workloads, the Bureau should create a plan and establish performance measures designed to drive progress toward that goal.</p>	<p>We are looking for City Council’s guidance regarding goal refinement for PSR, as this was a program established at the Council level.</p> <p>We have hired a Community Health Policy Analyst specifically to develop policy and a funding plan, which will assist the bureau in program stabilization.</p> <p>As previously mentioned, reducing Emergency Operations fire crew workloads is not a goal of Community Health. However, we are fortunate that CHAT funding comes with the added benefit of relieving crews of some lower-acuity medical calls.</p> <p>Strategic Plan</p> <ul style="list-style-type: none">• Continuous Quality Improvement (CQI) Program (CHAT, PSR)• Operational Posting Plan (CHAT, PSR)• Aftercare Team (CHAT, PSR)• Overdose Response Team Pilot(CHAT)

	<ul style="list-style-type: none"> • Call Type Designations, reviewing appropriate CHAT call types with BOEC and MCEMS.
<p>4. Measure the progress of the programs of the former Community Health Division toward meeting their goals.</p>	<p>The Community Health section has several data dashboards related to each program that tracks key outcome measures. CHAT program reports are developed and reported to CareOregon quarterly.</p> <p>Dashboard links,</p> <ul style="list-style-type: none"> • CHAT Response Team • CHAT Follow-Up • Portland Street Response
<p>5. If one of the goals is to reduce Emergency Operations fire crew workloads, the Bureau should measure how much the programs, taken as a whole, do so.</p>	<p>As stated during interviews with Audit staff, reducing Emergency Operations fire crew workloads is not a goal of Community Health but is a benefit.</p>
<p>6. Adjust the programs of the former Community Health Division based on whether or not goals are met.</p>	<p>We have removed the 3rd pillar, formally Community Connect, and merged the operations of this team into the Aftercare Team which serves both programs.</p> <p>We are looking for City Council’s guidance regarding goal refinement for PSR, as this was a program established at the Council level.</p>
<p>7. Develop a process to review performance measures on an ongoing basis.</p>	<p>Quarterly reports are already reviewed for the CHAT program. Similar reports are in development for internal review for PSR. See data dashboard links above for review of performance measures.</p>