

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

Portland Street Response: Year Two Mid-Point Evaluation

December 2022



Research Team and Acknowledgements

Research Team

Greg Townley, PhD (Lead Evaluator)
Emily Leickly, MS

Suggested Citation

Townley, G., & Leickly, E. (2022). *Portland Street Response: Year Two Mid-Point Evaluation*. Portland State University Homelessness Research & Action Collaborative.

Contact

Greg Townley, PhD- gtownley@pdx.edu

Acknowledgements

Thank you to the entire Portland Street Response team, the PF&R Community Health Division, and the Office of Commissioner Jo Ann Hardesty who provided invaluable feedback and assistance to inform the evaluation.

Thank you to Street Roots Ambassador Program Manager Raven Drake and Ambassadors Chris, Craig, David, Diamond, Jack, Justine, Rachael, Robert, Shaggy, and Sonya for leading the surveys of the unhoused community; and to Desiree' DuBoise, Kenna Dickard, and Holly Brott (Portland State University Department of Psychology) for assistance with data collection.

Thank you to Andy Stevens (Portland Street Response); Melanie Payne and Kidus Yared (Bureau of Emergency Communications); and Lauren Brown and Christian Peterson (Portland Police Bureau) for assistance with data reports and interpretation.

Thank you to Izzy Watkins with the Homelessness Research & Action Collaborative for graphic design for the report.

Finally, we are grateful to everyone who spoke with us about their experience with PSR. This report would not have been possible without your willingness to share your voice.

This work was funded by the City of Portland Bureau of Fire and Rescue.

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

Executive Summary

Introduction

Overview of the Program

Portland Street Response (PSR), a program within Portland Fire & Rescue (PF&R), assists people experiencing mental health and behavioral health crises. The program operates daily from 8 AM to 10 PM and responds to calls throughout the city of Portland. The team consists of mental health crisis responders, community health medics, community health workers, and peer support specialists. PSR is dispatched from the Bureau of Emergency Communications (BOEC) when a caller reports one or more of the following *and* the individual has no known access to weapons and is not displaying physically combative or threatening behavior:

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

Overview of the Evaluation

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

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

The mixed-methods evaluation is comprehensive, community centered, and includes feedback from a variety of stakeholders and sources, including interviews with unhoused community members and others served by Portland Street Response. This evaluation report covers the first six months following the citywide expansion of PSR (April 1 to September 30, 2022). However, the evaluation is ongoing and will culminate in a full second-year program review in spring 2023.

Program Performance and Outcomes

Call Characteristics

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

Outcome Goals

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

The PSR call load represented a 3.2% reduction in total calls that police would have traditionally responded to during PSR's operating hours.

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

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

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

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

PSR was able to resolve the vast majority of its calls in the field, with only 61 clients (1.9% of all calls) transported to the hospital for additional care.

Resources and Follow-up

Clients served by Portland Street Response received a variety of resources to address their basic needs, including 1,012 snacks or food boxes; 1,000 water bottles; 473 tents or sleeping bags; and 391 clothing items.

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

Community Engagement

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

Stakeholder Feedback

Unhoused Community Members and Others Served by PSR

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

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

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

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

PSR Staff

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

Other First Responders and Dispatchers

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

General Community Members

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

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

- 30 of 164 community members (18.3%) reported specific interactions with PSR, most typically calling 911 or the non-emergency number to request assistance and meeting the team when they responded in the field.
- Almost half of those we spoke with (80 people, 48.8%) reported not feeling safe calling 911 if they or someone else needed help, with many people discussing concerns about delayed service or non-response, and others being concerned that calling 911 might negatively impact other community members, especially people of color and people experiencing homelessness.

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

Recommendations and Conclusions

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

1. Addressing Staffing Issues that Impact Program Success

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

2. Provide More Structure and Support

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

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

3. Refine Call Criteria and Call Type

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

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

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

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

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

6. Continue to Prioritize Community Outreach and Engagement

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

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

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



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