Audit report:

Portland Fire & Rescue: Community Health Division programs need guidance and leadership to provide Portlanders with the services they need and reduce demands on firefighters



January 10, 2024

Portland City Auditor
Audit Services

Contents

Summary

Few would argue that Portland has the emergency response system it wants or needs. It may start with a long hold time when someone calls 911. The Portland Police Bureau and Portland Fire & Rescue have long response times and don't always send the responder that makes the most sense for the situation. The ambulance system that operates in Portland is slow and doesn't have enough paramedics. Compounding these challenges is an obvious crisis on the streets of Portland, where the lack of shelter and services for too many people is evident. In addition, a complicated and inadequate healthcare system does not always serve those who need care after calls to 911 are resolved.

The Fire Bureau responds to more medical calls than it does fires. Responding in the traditional way, with a fire engine or truck, as well as an ambulance, is expensive and frequently too much for what the situation demands. Portland Fire & Rescue leadership, members of City Council, and outside experts have stressed the importance of addressing the high volume of low-acuity (less serious) calls that wear down fire crews and contribute to slow response times in true emergencies. Portland Police has its own challenges sending the right response to low acuity situations and also struggles with response times to calls for service.

The Fire Bureau added the Community Health Division to the Bureau in September 2021 to help shift low-acuity calls to a different response model that would free up first responders for more critical emergencies. The Division's programs were meant to provide a more appropriate, less resource-intensive, response to low-acuity 911 calls, with a goal of reducing the demands on the 911 system, traditional fire crews, and emergency rooms.

The purpose of this audit was to determine whether the Fire Bureau was strategically building the Community Health Division to shift workload from fire crews. By taking an early look at how the Fire Bureau was building and managing this new division, our goal was to help the Bureau make any needed course corrections as it developed these important programs.

At the start of the audit, the Community Health Division had a Division Chief overseeing it and managers for each of its three programs. Then, one of the three program managers retired and the Division Chief was no longer available. Not having a Division Chief available to put forward plans and a vision for the Division made our work

challenging, and we observed that the Division seemed to be in a holding pattern without a Division Chief in place.

At about the same time, a new commissioner-in-charge of the Fire Bureau, staff turnover, significant policy changes, a lot of media attention, and other issues added to the political environment surrounding the Division. In July 2023, after our audit period ended, the Community Health Division was disbanded and its programs became part of the Bureau's Medical Services & Training Division. It is not clear which, if any, of the programs we audited will remain at the Fire Bureau, but our recommendations still apply. We also still include some references to the Community Health Division in this report for clarity and because it was in place during our audit period. After reviewing an initial draft of this report, the Fire Bureau noted that they had made additional changes to the programs we audited.

Our audit found the Fire Bureau had not established clear goals for the Community Health Division or a plan to meet those goals. The Bureau was only measuring performance for the Division in some areas, but not others, and hadn't laid out a process for adjusting programs or performance measures. We recommend clearly articulating goals for the programs of the Community Health Division, doing better planning and monitoring, and establishing a process for making needed adjustments to achieve desired outcomes. Doing so is especially vital in light of the importance of this work to the City and its residents, and the potential for the programs to help relieve Fire Bureau workload.

Background

Although it is slated to change in 2025, Portland operates under an outdated commission form of government that makes dealing with complex issues in a holistic way challenging because mayoral-type powers are spread equally among five elected officials. Each of these officials has outsize control over day-to-day management of specific areas of City business. The commission form of government made the work of the Community Health Division overly tied to the views and decisions of whatever commissioner was in charge of the Fire Bureau, making continuity of operations more challenging.

Portland also has many people who experience homelessness, and the City has an inadequate safety net for people experiencing mental illness or struggling with

substance abuse or other issues, putting extra pressure on the programs of the Community Health Division to address the needs of the City it serves.

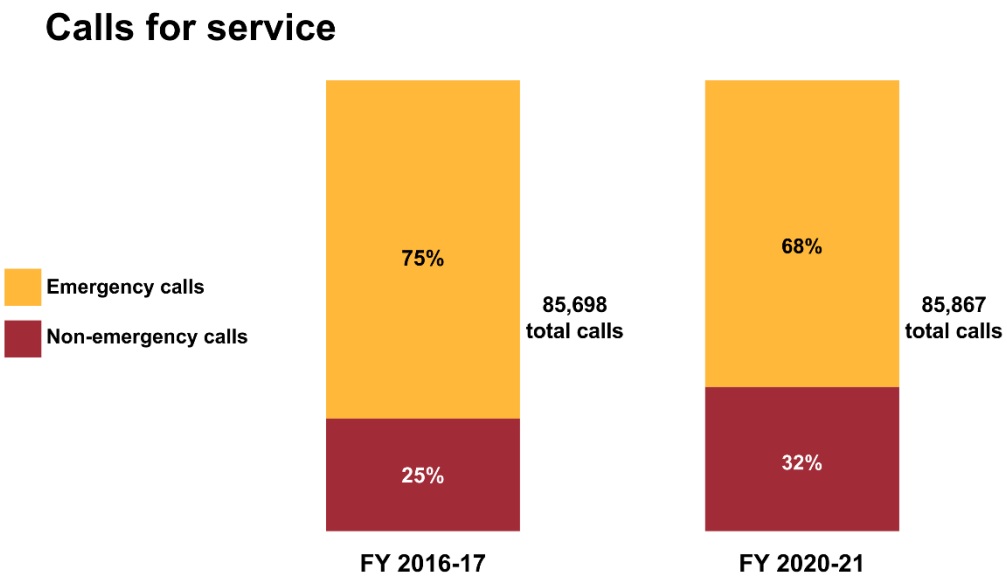
Medical calls – not all of them emergencies – dominate call volume

The Fire Bureau's Emergency Operations Division sends out fire and rescue personnel from a network of 31 fire stations across the City, who typically respond in fire engines or trucks staffed with three firefighters and one Fire officer. These first responders are also all trained as emergency medical technicians (EMTs). More than one unit may be dispatched to more serious (higher acuity) emergencies.

Besides fighting fires, calls for emergency medical services (EMS) increasingly dominate the Fire Bureau's call volume, and sending fire apparatus to those calls can be unnecessarily expensive. Of the 86,000 incidents per year to the Fire Bureau in the past three years, 63 percent were for medical incidents. These incidents encompass true emergencies such as heart attacks, cardiac arrests, and serious accidents, which require one or more fire units, as well as transportation by ambulance to an emergency room.

But the Fire Bureau also responds to many low-acuity incidents per year. These nonemergency calls often come from people calling 911 seeking help for back pain, a stomachache, or because they generally feel sick. In some cases, calling 911 may be the only way for the person to access healthcare. People who call 911 or for whom someone calls on their behalf may also be struggling with substance abuse or other unmet physical, behavioral, or other mental health need. These calls don't often require a rapid response or a four-person unit in a fire engine or truck.

Figure 1: The share of nonemergency calls received by Fire increased over the last five years



Source: Audit Services analysis/visualization of data included in City Budget Office review of Fire Bureau FY 2022-23 budget. More recent data not included due to recent changes in dispatch codes.

Until recently, the Fire Bureau did not have many options for responding to 911 calls, and its response sometimes consumed resources unnecessarily

Portland's high volume of low-acuity EMS calls can make Fire Bureau units unavailable to respond to the most critical emergencies requiring their expertise and contribute to slower response times, high fire station workloads in some areas, and low employee morale or burnout.

Low-acuity calls require an effective, compassionate response, but usually not a fire engine or truck, which is the Bureau's traditional response model. Removing some or all of these low-acuity calls from the Bureau's Emergency Operations Division workload could increase the Fire Bureau's capacity to better respond to critical emergencies and help improve response times.

Fire Bureau leadership, members of City Council, and consultants have recognized that the Bureau must identify strategies to limit the frontline resources responding to nonemergency situations. Notably, a consultant study completed in 2022 recommended that the Fire Bureau prioritize obtaining permanent funding for its new Community Health Division units to operate 24/7 citywide to help regain firefighting and acute EMS capacity and improve response times.

Alternatives to traditional emergency response were briefly consolidated under the Fire Bureau's Community Health Division

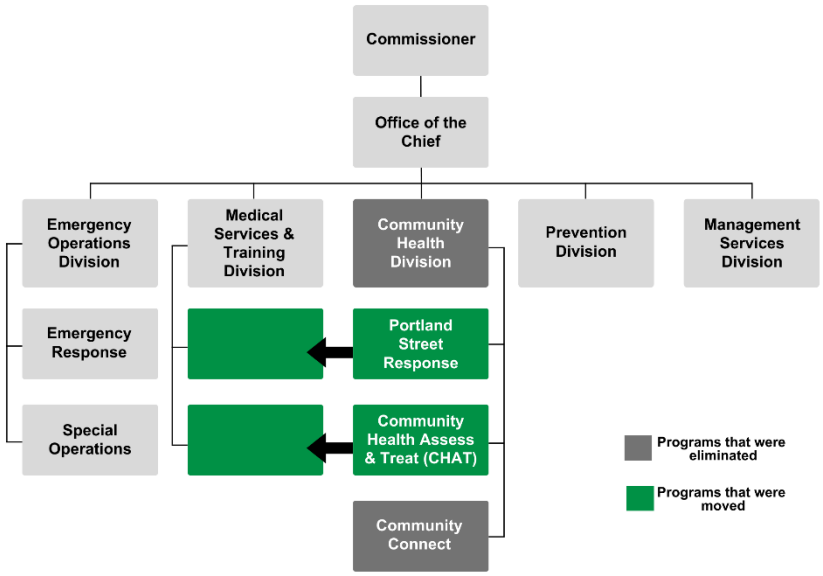
The Fire Bureau's mission is to protect all communities through a combination of prevention, community health programs, and all-hazard response to fire, medical, natural disaster, and other emergencies. By far the largest Division at the Bureau is the Emergency Operations Division, where traditional fire crews are housed throughout the City.

Traditionally, the Fire Bureau was organized into the Chief's Office and four divisions, each managing a variety of programs, sections, and services:

- Emergency Operations
- Medical Services & Training
- Prevention
- Management Services.

Over the last decade, the Bureau has taken steps to address the rise in low-acuity calls, ensure those calls receive the right response, and work to improve the health of community members. In September 2021, the Bureau consolidated many of these efforts into a new Community Health Division. The mission of the Community Health Division was to create innovative and sustainable community health programs that improve health outcomes for community members and address the increase in low-acuity call volume. After we completed our audit fieldwork, however, the Community Health Division was eliminated and its programs were moved to the Medical Services & Training Division, with the programs now reporting to a Deputy Chief rather than a higher-level Division Chief, as was the case when there was a Community Health Division.

Figure 2: Programs that made up the Fire Bureau's Community Health Division were recently moved to the Medical Services & Training Division



Source: Audit Services visualization of recent changes to the Fire Bureau's organization chart, adapted from the Bureau's website.

Note: Community Connect was eliminated after audit work was complete.

Before being eliminated, the Community Health Division consisted of three programs:

- Portland Street Response
- Community Health Assess & Treat
- Community Connect

Portland Street Response mostly focuses on reducing Police contacts but has a role in Fire Bureau calls, too

Portland Street Response was launched as a pilot project in February 2021. It was designed to provide a more equitable, trauma-informed response to community members in crisis, especially people experiencing homelessness. Championed by a former City Commissioner and modeled after a program in Eugene, Oregon, Portland

Street Response was intended to reduce the number of behavioral health and low-acuity medical calls traditionally responded to by the Police Bureau and the Fire Bureau. During our audit period, the bulk of its calls were diverted from the Police Bureau.

Portland Street Response's mobile crisis response teams are made up of mental health crisis responders, community health medical responders, community health workers, and peer support specialists. The teams are unarmed and respond in a van to nonemergency 911 calls with mental health, behavioral health, substance use, and/or general welfare components. Community Health Workers and Peer Support Specialists offer continued support to help connect clients to needed services. Although Portland Street Response is largely focused on reducing police contacts with people who are experiencing mental health crises and have not committed a crime, its goals also include reducing the number of nonemergency calls traditionally responded to by firefighters.

The program was placed in the Fire Bureau to provide infrastructure that is connected to the 911 system and to be part of the City's first responder system but separate from the Police Bureau. Initially budgeted as a stand-alone program within the Fire Bureau and later included in the Fire Chief's Office, Portland Street Response moved to the Community Health Division when the Division was created.

The Fire Bureau contracted with Portland State University's Homelessness Research & Action Collaborative to evaluate Portland Street Response, which provided four evaluations over two years.

Portland Street Response has been funded through a combination of General Fund money, recreational cannabis tax income, and American Rescue Plan Act funds. The program may also seek funding through a new Medicaid reimbursement program for community-based mobile crisis intervention services, although it does not currently meet the criteria.

After starting with one team of responders in the Lents neighborhood, Portland Street Response was operating Citywide by March 2022. Program hours are 7:30 AM to 10 PM daily. In the City's Fiscal Year 2022-2023 budget, City Council approved funding for Portland Street Response to scale up to 24 hours per day, but the program's expansion stalled due to a hiring freeze, as well as other issues, according to the Bureau.

Community Health Assess & Treat (CHAT) focuses on medical calls and relies on outside funding

In 2021, the Fire Bureau re-branded an existing program into today's Community Health Assess & Treat (CHAT), with a goal of improving health outcomes for community members by providing access to quality care and reducing the burden on the 911 system, emergency rooms, and first responders. CHAT teams are made up of two community health medical responders who respond in an SUV to low-acuity 911 medical calls. They assess and treat patients in the field and help arrange referrals and follow-up visits. A critical care nurse provides additional support when needed.

The Fire Bureau established CHAT in partnership with CareOregon, a coordinated care organization that provides health care services to low-income Oregonians. CHAT is primarily funded through grants from CareOregon, which dictates certain operational and reporting requirements.

At the time of our audit, CHAT responded to calls daily for 14 hours a day. Its hours have since been reduced, and CHAT now responds from 7:30AM to 6:00PM, Monday through Thursday. It responds to calls across the City, with a focus in Southeast Portland and the downtown core area, with teams operating from

Community Connect mostly focused on high utilizers of the 911 system

Community Connect was the smallest of the former Community Health Division's three programs, with only a few staff members. It sought to improve health outcomes for community members by connecting them with health and social services they were unable to access on their own, which the Bureau termed follow-up work. After our audit work was complete, Community Connect was eliminated. The Fire Bureau said the work that unit did is still being provided by others in the Bureau.

Community Connect offered a combination of programs focusing on high utilizers of 911, Meds on Wheels, mobile vaccination, and community education, resource, and referral and outreach programs. Community Connect also supported after-care teams from either Portland Street Response or CHAT. At the time of our audit, the program mostly focused on high utilizers and had the same funding sources as Portland Street Response.

Figure 3: The Fire Bureau's traditional response model is more resource-intensive and designed for higher acuity calls compared to alternative response models

	Emergency Operations Division (traditional response)	Portland Street Response	Community Health Assess & Treat
Call types	Fires Emergency Medical Services Other emergencies, service calls, false alarms, etc.	Low-acuity mental or behavioral health crisis and substance abuse related calls	Low-acuity medical calls
Who responds?	3 Firefighters, 1 Fire Officer	1 Community Health Medical Responder, 1 Mental Health Crisis Responder	2 Community Health Medical Responders
Vehicle	 Engine, truck, or other specialty vehicle	 Van	 SUV or Box Rescue
Response area	Citywide and the regional metropolitan area	Citywide	Citywide with focus on inner southeast and downtown Portland
Hours of operation	7 days a week 24 hours a day	7 days a week 14.5 hours a day	4 days a week 10.5 hours a day

Source: Audit Services analysis/visualization of information included on Fire Bureau's website, FY 2022-23 and FY 2023-24 requested budgets, and CHAT-prepared presentation; Citygate Associates, LLC 2022 Service Delivery and Staffing Study prepared for Fire Bureau.

Note: Hours of operation current as of December 2023.

Audit Results

With the Community Health Division eliminated, the future of its programs is uncertain

Our audit found the Fire Bureau had not provided consistent guidance or leadership for the programs of the former Community Health Division, making it more difficult for the programs to demonstrate their value. Without clear goals, a plan, and effective measures, it was also harder for the programs' staff and managers to know what they were working toward, make decisions about priorities, and adjust programs and services to better achieve desired outcomes.

According to the Bureau, they have made many improvements to Portland Street Response and CHAT since the time of our audit work. During our audit work, we saw a risk that the Community Health Division programs would not be as effective as they could be and that resources could be wasted, which would make it harder to justify continued or additional resources. Knowing that the Bureau prioritizes protecting Emergency Operations crews from cuts, we also saw risks to these important programs during difficult budget times.

During our audit period, the programs of the former Community Health Division appeared to have been caught in a no-win situation. The Bureau had not taken the needed time nor dedicated sufficient resources to plan, build, evaluate, and adjust programs. Although the Division provided a new approach, it did not help matters that it did not have a stable funding stream. Without guidance about what the Bureau wanted from them, the programs faced headwinds in proving they were worth the investment. And without capacity and staffing, the programs may now face challenges securing additional funding, as well as the support needed to continue to serve Portlanders and offset demands on traditional fire crews.

The Fire Bureau did not establish clear goals for the Community Health Division as a whole

It is vital for government programs – especially new ones with important missions – to have clear goals so that staff, elected officials, and the public understand what the programs seek to achieve. Our audit found that while specific goals existed for the

programs that made up the Community Health Division, the Fire Bureau had not established clear goals for the Division overall.

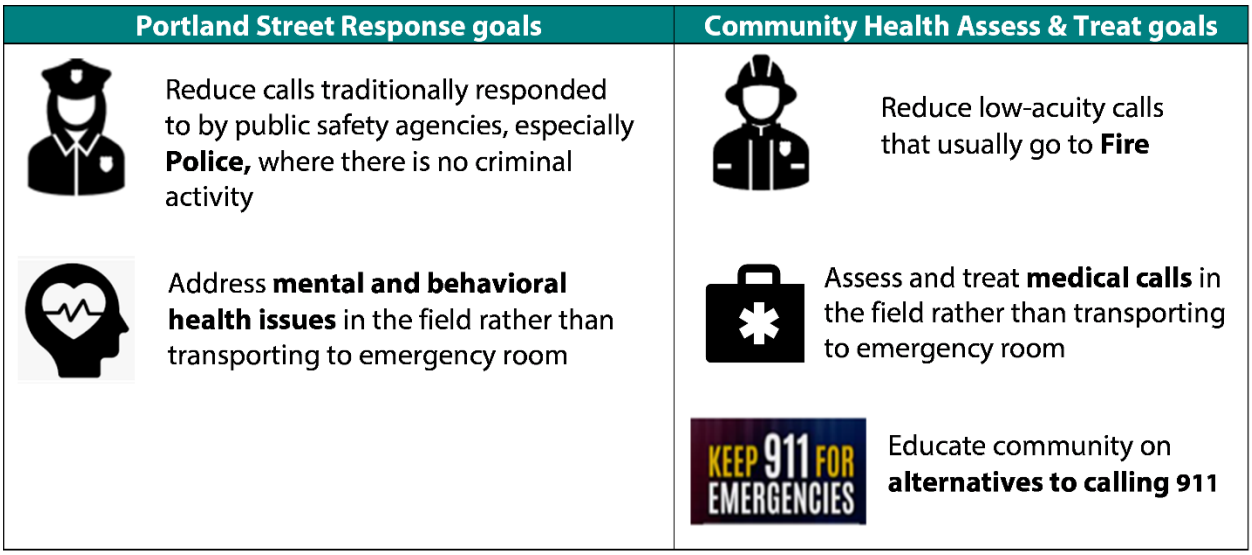
The Fire Bureau's requested budget for Fiscal Year 2023-2024 said the Division's mission was "to create innovative and sustainable community health programs and partnerships to not only improve the health outcomes of the population, but to also address the increase in low acuity call volume across the City." But other descriptions of the Division only occasionally said it should provide relief to traditional fire crews.

Portland Street Response and CHAT were each created to achieve specific objectives. According to documents we reviewed, in addition to their patient-centered goals, those objectives included reducing the low-acuity call burden on traditional fire crews. The Fire Bureau also established goals for Community Connect that focused on connecting at-risk community members to needed services.

In fact, some Fire Bureau managers disagreed with us about the findings of a comprehensive consultant workforce study completed in summer 2022. We read a strong message that the Fire Bureau should prioritize the Community Health Division as a way to reduce the number of additional firefighters the Bureau may need to hire or new fire stations it may need to build in the future, but some Fire Bureau officials said the Community Health Division programs had nothing to do with decreasing firefighter workload.

During our audit work, we heard concerns from Fire Bureau managers both about funding the Division's work as well as concerns that the Division had not been set up properly or run well. More broadly, we also encountered a disconnect between a concern that traditional fire crews have been asked to go on more calls that involve people struggling with unmet medical and mental health needs and a recognition that the programs of the Community Health Division could help alleviate that burden. That was especially true in the case of Portland Street Response.

Figure 4: Portland Street Response and Community Health Assess & Treat have similar goals, but the Fire Bureau deploys the programs differently



Source: Audit Services analysis/visualization of information included in the Fire Bureau's FY 2023-24 requested budget.

The Fire Bureau did not have a plan for meeting Community Health Division goals

It is critical for government programs to have a plan for how they will meet their goals. Putting plans in place for achieving goals helps improve and maintain effective and efficient programs.

While managers in the former Community Health Division initially told us there was a plan to craft a Division-wide strategic plan, that has not been done, and a senior Fire Bureau manager told us they did not think it made sense for one division to have its own strategic plan, given that other divisions within the Bureau do not have their own strategic plans.

When the Fire Bureau adopted its Bureau-wide strategic plan in 2020, the Community Health Division, CHAT, and Community Connect did not yet exist, and Portland Street Response was only in the planning stage. The Bureau said it was extending that plan through 2025, but it was not clear whether the revised plan would include any details about the programs of the former Community Health Division.

The Fire Bureau's strategic plan outlines major projects for the Bureau, some of which are relevant to the programs of the Community Health Division, including:

- facilitating appropriate responses through Portland Street Response;
- building out a preventative, community-based health model; and
- continuing to create innovative community health programs.

Recent budget requests included those projects, as well as the expansion of CHAT. Budget requests also called for developing relationships to facilitate community-specific health and safety solutions. Although those documents helped show the Fire Bureau's intentions for the Division and its programs, they did not outline a specific plan or roadmap for how to achieve them.

While the Fire Bureau's strategic plan said the Bureau would "manage incident run volume and address obstacles to meeting response time standards," it did not link those efforts to Community Health Division programs, even though those programs could reduce the time traditional fire crews spend on low-acuity calls.

The Fire Bureau had an uneven approach to measuring Community Health Division performance

It is less likely that organizations will be effective if they don't measure progress toward meeting their goals. Performance measurement is especially important when public resources are involved, programs are new, and important work is at stake.

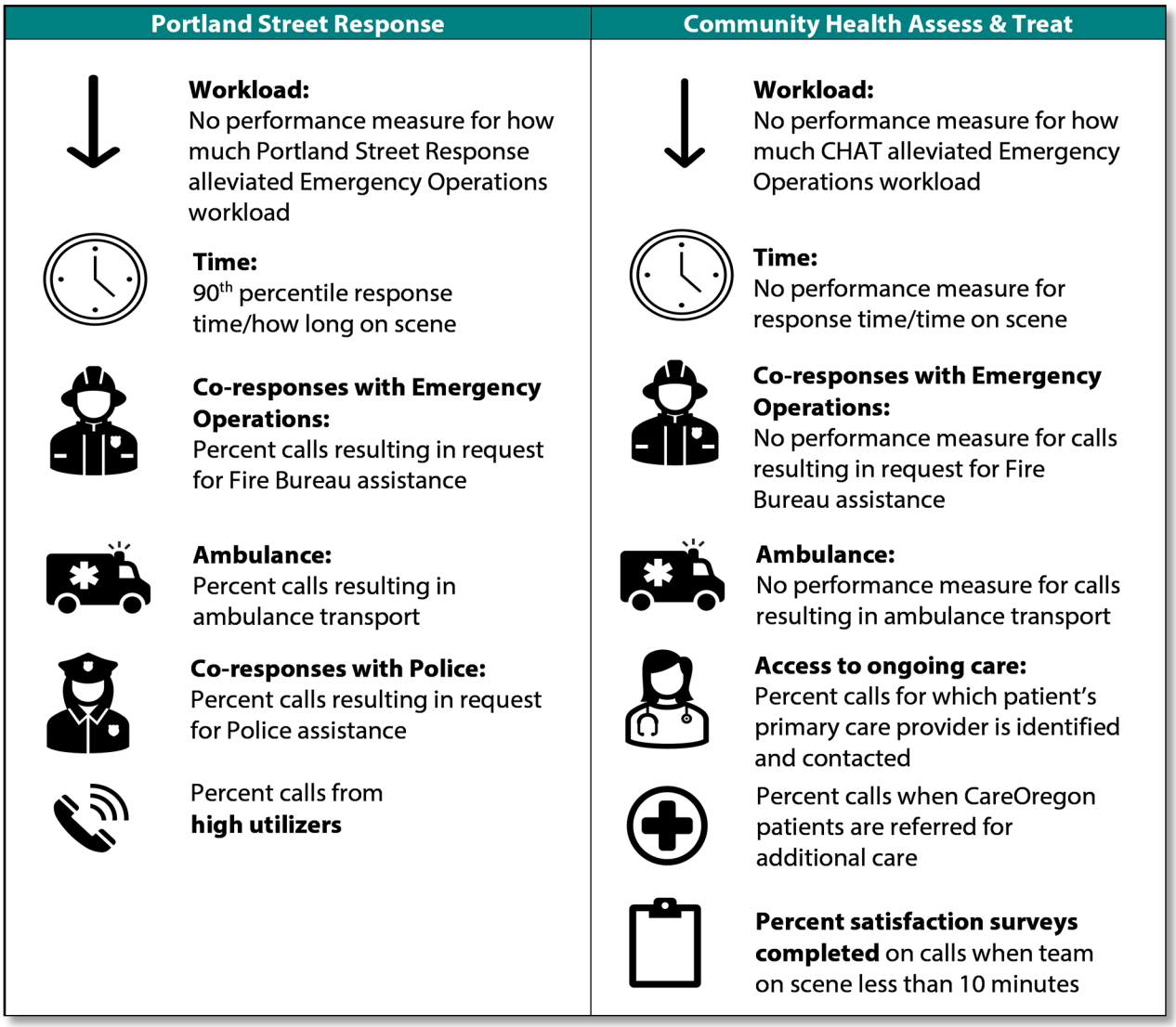
Lacking clear goals and a strategic plan for the Community Health Division, the Fire Bureau also did not systematically adopt performance measures to aid in assessing the programs' results. Adopting performance measures is an integral part of planning and increases the odds of success.

Although the Bureau put targets and measures in place for some aspects of Portland Street Response and CHAT's performance, there isn't an overarching plan for what to measure or how to do so. Portland Street Response and CHAT are similar programs and yet they don't share a common set of performance measures. Instead, unique measures were developed as each program evolved, along with different strategies for assessing performance.

For example, the Fire Bureau set targets for how quickly Portland Street Response should arrive to a call as well as how long teams should spend on scene. Those

outcomes were published in Portland State University assessments and Fire Bureau budget requests. But the Bureau did not establish similar measures for CHAT, even though having that information would help the Fire Bureau better understand CHAT's capacity and needs.

Figure 5: Despite program similarities, the Fire Bureau has different performance measures for Portland Street Response and CHAT and has not aligned their related goals to measure overall performance



Source: Audit Services analysis/visualization of the Fire Bureau's FY 2023-24 requested budget.

Notably, the Fire Bureau has not set targets for how much Portland Street Response or CHAT reduce the number of calls traditionally responded to by Emergency Operations crews even though Portland State University has tracked that metric for Portland Street Response. Although the Fire Bureau did establish call volume performance measures for both Portland Street Response and CHAT, the targets were not based on relieving Emergency Operations crew workloads, despite the outside consultant who emphasized how much the work of the Community Health Division could help reduce firefighter workload.

Similarly, the Fire Bureau is not measuring the extent to which Portland Street Response or CHAT helps Emergency Operations crews get back into service more quickly. Both teams sometimes co-respond with traditional fire units. Co-responses do not reduce the number of low-acuity calls that Emergency Operations units respond to, but having an alternative response team on-scene to offer needed assistance allows those traditional fire units to go back into service sooner, making them available for other calls which may be higher acuity.

Although Portland Street Response and CHAT have follow-up teams that work with community members after the initial response, the Fire Bureau's performance measures for the two programs focus primarily on response teams. The two programs were tracking a variety of other data, however, including about follow-up work. During our audit, when Community Connect still existed, we learned about efforts to shift follow-up resources to Community Connect so those resources could be shared among the Division's programs.

During our audit period, the Fire Bureau had not yet established performance measures for Community Connect. According to the Bureau, Community Connect's follow-up functions have now been absorbed by other staff. Its high utilizer program was meant to help reduce unnecessary calls to 911, which can help reduce Emergency Operations workload and better meet the needs of Portlanders.

At the time of our audit work, the Fire Bureau had not established targets for how much Community Connect should relieve fire station workload nor had it compiled baseline data on high utilizers in order to measure Community Connect's progress. Previously, when the high utilizer program was managed by CHAT, the Bureau touted its work as lowering traditional fire crew workloads as well as improving response reliability. The Fire Bureau also measured the success of the previous iteration of CHAT by the reduction in 911 usage by CHAT participants.

The Fire Bureau did not have a process for adjusting performance measures if they were not useful

Decisions and processes should be driven by timely, accurate, and meaningful data. Our audit found the Fire Bureau had not developed a process for adjusting Community Health Division performance measures that may not have proven to be useful in measuring the Division's effectiveness or the effectiveness of each program within the Division.

Community Health Division programs were not developed at the same time by the same entities or with the same goals, and the programs of the former division are not yet well-established or funded through the same method. Managers of the three Community Health Division programs told us that they were working on making changes or had already made changes to their programs since inception. That work was done without benefit of an overarching process for making programmatic changes or direction to do so. Establishing an overarching process was especially important because the programs were innovative, adding to the importance of figuring out what to measure to determine if they were effective. If it does not take those steps, there is a risk the Fire Bureau won't know how the programs that made up the Community Health Division perform and where to make improvements.

The Fire Bureau did not have a process for making programmatic adjustments

Knowing how a program performs is vital to making changes to achieve better results. Data-driven decision making increases the ability of program managers to use lessons learned to refine strategies.

Even though Community Health Division managers made informal adjustments to programs, staffing, policies, and procedures over time, the Fire Bureau had not established a formal process for making programmatic adjustments based on outcomes. For example, Portland State University's Portland Street Response evaluations included many recommendations for program improvement and expansion, but no one was required to implement them.

The Fire Bureau's inconsistent commitment to Community Health Division programs magnified shortcomings and contributed to an uncertain future

Although we identified several factors that contributed to shortcomings in the Fire Bureau's goal setting, planning, assessment, and adjustment of the Community Health Division and its programs, all of these issues were exacerbated by its inconsistent commitment to the programs and their potential.

The Fire Bureau described the Division as being created as "proof of concept." We understood that to mean the Bureau was testing whether the Division and its programs were feasible and had the potential to achieve their objectives. During our audit work, the Bureau seemed stalled at that step.

Clear goals, plans, assessments, and adjustments are especially important when piloting new programs, especially when resources are constrained and the programs are very different from the traditional way of doing things. At the time of our audit work, the Fire Bureau had not made enough progress along that path. It did not help that the Bureau has consistently eliminated administrative and support staff to protect Emergency Operations from budget cuts, leaving it with few resources to devote to planning and data analysis for the Bureau as a whole, let alone for a new Division that was taking on work the Fire Bureau had never done before.

Fire Bureau managers and staff told us the Bureau was not inclined to devote resources to the Community Health Division if those resources would come at the expense of its more established programs, although such a trade-off is easy to oversimplify. Bureau leadership told us funding for the Division was uncertain, and it is clear that the future of at least some of the programs – whether within the Fire Bureau or elsewhere at the City – is also far from certain.

The Fire Bureau's inconsistent commitment to the Division and its work created other challenges. Portland Street Response and CHAT teams were still not operating 24/7, even though after our audit period ended, a hiring freeze ended and vocal members of the public expressed support for Portland Street Response. And even when the programs are operating, there may not be enough teams to meet the demand for their services.

There is also a new dispatch system with more categories of calls that can be a challenging system to navigate. In some cases, there can be confusion at the Fire

Bureau about when to call Portland Street Response or CHAT. And limited operating hours also keep teams from the programs of the former Community Health Division from alleviating fire station workloads as much as they have the potential to.

Political turmoil surrounding the programs of the former Community Health Division, especially Portland Street Response, did not make it any easier for managers to set goals and effectively plan for the future. Portland Street Response was initially championed by a former City Commissioner and even housed in the commissioner's office, which may have contributed to it not being more fully integrated into the Bureau. Its work is also more closely tied to alleviating calls normally routed to the Portland Police Bureau than to traditional Fire Bureau crews, which may have added to the Bureau's inconsistent commitment to keeping it.

Now under its second City Commissioner, Portland Street Response got new guidance from the commissioner that changed the scope of its activities. Not all staff members agreed with those changes and some said they felt less supported than in the past. According to the Bureau, there were also some staff who felt more supported.

In a series of evaluations, Portland State University noted the cultural differences between firefighters and Portland Street Response workers that further isolated it from the day-to-day operations of fire stations. The future of Portland Street Response is less clear under the new Fire Bureau Commissioner, who is reportedly open to sending Portland Street Response to Multnomah County or a nonprofit contractor.

There were also personnel changes that led to uncertainty within the Community Health Division and contributed to significant gaps in leadership during our audit period. There was no Division Chief in place for several months until the Fire Bureau filled the position on an interim basis. Bureau leadership then changed the position to a lower-level Acting Deputy Chief position within its Medical Services & Training Division. Portland Street Response is now under an interim manager.

While the former Community Health Division Chief described getting the Division and its programs off the ground as "like a start-up," and said he did not feel supported in a variety of areas, Bureau leadership said the Division Chief had operated the Division too much like a separate entity and had not followed policies or established operational procedures. The Bureau said they were working on getting processes and policies clarified and working on better integration with the rest of the Bureau.

Recommendations

To help ensure that the programs of the former Community Health Division deliver their intended services in an efficient, effective, and equitable manner, 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 an important service to Portlanders.
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.
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.
4. Measure the progress of the programs of the former Community Health Division toward meeting their goals.
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.
6. Adjust the programs of the former Community Health Division based on whether or not goals are met.
7. Develop a process to review performance measures on an ongoing basis.

The Commissioner and Fire Chief generally agreed with our recommendations but the Fire Chief disagreed with the concept that the Community Health Division could be designed to reduce firefighter workload

View the responses to the audit from Fire Chief Ryan Gillespie and Commissioner Rene Gonzalez in the letters at the end of this report.

How we did our work

Our audit objective was to determine if the Fire Bureau was strategically building the Community Health Division to shift workload from fire crews. We ended our audit fieldwork in May 2023.

To accomplish our audit objective, we:

- Interviewed former Fire Chief Sara Boone, and managers and staff from Portland Fire & Rescue, the Community Safety Division, Office of Management and Finance, City Budget Office, Bureau of Human Resources, and Multnomah County.
- Reviewed documents relevant to the audit, including budgets and budget analyses, various Fire Bureau documents, media reports, and other documents.
- Reviewed relevant City audits and audits from other jurisdictions.
- Reviewed best practice materials and white papers relevant to the audit, including from the National Fire Protection Association, National Performance Management Advisory Commission, and the National State Auditors Association.
- Reviewed program evaluations of Portland Street Response and Community Health Assess & Treat conducted by Portland State University and CareOregon.
- Reviewed staffing studies conducted by Citygate Associates, LLC; System Planning Corporation, TriData Division; and Portland State University.

After our audit fieldwork was complete, a Community Health Division manager joined the City Auditor's management team. We interviewed the manager when she was at the Fire Bureau but did not discuss the audit with her after she began working in the City Auditor's Office.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Audit Team: Martha Prinz, Performance Auditor II, and Jennifer Amiott, Performance Auditor II

PORTLAND FIRE & RESCUE

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January 4, 2024

Auditor Simone Rede
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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.

	CHAT Goals (as defined by CareOregon agreement) (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.) (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. (3) Help reduce the number of individuals going to the emergency department for non-emergent issues. 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.
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.	We are looking for City Council's guidance regarding goal refinement for PSR, as this was a program established at the Council level. We have hired a Community Health Policy Analyst specifically to develop policy and a funding plan, which will assist the bureau in program stabilization. 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. **Strategic Plan** • Continuous Quality Improvement (CQI) Program (CHAT, PSR) • Operational Posting Plan (CHAT, PSR) • Aftercare Team (CHAT, PSR) • Overdose Response Team Pilot(CHAT)

	• Call Type Designations, reviewing appropriate CHAT call types with BOEC and MCEMS.
4. Measure the progress of the programs of the former Community Health Division toward meeting their goals.	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. Dashboard links, • CHAT Response Team • CHAT Follow-Up • Portland Street Response
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.	As stated during interviews with Audit staff, reducing Emergency Operations fire crew workloads is not a goal of Community Health but is a benefit.
6. Adjust the programs of the former Community Health Division based on whether or not goals are met.	We have removed the 3rd pillar, formally Community Connect, and merged the operations of this team into the Aftercare Team which serves both programs. We are looking for City Council's guidance regarding goal refinement for PSR, as this was a program established at the Council level.
7. Develop a process to review performance measures on an ongoing basis.	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.

OFFICE OF
COMMISSIONER
RENE GONZALEZ

DATE: January 10, 2024

TO: **KC Jones, Director, City Auditor's Office**

FROM: Commissioner Rene Gonzalez

RE: City Auditor Report - Portland Fire & Rescue: Community Health Division

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Director Jones,

Thank you for the efforts of you and your team to critically evaluate the Community Health program in Portland Fire & Rescue. Community Health, its two programs of CHAT (Community Health Assess & Treat) and Portland Street Response, is at once newly emerging and yet critically important. At a time of perhaps unprecedented public health need due to the ravages of unmitigated substance use disorder coupled with decades of federal and state disinvestment in mental and behavioral health support programs, Community Health's mission and performance are essential to Portland's success.

The specific programmatic opportunities for improvement your team identified reflect a desire on the part of previous elected leadership to expand Community Health as quickly as possible. While the urgency may be understandable, the need to ensure these programs are structurally sound, grounded in articulable, actionable goals, and financially cost-effective can no longer be ignored. As commissioner in charge of Portland Fire & Rescue, I am committed to these programs' long-term success and have full confidence in both bureau and program leadership to guide us there. Your audit serves as an important reminder that sometimes we need to "slow down to speed up." Thank you.