



March 11, 2025 Community and Public Safety Committee Agenda

City Hall, Council Chambers, 2nd Floor – 1221 SW Fourth Avenue, Portland, OR 97204

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Tuesday, March 11, 2025 2:30 pm

Session Status: Adjourned

Committee in Attendance:

Councilor Loretta Smith

Councilor Sameer Kanal, Co-Chair

Councilor Angelita Morillo

Councilor Steve Novick, Co-Chair

Councilor Eric Zimmerman

Councilor Kanal presided.

Officers in attendance: Keelan McClymont, Council Clerk

Committee adjourned at 4:21 p.m.

Regular Agenda

1

[Overview of Portland Fire & Rescue, Community Health Assess and Treat, and Portland Street Response operations and costs](#) (Presentation)

Document number: 2025-076

Introduced by: Councilor Sameer Kanal; Councilor Steve Novick

Time requested: 1 hour

Council action: Placed on File

2

[Discussion on the future of Portland Street Response](#) (Presentation)

Document number: 2025-077

Introduced by: Councilor Sameer Kanal

Time requested: 30 minutes

Council action: Placed on File

3

[Public comment on future of Portland Street Response](#) (Public Hearing)

Document number: 2025-078

Introduced by: Councilor Sameer Kanal

Time requested: 20 minutes

Council action: Placed on File

Portland City Council, Community and Public Safety Committee
Tuesday, March 11, 2025 - 2:30 p.m.
Speaker List

| | Name | Title | Document Number |
|----|------------------|--|-----------------|
| 1 | Sameer Kanal | Councilor, Committee Chair | |
| 2 | Keelan McClymont | Council Clerk | |
| 3 | Loretta Smith | Councilor | |
| 4 | Angelita Morillo | Councilor | |
| 5 | Steve Novick | Councilor, Committee Chair | |
| 6 | Eric Zimmerman | Councilor | |
| 7 | Christopher Herr | Council Policy Analyst | |
| 8 | Mike Myers | Deputy City Administrator of Public Safety | 2025-076 |
| 9 | AJ Jackson | Fire Chief | 2025-076 |
| 10 | Elisabeth Perez | CSD Deputy Director | 2025-076 |
| 11 | April Roa | Portland Street Response | 2025-076 |
| 12 | Stephanie Howard | Director of Community Safety | 2025-076 |
| 13 | Jackie Yerby | Friends of Portland Street Response | 2025-076 |
| 14 | Brian Owendoff | (Testimony) | 2025-078 |
| 15 | Jeff Shapiro | (Testimony) | 2025-078 |
| 16 | Isaac McLennan | (Testimony) | 2025-078 |
| 17 | Dan Kaufman | (Testimony) | 2025-078 |
| 18 | KAREN CHIRRE | (Testimony) | 2025-078 |

Portland City Council Committee Meeting Closed Caption File

March 11, 2025 – 2:30 p.m.

This file was produced through the closed captioning process for the televised city Council broadcast and should not be considered a verbatim transcript. The official vote counts, motions, and names of speakers are included in the official minutes.

Speaker: Good afternoon. This is the March 11th, 2025 meeting of the city of Portland community and public safety committee. Keelan, would you please call the roll?

Speaker: Smith.

Speaker: Here.

Speaker: Morillo. Here.

Speaker: Novick here.

Speaker: Can you repeat it? He's online.

Speaker: Zimmerman.

Speaker: Here. Canal here.

Speaker: Thank you. Christopher, will you please read the statement of conduct?

Speaker: Welcome to the meeting of the committee and public safety committee to testify before this committee in person or virtually. You must sign up in advance on the committee agenda at. [Portland.gov/council/agenda](https://portland.gov/council/agenda). Slash community and public safety committee. Or by calling 311. Information on engaging with the committee can be found at this link. Registration for virtual testimony closes one hour prior to the meeting. In person, testifiers must sign up before the agenda item is heard. If public testimony will be taken on an item, individuals may testify for three minutes unless the chair states otherwise. For today's meeting, testimony will

be two minutes per testifier. Your microphone will be muted when your time is over. The chair preserves order disruptive conduct such as shouting, refusing to conclude your testimony when your time is up, or interrupting others testimony or committee deliberations will not be allowed. If you cause a disruption, a warning will be given. Further disruption will result in ejection from the meeting. Anyone who fails to leave once ejected is subject to arrest for trespass. Additionally, the committee may take a short recess and reconvene virtually. Your testimony should address the matter being considered. When testifying, state your name for the record. If you are a lobbyist, identify the organization you represent. Virtual testifiers should unmute themselves when the clerk calls your name. Thank you.

Speaker: Thank you christopher. So for today's meeting. First, thank you for everyone who is here in the room and online watching. Today's meeting has two primary focuses. First, we'll have presentations from Portland fire and rescue and Portland street response, which completes our tour of the service area that we began the last two meetings of the committee. This is the same thing we did in the last two meetings. Effectively. What do you do and how much does each part of it cost? And secondly, I just want to note on this that we recognize that the public safety service area is not all of the safety work of the city. And co-chairs have talked about bringing in other parts of the public safety agencies around the city in the future to help inform our decisions and the public as well. And then our second topic is a committee discussion on the future of Portland street response, which includes public testimony on the future of Portland street response. One note on this we scheduled this entire meeting prior to the announcement last week of policy changes about Portland street response. So please bear with us. We may ask for I may ask to have parts of the conversation move from the first to the second topic, because the first topic is much more present, focused around Portland street

response, and the second is much more future focused. And so we'll just navigate that as we go. And finally, although our conversations in the last two meetings have been a little bit more informal, we do have two members online today. So I will be looking for the hand raised function so that we can ensure we're treating both those in person and online equally. Yeah. Keelan would you please read the first item.

Speaker: Item one overview of Portland fire and rescue, community health assess and treat, and Portland street response operations and costs.

Speaker: Thank you. I think we're passing it over to dca. Myers first.

Speaker: Thank you, chair canal. And thank you, councilors. My name is mike myers. I'm the deputy city administrator for the public safety service area. As chair, canal noted, we are in our third meeting on the orientations of the service area, bureaus and work units. We've heard from the Portland police bureau, the Portland bureau of emergency management, Portland bureau of emergency communications, and also the director of ceasefire and the office of violence prevention. Today, we'll hear from Portland fire and rescue and our new interim fire chief, aj jackson. And then we will take some questions and then turn it over to community safety unit, stephanie howard's team here from Portland street response. I'd like to welcome chief aj jackson.

Speaker: Chief hi. Good afternoon. My name is aj jackson. I'm the interim fire chief for Portland fire and rescue. And it's an honor to be here with you today and to share with you a little bit more about Portland fire and rescue. Next slide. I think this was a our typical agenda slide. Next slide please. And we can move past this one. Next slide. Portland fire and rescue is the largest fire and ems provider serving Oregon and the metropolitan area. Here within the city, we are oftentimes the first on scene to a variety of incidents, including fire, medical and other emergencies

that often occur on waterways, rail and our freeways. And we're often seen as a safety net in that we are inclined or for those folks that are inclined to use emergency services as or for their primary medical care. Next slide. Portland fire and rescue is divided into four divisions. Emergency operations, medical services and training. Prevention and management services. And you can see off to the right the breakdown of our sworn and non-sworn employees as well as where they are assigned within our operations. So as you can see, emergency operations is our largest and as a whole make up. Our sworn members make up 90%.

Approximately of our total workforce. Next slide. Our emergency operations division is staffed with 171 on duty firefighters per day that work 24 hours a day, seven days a week, 365 days out of the year in a three shift or platoon format with a, b and c shifts on a 1323 rotation. There's 31 stations that are geographically located throughout the city, and if you look to the map on your right, you'll notice that there's small red diamonds. Those red diamonds indicate where those fire stations are located, and as well as their red primarily defined boundary lines of the fire management areas, or fmas, that they are responsible for protecting. I would say that there are 89 different apparatus that are spread out across the city and are used depending on the type of emergency and what's most appropriate for the response. I would like to emphasize that these resources are dynamic, and that they're able to move around the city to provide better coverage, as well as when there's a large scale incident and resources are pulled into a particular geographic area. These can shift around the city for better coverage. Next slide. This is an overview of our emergency operations call volume. It is a historical reference by year over the last several years. And it has been arranged by unit response and fiscal year. As you can see the salmon color towards the top are fire related calls. The middle blue section are medical aid calls. And then the section that's kind of

light bluish green on the bottom are kind of an other bucket of categories. And as you can see for this fiscal year, 2425, those are year to date numbers. And as of right now we are trending to surpass our previous fiscal year fire numbers. And that's heading into our busiest time of the year with summer approaching. So just to kind of give you a general guideline of the demand of services. Next slide. Within our emergency operations, we also have four different specialty programs. The first being our hazmat, which is located at station seven and is also a state of Oregon regional hazmat team as well. They're able to respond to level two hazmat incidents. They can also be dispatched on unknown chemical releases of hazardous material products, or if they're entering a waterway outflow or any type of drain. They'll also respond on any type of medical call that involves a patient that's been exposed to any type of chemical. Another one of our specialty programs is our marine program that is primarily out of three different stations station 21, six, and 17. We also have a land based marine unit out of station 24. And their collective goal is primary water response to emergencies on the willamette and columbia rivers, and also are a critical protection, provide critical protection for large vessels and industrial areas like the cei hub. We also have a technical rescue program that's primarily out of station one and station 12. They're certified in high angle rope rescue, trench confined space extrication. They represent our usar team or our urban search and rescue team, which allows for extrication and medical stabilization, primarily for structural collapse. So when we think about the earthquake that we believe is coming, their skill set is highly favorable to be deployed in that type of situation. We also have our wildland operations. We have three different teams that can be deployed both regionally and out of the state for wildland type fires, and also support local services within the city of Portland while they're on duty and working. Next slide. Our medical services and training division

ensures that our firefighters are adequately trained, and they have the certifications to operate safely and efficiently so their certifications are through dsst and require ongoing training each year. We're also responsible for the performance on medical incidents and the training to meet those state certifications through the Oregon health authority. This division also encompasses our safety officer as well as our behavioral health programs, and does our recruitment and new firefighter training as well. Next slide. This gives you a high level overview of our onboarding and training timeline. You can see that it's broken down into three separate phases. Phase one is our training academy, which is a 40 hour week that includes both hands on and classroom training in different techniques with firefighting, when a new recruit enters the door, we also assign them a mentor that will go through their entire probationary period as a support for them. At the conclusion of the 22 week training academy, firefighter recruits move along to station two, which is our training station located in northeast Portland, where they continue to build upon their skills and also begin answering 911 calls. So they're under the supervision of trainers, but on a much more dynamic setting and scene. At the end of that program in week 38, as they move to week 39, that is the moment where these individuals are able to fill a vacancy and join our traveling pool. They still continue on with the remaining of their 12 month probationary period, but in total, it's really the 38 week timeline before a recruit is able to fill a vacancy. We understand within our training program the importance of the design of our curriculum and understanding some of the historical barriers in the past, and we've ensured that we approach our curriculum in a modular format that builds upon skill, upon skill, and that our training staff is well versed in understand the different learning techniques that are walking through our doors, and how much we need to try to adapt and help these individuals be successful. You can see it's a big investment on

our part. It's a big investment in time on theirs as well. Next slide. Within the medical services and training division, it also houses our community health and assess and treat team which we call chat. They're focused primarily on low acuity medical calls and they provide immediate treatment in the field stabilization as well as connect to other health resources. A main focus of this program is providing upstream interventions. We have two overdose response teams that operate out of chat. We've also implemented our medical medication for opioid use disorder or mood pilot, and that this program ensures wraparound services to each patient and also does coordination of aftercare to basically try to break this cycle and get upstream of some of the problems that we know will occur. Next slide. Just an overview of how we're staffed and the operations of chat. We have staffing four days a week from 8 a.m. To 6 p.m. In our aftercare program is the same hours, but runs seven days a week for responders and rigs that are in staff. We have four response rigs that cover those four days, 8 a.m. To 6 p.m. And includes both an east and west side overdose response team. We also have two aftercare teams that include both the overdose support team and a follow up team. As far as our team composition goes, our frontline resources are medical responders that are both emt basics and paramedics. Our aftercare team is made up of a community health paramedic, medical responders, as well as a chat nurse. Next slide. So our next one of our chat innovations is our mood pilot, which once again is our medication for opioid use disorder. So this was a pilot that was initiated in January of 2024. And of the clients we've served, 84 have been houseless. 94% of them have been referred to shelters both at the clinton triangle and red wave, 60%. We have been able to do a warm handoff to mood clinics to further provide care. And what this really means is we're able to treat in the field with buprenorphine, sometimes referred to as bupe, when the client is requesting those services, and it has been able to allow us

to divert unnecessary transports by ambulance to emergency rooms, which has helped the emergency rooms not be flooded with patients that aren't considered highly critical. I would I would go on to say that when we talk about this in the field treatment, it's, you know, matching the needs of the client or that person with folks that are in the field that can help them connect to other resources beyond just this moment. But when they're in the effects of withdrawal symptoms and they're wishing for that help, we're able to deliver it right there and then next slide. So this is just kind of an overview of what mood actually looks like out in the field. So we would respond to a 911 call. The patient would be with, you know demonstrating withdrawal symptoms, whether they've just been narcan or they haven't used for a period of time. Suboxone, like bupe, is synonymous in that if they are give consent, we're able to treat them in the field and then arrange for transportation, whether that's to a mood clinic, not to an emergency room. And we are willing to accompany those folks and do those warm handoffs if need be. Or as I mentioned before, we also make referrals to shelters. And then we talked about our aftercare team with chat. And that aftercare is really where the program success is, and it's building those relationships, looking at the needs of the client and really making sure those are fulfilled. And that can be a wide variety of things, but it's really a unique approach to each person. Next slide. So just to give you a snapshot in time, the chat program was initiated in November of 21. And so you can see the total run volume by fiscal year. I do want to call out you will notice that significant decrease in call volume between 23 and year 24. And that's primarily related to funding and having to reduce our operational hours from seven days a week to four days a week. And also this program from its inception, has been run on limited term positions. And with that, there's been employee turnover. There's very much a timeline for training and onboarding for these individuals as well. And so we have maneuvered that

challenge with each year. But that is the primary reason for that drop off is basically funding was reduced. Next slide. So when we talk about what this program does and how it impacts, you know, they respond to over 1300 calls. Follow up engagement with clients are almost at 11,500. And the third bullet is really where I think there's some powerful outcomes. And that's in the estimated health care system savings of almost \$11 million. And so when we look at those, that ability for us to do emergency department diversions and not transport when necessary, you can see the reduction in the savings as well as the just general emergency room costs. And those figures were kind of agreed upon rate that the actual csos pay. And so we've done the math based on the actual rates paid and what we've been able to divert. And then that last one is the estimated savings to our emergency operations crew, whether that's with the overdose response team or just handling some of those lower acuity medical calls. We estimate that we were saving about 670 hours in response, reliability of our emergency operation crews. And here is a snapshot of fiscal year 25 budget. As I mentioned, these are 26 limited term positions. You can see that the primary funding for fiscal year 25 was opioid settlement grants of \$2 million here in Oregon, which has been a partner from the inception of the program, contributed one point, almost 1.3. And then there was a small portion of the general fund that also supported this work. Moving forward into fiscal year 26, I just want to make it clear that we're facing an approximately \$2 million funding gap for this program, and it was the expectation, and rightly so, of care Oregon, that as this program approved itself and proof of concept, and that it was established that there would be a larger share of the funding that would be supported by the city. And although we haven't quite got there yet, as we approach fiscal year 26, that gap in funding still remains. And so if we want this program to continue to provide the services, it is as of today, we're going to need to try to

address that \$2 million funding gap. Next slide. The next division to cover is prevention, which is led by our fire marshal. And it really focuses on trying to save lives, property and the environment, but by preventing them before they start. And it's one of those things that's always hard to measure when you don't have the actual incident. But their work is focused in four different areas. So public education code enforcement plan review and fire investigations. So you can see that we now have ten firewise communities which are really targeted at helping neighborhoods work together to be more resilient to wildfire risk. And they are heavily involved in different community outreach events. Teaching hands only cpr, a whole host of other community related engagements, our code enforcement team is responsible for over 42,000 inspectable occupancies, and they perform approximately 24,000 fire and life safety inspections yearly for our plan review. Those folks are going to be reviewing new construction or tenant improvements. They're also going to be looking at fire and life safety systems like fire sprinklers, fire alarms, fixed extinguishing systems, and then the group that focuses on our inspection, testing and maintenance of those systems are really ensuring that the required maintenance is being done and that they're fully operational. And then finally, our fire investigations unit, when all of our prevention efforts fail, this group comes in and they do the fire investigations, as well as determining whether a fire was arson related. So this previous fiscal year, they completed 748 fire investigations, of which 181 of those were determined to be arson. Next slide. Our last division to cover is management services, which are responsible for our logistics, which is our apparatus and fleet maintenance, our facilities, upkeep, uniforms, equipment maintenance also houses our professional standards office. Our data management and analysis, our technical device support, as well as admin support. Next slide. So this gives you a broad overview of Portland fire and rescue

fiscal year 25 budget. As you can see, emergency operations is the bureau's largest program and represents the biggest portion of our expenses within our budget. That lime green section represents the required personnel that's needed to staff and operate our 31 stations with the engines, trucks, boats and other specialty apparatus that we deploy. And you can see the other sections as well. Off to the right. Commissioner councilor novak, you had requested how much it would cost for one engine to staff each of the stations 24 hours, seven days a week. And so we've done some rough cost estimates, and that equals approximately \$62 million a year. I'd want to point out that that would also reduce our on duty staffing from 171 to 124. As the interim fire chief, I would say that this is not a tenable staffing model, and I really want to stress that the one in the engine, as the one form of response model, just isn't accurate in that there isn't just a response or an apparatus that's going to be the solution to every incident we go on. Our other apparatus, you know, housed different equipment and can be deployed. So, for example, if we did all engines and we cut our trucks, our trucks carry a whole host of other equipment that engines do not. They do our extrication, they help prevent fire spread from structure to structure. When we elevate our ladder pipes and are able to flow high gallons of high gallonage of water, I would say that they're they do our ventilation so they increase the survivability of spaces for not only victims of fire, but our own firefighters that are within. So I would say that some of those functions you saw in that specialty emergency operations specialty program slide, those are some of the other functions that the apparatus we have perform. So if we were to lose any of those capabilities, I think it would present a considerable risk to not only our firefighters, but the community itself, and would have implications such as increasing our response times, negatively impacting patient outcomes and impacting our crew safety as well. Next slide. This slide presents our historical

expenditures. In the police presentation, there was a request request for those historical expenditures. And this graph depicts our seven year trend. Again you see our personnel costs are our largest expense. And as we know that those tend to go up each year based on cost of living and collective bargaining agreements. I would say our biggest flexibility as a bureau to adjust for possible overspending is noticeable in that top pale blue stripe that you see, which represents our capital expenses. And just for reference, a new engine costs about 1.3 million, and a new fire truck is approximately 2.2 million. In years past, we've received general obligation bonds to purchase new equipment. And although there's a small amount in the reserve, our last bond effort was in 2009. And so otherwise, outside of that, all other equipment and apparatus purchases fall to the general fund allocation. So since covid, we have had to limit or forego funding replacement apparatus just to keep from significantly overspending our budget. Next slide. This kind of takes a deeper dive into that apparatus replacement costs. You can see this shows the upcoming cost pressures for the apparatus, and when they reach the end of their useful life. We know this is an area of our budget that is very challenging, as it does place a significant pressure on the general fund. As a department, it is our practice to extend the lives of our apparatus beyond what most departments do, by rotating older rigs into slower stations, moving them into a reserve status, and then once the reserve status timeline has been met, we've moved them out to our training. So new recruits then use those engines for another five years for their before they're finally retired. I would say a big part of that is our logistics section, which is under the management services and their ability to maintain our apparatus and equipment and really to lengthen and extend their functionality as far as possible. That being said, I think we can look at this and know that we'll be unable to afford the replacement cycle with our current funding and that we recognize the need to

pursue another revenue stream. And we're having those conversations within the service area, whether that's a bond or something else. But we realize what you see today presents a significant, significant challenge and stress to the general fund.

Next slide. I think some of you have seen this slide before. This is another area of extreme cost pressure for the bureau. And it's been our overtime. We can see that it may be counterintuitive to add staff when you're trying to address personnel costs. But in this instance, the addition of firefighters have led to a direct reduction in backfill overtime. So if we review that dark blue section along the bottom represents regular firefighters, the light blue section is our recruit firefighters within training. And then that purple line is the correlation of the overtime or represents those overtime costs. So you can see by adding those 23 firefighters from the spring of 2023 until now, that we've achieved a 19% year to date reduction in our backfill overtime.

Next slide. So just as a final overview, so for the fiscal year, 26 current city administrators recommended budget was to keep our current staffing levels at 171 on duty each day. And that our 31 stations are staffed at their current levels, with their current response capabilities being maintained. What was not supported was the additional ten fte training costs, as well as that gap in the chat program funding. So we know in the case of chat that although this may not be funded, we understand that the work will continue to remain. We know that you have very difficult decisions in front of you regarding the budget and how to balance that, but I do want to emphasize the benefits of chat and how it's impacted community by getting upstream and providing those interventions, and also improving the health literacy of our community, as well as reducing medical costs. I do believe it is truly an integral part of improving the larger health care system, and I'm hopeful that there are some funding options that can be identified. I know in the audience today, we have one of our clients that's hoping to share their story

with you and how that has impacted his life, and so hopefully there's time for that as well. And that concludes my presentation. If you have any questions, I'm more than happy to try to answer those.

Speaker: Thank you chief.

Speaker: We do have some time for questions and responses. I'll go to my colleagues in the order they're raising it, and we do have lots of hands. So we've got a couple minutes per person here. I'll start with co-chair novick.

Speaker: Thank you. Chair canal. Chief, a question about the a very simplistic question about the 171 on duty staff. That's I assume that's at any given shift. So in the course of a day, there's actually over 500 people on duty.

Speaker: No, that 171 is on duty. Each a shift, each b and c shift. So that's emergency operation personnel only. So that's staffing of the 31 stations.

Speaker: Okay. But let's.

Speaker: Are you talking total sworn.

Speaker: Yeah. Like I mean like in you wouldn't be able to staff 31 stations with 171 people over 24 hours. Would you.

Speaker: Know, if you go I think it was a third or fourth slide. It had the different divisions. I think there was 580 listed for emergency operations. Right. So one person is on, then the two other shifts are off that.

Speaker: Yeah, that's what I thought. So in the course of a day, there's a lot more than 171 people that are staffing the stations in the course of 24 hours.

Speaker: No, there are 171 people per day that staffed the 31 stations. Then a new 171 come for b shift and another 171 come for c shift. Now that's, you know, taking out vacations and that type of thing. That's how the three platoons are staffed.

Speaker: So how are they. Let's see how long is each shift.

Speaker: 24 hours okay.

Speaker: Gotcha. So it's over the course of a few days that you're deploying over 500 people. It's just not all at once. Yeah. Sorry, I think I understand it. I'll shut up. Yeah. The. I wanted to ask you a question about common complaints. We hear about how wasteful the fire bureau is. And I'll tell you how I respond to those complaints and ask you if I'm giving the right responses, if that's okay. We hear people saying, well, it's wasteful for both the, you know, fire apparatus and the ambulance to show up. They should just let it be just the ambulance. And my response to that is, well, if the call goes out, we need somebody here quickly. Then everybody goes and whoever gets there first, you know, is useful. And the fact and as you say, most of the time the fire bureau gets there first. And also it's not as if that those firefighters would cease to exist. If they weren't going on those calls, they would still be needed to stay on staff for actual fires. So is that more or less accurate?

Speaker: Yeah. And I would say, you know, how calls are taken at 911 and how they're deployed and what they think the emergency is. And as we said, you know, we're 31 stations, multiple units that are out and about. We tend to outnumber the ambulances and availability. So to your point, we are first on scene and are able to start delivering care. And I would say, you know, from a Multnomah County standpoint and how we determined, you know, we're always reviewing what resources are going to what call what makes sense, what are the outcomes we're seeing. And then we're using that data to help inform what we do in the future. But even a you think, oh, we don't need this for a medical call. For example, cpr, if you are an actively engaged cpr call you, I mean, a minimum of six people, minimum of four to get started. But any type of large scale medical incident say you have a multiple car accident on the freeway. There's multiple patients. All of those resources are getting gobbled up quickly and more are being requested. So I think

some folks see it that way. But when those resources clear, they're obviously available, like a fire could come in. And that same four crew, four person crew will go on to the next emergency and be prepared, because really it's about managing risk, right? And you don't want to remove something entirely and then leave that risk unaddressed.

Speaker: A second question that relates to what you just said, a related question. People will say, well, why send the whole crew out there? Why not just send, you know, a little car with two people? And when people say that, I say, well, for one thing, there's some medical emergencies that require more than two people, but also you want to keep the crew together with the apparatus in case the next call is a fire, rather than people having to run back to the station and then pile into the apparatus. And you've already lost that time. Is that more or less right?

Speaker: Yeah. And I would go back to emphasize that in our rescues, like that is a two person response to a lower acuity call. It makes sense from a cost standpoint. It's a cheaper if you want to look at it in dollars and cents answer. And then you are keeping that four person crew available for a higher acuity level call, whether that's a fire, whether that's an accident on the freeway. So it's really in, you know, the rescues that we use, we deploy in areas that have high call volume. And it's the same type of thing trying to divert some of those lower acuity calls so that the four person crews can remain in service and be available for higher acuity type calls.

Speaker: Last question. I was reading an article about the use of buprenorphine in Seattle, and they were saying that they're seeing more and more people willing to accept it, willing to start treatment. I was just wondering if you had the same positive experience here.

Speaker: I would say so. And I you know, it's I think, you know, from a bigger perspective, like even the coordinated care organizations see, those mood services

and programs as a key factor in the continuum of care for substance use disorders. And I think, you know, when it's first when something's first started, right? You have to make those relationships and you have to see it put into place. And I think we've seen that in what we've done and the connections we've made and what that has allowed us to do in our aftercare and follow up. But I think anything that's made available that's constantly like, hey, is now a good time? Is this today your day? And sometimes that's a different timeline for different people on the street. But when you are there in that moment at that 911 call and you can intervene with those services, I think that's very powerful. I think you have that moment in time where you have your greatest opportunity to change an outcome.

Speaker: Thank you.

Speaker: Thank you. Councilor novick. We'll go to counselor smith. After that will be counselor zimmerman. Counselor smith.

Speaker: Thank you. Thank you, mr. Chair. And thank you, chief, for making sure that you gave us a really comprehensive explanation of what you all do. That was very helpful for me. I looked at a report last week and it said that you all have 37 vacant ftes, and I wanted to know if that was still the case and which type of positions are harder to fill at this point than others.

Speaker: I don't believe that number that you recited is accurate. I know that we may be sitting at a couple fte, but definitely not at 37, so I'm not sure if. Elizabeth, you have any information on what that report might have been.

Speaker: I think that's some it was in the Oregonian, I believe that, yeah.

Speaker: As far as you know, fte positions that are sitting vacant at Portland fire.

Speaker: It was a report that I received on all the bureaus. This was back in February, and you may have filled many of those positions since we received this. It was a report that was done by jonas in the in the budget office.

Speaker: Hi. Elizabeth gallagher, Portland fire and rescue. And depending on when those numbers were pulled, it is possible that they they may have been done before. Our most recent class was hired, the most recent hiring class of firefighters. It would also have been inclusive of any of the vacant, limited duration positions that exist within the chat program right now, which we've been filling on a rolling basis over the course of the spring. We do have a handful of higher level sworn positions that kind of rotate through as folks retire separate, and again, it's just based very significantly on the timing of when that report is pulled. But I don't believe that today we have that number of vacant positions, and certainly not at the rank of firefighter.

Speaker: And do you have some hard to fill positions.

Speaker: Limited duration positions are are chronically hard to fill. Just because you're not able to offer stability to individuals who are seeking employment?

Speaker: Yeah, because I'm looking at a report that says you have 709 regular positions, 37. Vacant. Ftes. And eight limited term positions. And i'll and i'll check back in with jonas to see where we're at with the new numbers. And the reason why I was asking. I was wondering if you had that many open and available and you were talking about the chat program. Would those be positions that could be filled, could chat, fill the fte, the vacant ftes that that I was looking at? I need to get a better understanding, but I'm trying to figure out how we can best utilize the budget for fire, because I think what you all are doing is good work with the chat program and trying to figure out how to use them most effectively.

Speaker: So chat is staffed with a different classification, so they are not trained firefighters. Depending on the program. They're staffed with emt basics or paramedics, but they're not available to be swapped with firefighters within emergency operations.

Speaker: Okay. And last question, and I talked a little bit about this with some other folks. I wanted to know what you all are doing to recruit a more diverse firefighters for the city of Portland.

Speaker: So we continue, you know, in our labor and workforce presentation, we mentioned that we have one dedicated fte for our recruitment. That individual is also responsible for hiring as well. We utilize other firefighters to help staff different community outreach and recruitment events. Some of those partnerships have been around for decades. For example, urban league, Portland metro fire, camp erco, and some of the events that we've participated year in and year out. The Portland metro fire camp is, you know, a camp dedicated for young women. The last couple of years, we've sponsored the erwin warren fire camp is what it was known, and it was really targeting, you know, diverse groups. And we keep on trying to do outreach. This isn't a job for everybody, unfortunately, i, but we will do our best to continue to try to address some of those, you know, historical barriers, some of what we've done within our testing process has helped, you know, make a more fair and, you know, accessible testing process as far as using a third party where people can go without having to fly here doing a cpat type physical fitness test, versus having someone fly here and do our very own homegrown one. We use the data from that third party that we contract with for our written exams, so that we can really look at the numbers, and when we talk about past points, we're able to see that data from a national level. So when we make our decisions, we're trying to do so. So we have the least I would say, you know, that we're not putting the decisions we make, aren't enforcing some barriers, or we cast the widest net that we can as we move through our process. So we will continue our efforts to try to diversify as much as we can. Like I said, all of our firefighters, I look at it as ambassadors. You know, this is a very much family kind of oriented, close knit

working group. So they take it upon themselves to go out and try to recruit or pass along, you know, names like, hey, I spoke with this, this gentleman at this thing. I think they'd be great, you know, can you follow up?

Speaker: Thank you. Right. And I understand because when you're talking to family, you're talking to people who look like you. You may need. Yes.

Speaker: We do need to move on to make sure we have time for the future. Questions? Thank you. Sorry. Thank you, counselor zimmerman, followed by councilor morillo.

Speaker: Thank you chair. Hey chief. Congrats on stepping into that role. I do appreciate your service. So congratulations. I just I do want to this is the first time hearing that chat was not picked up in the at least the preliminary budget. My understanding was that there were no cuts in that preliminary budget for public safety. Was that part of the 8% across the board cuts that some councilors and the mayor had asked for, or was this just a different kind of change to the programmatic part for the fire?

Speaker: Well, I think if we went back to that funding slide care Oregon has been a partner since its inception and pays its piece. Previous to that, the opioid settlement funds that were a one time funding at this point have not been renewed, nor was the general fund. So although we put it forward, I don't believe don't believe it was supported. But since it was one time funding, I don't believe it was recognized as a cut per se. Given it's one time funding status.

Speaker: I understand that. Thank you. That that's more clear for me now. Thanks. Given that care Oregon relationship in the past, I'm just curious, where do you see the chat going, given its medical connection? Is there are there other future partners for chat? Do you see a future where chat is a funded service in the community, but maybe not on the back of city dollars? Always?

Speaker: I absolutely think that's a possibility. I think there's a lot of potential for this program to grow and for us to make other partnerships outside of care. Oregon, to help with the funding. I would say with the current model, I would love to see it expand and pick up more of those low acuity medical costs. Calls. But I also see it, like in the funding that it's been, they're all limited term because it's almost like a grant, right. Even the care Oregon contributions. So those positions that we talked about, there's been a high level of turnover because it there's not that stability for their job. And just like where we are right now discussing is this program funded or not funded in the next fiscal year. You know, our employees are starting to feel that right. The anxiousness and do I need to go look for other employment. So my concern is for as much good as this program does and the impact it has on community, how it's funded is creating a barrier, I think, to a larger level of success that we could realize with stability, but how it's funded and how those ftes are then created kind of has that back end, you know.

Speaker: I'm I'm going to move quickly just because I want to be respectful of time. I appreciate that answer.

Speaker: Yeah.

Speaker: Yeah. So I know we're spending a great deal of time on psr later, but since this is the program that's not looking like it's funded, I'm going to spend some time here. So in terms of. How your relationship and chats program is with psr, I'm curious about that relationship. I'm curious about what types of calls where you have shared services, how you're navigating those different needs on the on the street and what that looks like that would be helpful to understand.

Speaker: There are those referrals that work both ways from chat to psr, from psr to chat. So these programs work very well together. You know, historically they were both under the fire umbrella at one time, and then psr was separated. I think

some of the work you could see some overlap, especially in aftercare. But the two programs in there, you know, when they were initiated, one was to address more of the low acuity medical calls, and one was to address behavioral health, right, mental health type calls. So although the population can sometimes overlap, they're very distinct kind of in in that sense. But I do think they work well and complement each other okay.

Speaker: Thank you.

Speaker: Thank you. We'll go to councilor morillo next.

Speaker: Thank you chair I think we're short on time. So I'm going to go ahead and actually just send you an email. I had one quick question and I know we have a big agenda to cover today. So I really appreciate your presentation. I'll defer the rest of my time.

Speaker: Thank you. And I will do the same. Chief, I appreciate your time as well.

Speaker: Thank you.

Speaker: Thank you. And I think we'll welcome up our presenters from Portland street response now. Thank you so much.

Speaker: Thank you.

Speaker: So.

Speaker: Good afternoon I'm April roa. I am the interim program manager for Portland street response. Next slide please. Portland street response is a mobile crisis response for people experiencing non-life threatening mental and behavioral health crises. Psr utilizes the Oregon health authority framework for mobile crisis intervention services to set the standards we use throughout the program, and this includes policy development, training, response, aftercare, and professional development. This framework, coupled with the first response system experience many of our staff, our staff bring to their work, has allowed us to build a program

that meets the expectations of the community when they call 911, as well as the expectations of our first response partners. Next slide. Psr priorities this fiscal year continue to be stabilization and performance development. Our stabilization efforts began with a transition out of the fire bureau in July of 2024. I cannot understate the massive overhaul this project took for us to complete. From moving locations for half of our staff, restructuring current positions to meet key personnel needs while addressing our smaller budget and decreased number of positions. We were auditing our expenditures, creating new processes and so much more. Our performance development journey started with the completion of building out psr field training and evaluation program, also known as ftep, for multidisciplinary teams. Ftep is on the job training commonly used in first response. We coordinated with tbst to talk about how we might apply this to our mobile crisis team, and we adapted this to how we train our new hires. In addition, we also developed an acting supervisor program to provide opportunity for staff to grow in their skills, learn how to supervise, and fill in for community health supervisors when on leave, which I learned our first two this morning. I just learned our first two are ready to graduate, so we're very excited about that. We are also working on building out our clinical supervision program, and clinical supervision is the standard in mental health settings, and is a support and guidance system for social workers. Up next on our agenda of items is our continuous quality improvement program. Next slide and i'll turn it over to stephanie.

Speaker: Thank you.

Speaker: So yes, with the with those two goals of stabilization and policy development I'm sorry performance development in mind psr has been prioritizing policy development to solidify its foundation. Some of the accomplishments that the team has has been able to enjoy over this last year has been solidifying staff

clarity and understanding on which policies and procedures are relevant to them. Post transition out of fire. There was also an internal policy draft and review process developed that incorporates team member voices in that process. And that team right now is actively working through over 50 drafts of internal policy. Right now. In addition, we've been focusing on trying to draft new policies as those needs arise. And certainly as was recently announced, three key policies have been reached very recently that are really exciting for the psr team and for all of us. I think as required by a prior labor agreement, we reconvened a committee with representatives from public safety bureaus and labor partners to develop policies to support the integration of psr. As a first responder in our first responder system. While those conversations have been happening off and on for years, I'm pleased that the committee did develop three policies. The first focusing on psr ability to provide voluntary service connection via scheduling and stress voluntary on that because at the core of psr operations is voice and choice for its clients. Second policy was to enhance psr ability to respond to certain indoor public spaces, which is another big step that I know we have heard a lot from the community about, and another step that we're very excited to provide the team with that additional tool. And finally, there was an additional policy regarding psr ability to correspond with other first responders, and that the goal in that is to ensure that psr teams can go to additional call types that might not automatically be triaged at first as a psr call. So while there has been some partnership in handing off calls through first responders over the years, this co-response is intended to, you know, to provide that faster response time and to enhance psr ability to be able to come to more types of calls and serve clients in those situations. These policies represent strong, unified support across the city's public safety. Public safety partners for psr, ongoing work and program growth as an independent first responder. Next slide.

With regard to budget, the overall budget is \$8.1 million. That's comprised of about \$7 million in ongoing general fund dollars and some cannabis tax dollars, as well as opioid settlement funds. The bulk of psr costs, as with pretty much all of the safety bureaus you've heard from, is with personnel. Currently, we have 37 regular full time positions that are funded with a combination of general fund and opioid settlement dollars. And with the last budget coinciding with the transition out of fire, psr conducted an internal audit of all necessary external and internal costs and expenses, and reduced as many costs as were feasible that would maintain operations and keep psr on track for stabilization. The bulk of psr's ongoing expenses are internally charges for bts tech support, radios, vehicles, fuels, etc. And external costs include rent, utilities, uniforms, client supplies and training. And we've got that broken down here in this slide. Fiscal year 25 has been a rebuilding year, and psr has happily hired 12 new staff so far, which is great. We've got, I think, two open recruitments right now for additional staff, maybe one. But hiring has been a priority as well so that we can get to staff, get the staffing up for psr. We also while we're talking about budget psr work, we're continuing to work towards answering questions about medicaid reimbursement. There are I'm going to grossly oversimplify this, but there are two primary challenges with this. The first being eligibility for psr and the second being administrative infrastructure. With regard to eligibility. We are meeting with lots of partners, including the chat team, county, oha, various subject matter experts to identify what is the path forward for eligibility. And that can get into a very technical conversation that we don't have time for today, but that what we've been requesting and what I think we're hoping to hear from oha soon, is the creation of some billing codes that would address things like street medicine and cut through some of the regulatory challenges that distinguish between behavioral health services and physical health services. And

that would go a long way to help us. And other mobile crisis service providers to recoup those costs in medicaid billing. We are also, in terms of eligibility, working to we're very close to finishing a pilot for a training program that would meet several of the oha training requirements that would also qualify psr for mobile crisis intervention and future medicaid billing support. So we're excited about that as well. And again, all of these all of this work is done with the goals of stabilization and performance development, and they're all part of meeting that medicaid criteria as well. Next slide. Oh I'm sorry. One last thing before we move on the administrative infrastructure, I said there were two buckets eligibility and administrative infrastructure. The administrative piece. Once we have an eligibility path that is very clear, then we will need to determine what is the administrative infrastructure needed, whether that's an internal process or a partnership that we need to develop elsewhere can have a lot of different impacts, not just on the cost of that, but also on the rates of reimbursement. So it's a little bit of a tangled and complicated question. But that's the second piece of the medicaid conversation that we are having right now. Thank you.

Speaker: Next slide please. Psr frontline response is in service from 8 a.m. To 10 p.m. Seven days a week, and our aftercare team is in service 8 a.m. To 6 p.m. Monday through Saturday. Currently, we strive to fill 11 frontline response vehicles with our current staffing. If all of our vacancies were filled, we would be able to staff a total of 13 frontline response rigs and six after care teams. And I do want to point out that overtime is not mandated. We rely on volunteers to fill our open shifts. Next slide. Psr currently has a total of 52 positions. In July of 2024, when we transitioned out of the fire bureau, we had 16 vacancies at the time. At that time, nine of our 12 medical responder positions were vacant. Since medical responders make up half of our frontline response teams, the burden to keep rigs in service fell

on our mental health crisis responders. I just want to take a moment to commend the dedication displayed by our staff who work tirelessly, tirelessly to keep operations going while facing an ever expanding call load. I do want to highlight that eight of our 12 medical responder positions are limited duration and same as what was stated by fire. Keeping these staffed are challenging because of that limited duration status. Since July, we've hired 12 staff. We also have had some attrition during the year, and as of March 1st, we have eight vacancies and two of those will be filled later this week. And as Stephanie stated, we just closed two recruitments yesterday and we have one that opened yesterday. So we are still very actively hiring. The chart on the right illustrates the changes in positions in comparison to increases in call volume since fiscal year 2223. As you can see, psr positions have decreased over 22% while call volume has continued to grow yearly. Please note that the 47% increase in call volume listed is a projected includes a projected 12.59 for this fiscal year, which is the current rate. Projected compared to the same months last year. Next slide. Psr is dispatched by the bureau of emergency communications to calls for service. Psr units also have the ability to self dispatch on calls when they see someone in need. For example, if they see a person down. Psr can self dispatch. This chart illustrates the average call response times and they track with the increased call volume and decreased staffing. As you can see, responder on scene times continue to decrease. And it's important to note that psr teams have the ability to spend whatever time it takes to resolve the crisis and or address the situation they encounter. The decrease in response time, I believe, is a testament to improved performance by our teams. The no patient contact, unable to locate rates, go up when staffing decreases. Our lowest year in this category was 2223 when we were at 40%, and that was also when we had the most staffing. And in closing, I just want to share that psr spent the last three years learning and

working to improve skills, training, procedures and collaboration. And the lessons we've learned influence all of our future plans. And this thoughtful process ensures that psr can meet the goals we strive to deliver. Strive for and to deliver the best service possible to the community. Thank you.

Speaker: Thank you so much to you both. Colleagues, if you have questions, please do raise your hands. We'll start with councilor morillo. And just as a note, we do have a couple. Probably time for two questions per person.

Speaker: Yeah.

Speaker: Thank you. Chair. Thank you so much for this presentation. It's really great to hear from you guys about all the work that you're doing with such limited staffing and budget. I think you're really accomplishing such a special and important thing for our community, and I'm very grateful. I have two quick questions, really. The well, the first one might be less quick, but I'm curious about the co-responder model. As far as having police co respond with or, you know, having Portland street response come with some calls that police would be on the scene for. I'm just curious what sort of community outreach was done or discussion was had, or if this was really a decision that was made from the executive branch. Because I've heard some concerns from community as far as like if I knew that there was a chance that police would come for a mental health crisis call, I wouldn't call 911 at all. And I'm just curious if there was any community outreach that happened or anything like that before that decision was made, or if it was a top down approach and your program is required to respond.

Speaker: You know, a couple of things I do just want to say one thing that the co-response policy is not adding responders to calls that are already psr calls. So any the calls that psr would be triaged to alone now will continue as they are. I think the co-response policy is intended to provide. I guess maybe dual dispatch is a better

way to say that to provide sort of simultaneous at times dispatch of psr. And another responder and I think the idea there being psr doesn't have to be the only responder then that's available to go to a call. And as the policy sort of spells out, it's trying to just give guidance on what to do when psr is dual dispatched or co responding with another service provider or another first responder. But, you know, the hope is that that will decrease the time in between handing off a call that is appropriate for psr versus having it, you know, be only dispatched to say, a police officer or a fire. And then when they get on, on scene, really taking the time to understand what it is and then calling psr in at that point. So I think the goal there is efficiency in getting psr to more types of calls at the same time.

Speaker: Yeah. And to add to that, our our response times, us being able to be dispatched at a point when we, it could potentially be turned over to psr because ultimately that's what we want. The faster we can get there means the less chance that this call could escalate into a not psr call. So that's really kind of what we were trying to address, is trying to make sure that we could get there for a handoff from pd in a time, so that we could have more non-criminal outcomes.

Speaker: Gotcha. That's really helpful for me to wrap my mind around. So I appreciate that. Could you give an example of a type of call where a dispatch would be sending a police officer with Portland street response rather than just one or the other? And like what? You know, where when that would happen and why?

Speaker: I think that would be really rare and that would be on a dispatch. I think more often it may be an officer has assessed something and said, hey, I can we start them this way? This might be something else. My, my guess is that's more going to be on some of those that there may be come in with a violent component. That would would mean that we're excluded. But maybe the officers like this

doesn't sound like it really is that. And they want our ability to be able to come in. And once they've determined that the scene is safe for us to come in.

Speaker: And if I could just say, I think maybe sort of examples of that would be a trespass call, right? Which is by definition a criminal call. And that wouldn't automatically go to psr. But there's a very good chance, based on the circumstances, that that is just a person who's in crisis and in a place where maybe they shouldn't be. And I think that's a good example, or even maybe, you know, something like a shoplifting call or something like that, that is sort of by definition criminal and would always tend to be, you know, triage towards law enforcement response.

Speaker: Thank you. Appreciate that.

Speaker: Thank you. And before I go to councilor zimmerman, I just wanted to note that these policies that everyone is referring to are available online at [Portland.gov/street response slash documents](https://portland.gov/street-response/documents). I'll go to councilor zimmerman now and followed by councilor novick.

Speaker: Thanks, chair. And also I just appreciate all those answers to councilor murillo's questions. I thought those were really helpful to paint the picture. So thank you. I apologize again, I'm in dc, so I apologize for not being there in person. I just want to say I think that these, you know, psr has just been so thoroughly handcuffed in previous iterations of their work that I think that these changes are the right changes at the right time and probably saved the program. Frankly, I think that the ability to shuttle, the ability to go into into spaces is important. And when I think about the number of, you know, it's a terrible term when from dispatch, but the unwanted person call and I think many of us have been in a retail place where situation is going on, and there is such a need for a connection to a person who is who is struggling. I just see psr filling that, that gap right now in an important way.

So thank you for those changes. One thing that I'm noticing though, just since we just had chat, is I guess I am highlighting that I'm going to look to seek some parity between the hours of operations and the shifts and the amount, because I just see such a connected resource, given how frustrating our ambulance system has been over the last couple of years, I see chat and psr as a an important stitch, and a stitch has two sides to it, and I see that kind of that happening here. So I appreciate the new leadership. I'm looking forward to kind of getting into what the outcomes will be and the data as we move forward, so that we can really see what kind of impact is happening. But I just I to the employees and to the advocates, I think that these changes that you've undertaken have saved the program. Most likely. You know, last year, commissioner burr and I tried to get funding for this program at the county. We weren't able to get the support on that side of it because we thought it was so connected to the county's mental health authority. But this is an important step. So thank you. When I want to make sure I had I had one question in terms of if you were going to go to a full like what full staffing would be in the long term, and I don't mean in the short term, but if we got to the point where we still felt this service was necessary ten years from now, is that a rig that is aligned along our other response corridors like we saw in the fire, or is it a different type of system? Is it more aligned with our police system or the way that amr provides ambulances? I'm just trying to see what does our map look like in the future.

Speaker: I think at this point, what we're looking at is like a districting plan, very similar to how amr might post. So to be able to post vehicles strategically throughout the city, I think that is important so that we can cut down on response times and unable to locate calls and how we build that out, you know, depends on how big are we going to go. So it might end up following more of a police district as

we if we have a whole lot. Ten years down the road, it just to be strategic on how we how we best meet the call.

Speaker: Great. Thanks for that I appreciate it. I think that being able to you know, nobody calls 911 to have us just talk to a person and not help them get to a better situation. And so I just am really appreciative of some changes that are coming. And with that chair, i'll i'll yield.

Speaker: Thank you. Councilor zimmerman. Councilor novick.

Speaker: Yeah. Question is actually for probably either of you. When we're looking at I mean, part of the thought about psr was there's situations where it's better for the person to be responded to by somebody other than an armed officer. Another thought some people had, frankly, is that, well, the psr folks are cheaper than armed officers, so maybe we could save money by having psr folks other than armed officers respond to calls. One significant category of police calls are, quote, welfare checks, where, for example, somebody calls in and say, hey, there's somebody who doesn't seem to be doing very well. So one question is, if somebody suggested, why don't we just have psr handle all the welfare checks, what questions would you want to have answered before saying yes? Do you think that psr could theoretically do that with the same number of, you know, would you want two psr people responding to a welfare check or 1 or 3, or do you think the whole idea is just insane?

Speaker: I, I think that it depends on what's in the call. So as a former dispatcher, that could be one or 2 or 3, depending on what that is. I don't think that that's an unreasonable a lot of welfare checks are really just seeing if somebody is okay. So if that's that, I think we're already doing that. And that's a single response. If there is something that is at a residence, obviously that's not the one for us right now. I think it just depends.

Speaker: Would you want like let's see, does boec would you need to have sort of the boec conversation extended in order to beyond what it normally would be today, in order to see if it's a suitable for psr?

Speaker: Yeah, I think we really need to rule out that it's not a medical, that it's not a police like there has to be something very clear that it's somewhere in that middle and isn't something that would be more appropriate for other partners.

Speaker: So it might be that as of we'd have to sort of change boec procedures in order to make that work.

Speaker: Right? Right.

Speaker: Thank you.

Speaker: Thank you. I have a question as well. And then we'll move on to the next item after this. So these policy changes took effect and I'm going to ask specific to this fiscal year, these policy changes took effect on I believe the sixth and expanded the types of calls which psr can respond to, which ostensibly means a higher call volume for the duration of this fiscal year. Are you expecting there to be a budgetary impact on this fiscal year based on that, or do we expect to see the unable to locate go up and the call response times go up? Or is there a third option that I haven't seen on that or haven't thought of?

Speaker: I.

Speaker: I don't think that there is. Well, let me also say the policies went into effect. However, we are our labor partners still have the right to demand to bargain. If that happens, then we would go into bargaining meetings and that might result in an loi that would need to come to council. And so all of those things would need to happen before the policy could be implemented. So there's that piece, which is a, you know, a time delay potentially. There's also a training piece. So we would need to do we're intending to do training on this. Once that process is complete, so that

our teams can be trained on the new policies and we make sure everybody's comfortable before any of these big changes actually begin. So there's a time delay there, which I think eats into a good chunk of this fiscal year. I also think that in, you know, say, for example, the, you know, shuttling of an April can speak probably much more eloquently to this than I can, but there's an offset of costs there, because right now there's a substantial amount that psr is paying for client transportation through ride share or cab companies, and that cost would then balance out in maybe some of the increased fuel or, you know, perhaps other ways. So we see this in this, this fiscal year as sort of a balancing. I don't think that there's an expected large jump in any of the budgetary impacts from these policies at this point.

Speaker: I do also want to highlight that with the shuttling, there are often times our staff are waiting for over an hour for a cab ride to show up. So if they can get a client into the vehicle and get the transport, that's, you know, a ten minute drive, we're saving response time and their ability to respond to more calls. So it increases efficiencies. We've also realized some vacancy savings because we haven't been able to fill. So there's some like we said some offsets there.

Speaker: Thank you. And then I guess this is more of a suggestion. I think it might be helpful to be clearer than about the actual effective date of the policies. And i'll also add to this is sort of a partial addition to, I think, councilor murillo's question, the use of co-response two thirds of that policy is really about a warm handoff and not about a co-response. So I think while there are still questions about the remaining third, which is when boec is deploying both psr and another responder at the same time to the same place, I think it might be helpful to clarify for everyone that that the other two situations are one responder getting there and saying this is

a better call for the other, which is a different type of situation. And I think maybe clarity and the word choice on those policies might be helpful in the future.

Speaker: And your point is well taken, chair. And I think one of the things that we're also doing is in this whole policy development process is intended to solidify psr in the first responder spectrum, plugging them into an ecosystem that already exists and already has a vocabulary. We're we're managing that. But I think that, you know, like I said, your point's well taken. And I think we're eager to explain that distinction. Any chance that we can.

Speaker: Thank you.

Speaker: And we'll have you stay up here while Keelan. If I could ask you to call the next item because I believe you are our first speakers on the next item as well.

Speaker: Item two discussion on the future of Portland street response.

Speaker: Thank you. So we just heard about the current operations and budget. Now we want to turn to the future. We're going to have two invited guest speakers. Sorry. One is again from Portland street response, April roe and director howard. And then we'll have testimony from friends of psr. And then we'll go into some conversations among the council. And then following that, we'll read the next item, which is public comment, just so everyone knows, on that subject. So I will pass it back to you to talk about the future.

Speaker: Thanks. I want to acknowledge the great interest in psr moving towards a responding 24 over seven. We spent a lot of time thinking about how best to accomplish this goal and to maintain the standards that we've created. So ensuring proper training for our new employees. And making sure that they feel prepared to be doing the job. That was some big feedback that we had got from staff that started in the beginning, that they they didn't feel as prepared as they could have been. And so that's part of why we've really spent so much time on our training.

Because of that, we've developed a two year phased plan. A phase one is to ensure adequate staffing for our current call load, and this includes increasing psr positions to a total of 60 positions, which would give us 16 rigs in service to cover and would allow us to actually increase our hours of operation from 6 a.m. To 11 p.m, seven days a week. With that, we structured our shifts a little bit different to provide for some of the things that staff have brought up, including the need for the ability to have time to chart between calls for training, for supervision, all of the other things that need to happen when they're not actually responding. Phase two would help us reach the goal of 24 over seven, and with that new staffing model, it's really easy to lay in that other shift that would require 68 positions, and we would have a total of 20 rigs in service to cover the 24 hours. And the budget estimates are, as you see on the slides and.

Speaker: Next.

Speaker: Interrupt you. Can you just clarify the current budget you mentioned a moment ago is 8.1 million, and this is the total budget, not additional. Correct?

Speaker: Correct. Total for each phase. And next slide. One of the big parts of this planning is to have, as we mentioned earlier, a district plan. And this can only be implemented when we have adequate staffing levels. So adequate staffing levels coupled with districting is going to allow our crews to reach calls in a timely manner. The goal is to try and reduce that 46 or 40%, 47% unable to locate or no contact. We would be looking at a minimum of two districts. Anything below two districts is the threshold for offering overtime to our staff. Desired is going to be three districts, and we were going to from the Portland district map. It's a good road map for us to start on trying to district and strategically place units within those three districts. If we're in the two district plan, as you can see, we would be divided at the north from northeast 33rd, go down south to fremont and then

follow cesar chavez down to the city limits to give us an east side and a west side. So we would also like to investigate. I think this is a big part. That's not part of our funding, but we'd like to investigate getting a dedicated dispatcher for psr. I believe this was discussed previously, but we kind of need to circle back to this topic. Us having a dedicated support for our staff and a dispatcher, managing the queues and talking with our partners is just yet another layer of ensuring that we are going to the right calls and also will free up our staff's ability. They spend a lot of time really just digging into that queue, trying to get to the calls and trying to manage that. So having that support from dispatchers would make sure that we're working quickly, efficiently and we're in the right spaces. Thank you.

Speaker: Thank you. We'll now go over.

Speaker: To jackie yearby with friends of Portland street response.

Speaker: Thank you. Thank you.

Speaker: Can you hear me? Okay. Great. Sorry. Good afternoon. Co-chairs novick and canal and members of the community and public safety committee. For the record, my name is jackie yearby and I use she her pronouns. I am representing the volunteer group friends of Portland street response. Previously, I served as governor brown's behavioral health policy advisor. Thank you for having me here today. Friends of Portland street response is a volunteer group supported by over 12,000 community members, business owners, faith leaders, and community based organizations. We formed friends of psr and launched a petition in June 2023. After reading headlines such as the Oregonian's Portland street response's future hangs in the balance. I feel like it's about to implode and opb's Portland street response, despite successes, faces an uncertain future. For nearly two years, we have been organizing because, despite council voting unanimously in 2022 to fund psr to operate citywide and 24 over seven, the program still lacks the staff budget and

resources to achieve its mission. Psr was once a national model and now there are over 100 programs similar to psr, dispatched by 911 systems throughout the country. Many now exceed psr in terms of city investment, 24 over seven.

Operation and structure. As a co-equal first responder. We represent a broad swath of Portlanders who believe that psr should be supported to fulfill its original mission as an unarmed emergency first responder focused on de-escalation and peer support. Psr is not a program about ending homelessness or cleaning our streets. It is designed to get qualified, professional first responders to provide the appropriate level of care to any Portlander experiencing a behavioral health crisis. Friends of psr cares deeply about this program, and our group has content expertise on psr itself, as well as comparable efforts in other cities. There are three specific points we want to lift up. The first is that psr has a rich and deeply documented history. We encourage folks to review the independent psu reports, produced every six months for the first two years of the program. These reports have specifics of the program's goals, progress, and recommendations. The final report was clear about the three goals for psr as a program one. Reducing the number of calls traditionally responded to by police where no crime is being committed. Two. Reducing the number of mental health and non-emergency calls traditionally responded to by police and fire, and three. Reducing the number of medically non-threatening, non-life threatening 911 calls that are transported to the emergency department. Psr made clear progress towards all three. By the end of its second year, it saw a 3.2 reduction in calls. Police traditionally respond to and 18.7% reduction in ppb response on non-emergency welfare checks and unwanted person calls, and psr was able to resolve most calls in the field. With only 61 clients, or 1.9% of all calls requiring transportation to the hospital for additional care. It is clear that psr is a valued, necessary part of our 911 emergency response system,

and we encourage councilors to review the final recommendations of wsu's year two report. Our second point is that psr is cost effective. We know the city is operating in a budget deficit, and increasing funding for a program is challenging. When we look at public safety, we know the high cost of police and fire overtime funding. Psr to be fully staffed, operating 24 over seven frees up police to focus on on the calls that only they can address. We ask this committee to prioritize funding to operate funding psr to operate 24 over seven for many reasons, including fiscal responsibility. Stanford university researchers showed that the denver star, a similar program to psr, costs a quarter as much as sending police to 911 calls. Our third point is that decisions about psr need to be collaborative. This is a program that was developed in an extensive and open process with community members, technical experts and people with lived experience. Yet since 2022, every major decision has been made without outside input, apparently including yours. We have actively reached out to the mayor and department leadership and look forward to hearing from them. We encourage this committee to help ensure that decisions about psr are transparent and collaborative once more. Thank you for your time. Friends of psr looks forward to working with you to return this program to realizing its mission and once more, being a national model and point of pride for our city.

Speaker: Thank you.

Speaker: Colleagues will now open up conversation here. Please use the raise hand feature and we'll get going. I'll start with councilor. Morillo.

Speaker: Jackie, I actually have a question for you, if you don't mind. Sorry. I realize.

Speaker: I'm not at all. I was just wondering if I should stay up here.

Speaker: Oh, yeah. I don't know if other folks have questions for you, but mine specifically for you. First of all, I just want to say thank you for being here and

sharing your expertise with us in our committee. It means a lot that you're here and taking time to do this. I think, as we all know, last week mayor wilson announced the expansion of scope and work for Portland street response. And I think many of us are excited about the expansion of Portland street response. But I was wondering if there's anything that you'd like this committee to keep in mind as we are setting policy direction for the expansion of the role of Portland street response? If there's anything that you guys have done in your community advocacy, the work you've been here since its inception. So I'd love to hear your advice on that.

Speaker: Sure. I'll say, you know, when we heard the news last week, we were also trying to kind of figure it out. And I want to be clear that friends of Portland street response like, never wants to get in front of Portland street response like the people actually doing the work and, and saying something is good if they don't think so. And so you know, we talked to our contacts and, and where we landed is that one we're excited really excited to see psr be supported and expanded. That said, there are a few recommendations from the final psu report that we think should be kept in mind. Psu found that protecting the program from scope creep and losing trust with the populations they serve is critical. So that means that making sure that psr is never required to be part of sweeps or transporting people against their will. If psr were to do those things, it would undermine the trust that is so critical to the effectiveness of this program. And that the psu report found that only 6% of their calls included co-response with police. Psr is and should be treated as a co-equal response with fellow first responders. So I was really encouraged to hear, you know, to hear fellow first responder. Repeated several times throughout earlier testimony. And as it's expanded, it's important to make sure that they are able to respond independently and aren't seen as only a program, a co-response

program with police. And I just want to add, many years ago, I was the executive director of bradley angle, which is a Portland based nonprofit that works with survivors of domestic violence. We dealt with, and I know bradley angle still deals with with people in crisis. And there were a few times where there was, you know, the crisis was at our door. And we wanted outside support beyond kind of the like the de-escalation skills that that we have. And this is long before Portland street response existed. And so project respond, which does a great job. But project respond was the only option. And we had a discussion among the team about calling project respond. And our understanding at the time was that project respond was only a co-response model. Or that project respond wouldn't show up without the police. And for us, working with domestic violence survivors, a police presence doesn't feel trauma informed and kind of escalates the situation. And so at least in my time there, in each situation, we decided not to call project respond. And so I'm really interested. We are really interested in learning more about what dual dispatch looks like. But my immediate reaction is to worry that it starts to feel like the police are right there and armed response is right there. Which may cause people one to lose trust or to not contact them.

Speaker: Thank you so much, jackie. I really appreciate all of that feedback. I've been taking notes. Councilor novick.

Speaker: Hi. Thanks. Thanks, chair. I just wanted to ask you a version of the same question I asked miss rose earlier, which is what do you think of the idea of just deciding that any call that comes in, that's for a welfare check, or maybe also an unwanted person. Just automatically goes to psr, not to the police.

Speaker: And again, I would say that I defer to the expertise of, you know, people actually doing the work. And I thought miss rose response about, you know, it depends in wanting to make sure that that it was kind of non-medical. And I can't

remember the other thing you said, but I just would would want to make sure that whatever screening that needed to happen happened. So that it truly did seem like an appropriate place for psr to respond.

Speaker: Okay.

Speaker: Councilor morillo is your hand.

Speaker: Oh, no. Okay.

Speaker: There are no hands up at this moment. Councilor zimmerman or smith just going to give you the opportunity here. If you have something. Okay. Well, what we can do here is with your unanimous consent, ask if we can move to the next item. And then if there's any time remaining, return to any discussion. If councilors have comments after the next item. So unanimous consent for that. Thank you. Keelan would you please call the next item?

Speaker: Item three public comment on future of Portland street response.

Speaker: Thank you. Would you like to welcome folks up or.

Speaker: Yeah.

Speaker: All right. First up, our first three testifiers, brian orndorf, michelle cabrera, rosalind lewis.

Speaker: Thank you.

Speaker: Good afternoon. Councilors. My name is brian orndorf. I live in work in district four in Portland. Not the hunger games. Law and order are vital for a functioning society promoting stability, justice, and the protection of rights and property, ultimately fostering a peaceful and equitable environment for all. A stable and predictable legal environment is crucial for attracting investment and fostering economic growth. The principles of the rule of law, where everybody, including those in power, is the subject to and accountable to the law, is essential to a just and equitable society. Portland will only survive if we can immediately address both

law and order, and the mental health and the people suffering from substance use disorder that arrive in our city from out of state. We will never catch up with our housing deficit, drug and crime until we hold accountable the states who send out the most vulnerable of their residents suffering from drug use and entrapped in criminality. To Oregon, it's called shift burden. The decisions made in salem, metro, Multnomah County, and especially this committee over the next three months will determine whether Portland comes back in three years, 30 years or never.

Portland, for one, needs to focus on investing in what it would like to attract. So if Portland wants a thriving economy with loads of enterprising and ambitious entrepreneurs eager to start businesses that will create jobs and contribute to the tax base, then we need to start investing in that. Portland has gone off the tracks and has invested in copious resources into attracting those in needs, while not upholding the promise of care in the long term, forcing people further down into misery. I saw firsthand volunteering at the warming shelters during last month's cold snap of the lack of transportation for homeless to homeless shelters, as the four emergency shelters located downtown filled up quickly thanks to the effort of project 17 and the public safety unions, the policy changes have been agreed upon will be life saving and life changing for many clients and providers alike. With the changes recently announced by mayor wilson, psr workers will be allowed to shuttle people to homeless shelters and addiction treatment centers to respond to calls and occur inside commercial and government buildings, and be able to respond to emergencies in partnership with other first responders like police officers and firefighters. This is an excellent change, one I fully support. Thank you.

Speaker: Thank you, mr. Randolph.

Speaker: Michelle cabrera, rosalind lewis, isaac mcclymont. Jeff shapiro.

Speaker: While mr. Shapiro is coming up, I do want to note mr. McClymont did send in written testimony, so.

Speaker: Okay.

Speaker: Thank you.

Speaker: Good afternoon. Council members. I'm a client of chat. They came into my life about two and a half years ago. I had been in the hospital. They they have remained in my life since then. They made me feel worthwhile. Like I counted. Just by them coming by. I ended up cleaning up my apartment. I mean, it wasn't that messy before, but just having them there, they. They walked my dog, 110 pound female german shepherd named honey. And they still come by to this day. And it feels so great that they come by to see me. I they put me in touch with aging and disability, who in turn supplied me with a great caregiver who helped me rearrange my apartment, which is beautiful, clean and tidy place to live. I now live no longer live as a bachelor. I have more than two forks in my place. I was depressed and by them coming by they made me feel worthwhile. They made me feel important, like I counted. And I think it's a great program and I appreciate the opportunity to speak. Thank you.

Speaker: Thank you, mr. Shapiro.

Speaker: Good. Okay. Good afternoon. Commissioner co-chairs, canal and co-chair novick and the rest of the committee. As as the councilor did state that I did submit written testimony for the record. My name is isaac mcclymont. I am the president of the Portland firefighters association. And i. The only place to submit testimony was on this third item. And I do 100% support the mission of psr, but at the same time, while I and I appreciate their presentation, i. I wholeheartedly am behind that program. I think it's doing great work in our community and I want to see it grow. I want to see it thrive. And the same note, I also want to see programs like chat

continue. I, you know, firsthand also to see the work they do. And so my written testimony specifically derives around the major points which are supporting the fact that the work that they do has a positive effect on the health and safety of the community. It also, you know, it's Portland. We need to figure out, just like psr and just like the police, we need to figure out the right resource to send to the right call. And what I've seen is this program, we've tried different versions of this program throughout history, and this program is working. And I can say that without a doubt. And not only that, and the third point really is around cost. And when you hire a firefighter, a fully trained firefighter, there is a not only a level of risk, but also a level of expertise that comes with that job. And so, you know, those folks that, like myself, are more expensive because we're willing to take on more risk and we have more advanced training for a multitude of issues, as well as being an emergency medical technician. These folks in chat are emts. They're doing great work in our community, and it's also more cost effective. So with that, I'll let my written testimony speak for itself. I appreciate the time today.

Speaker: Thank you, Mr. McClymont.

Speaker: Next up we have Matthew Klein, followed by Beth Wilson. Dan Kaufman is joining us online.

Speaker: Is it me right now?

Speaker: Yeah. Go ahead.

Speaker: Oh I'm sorry. Okay. I'll make this quick. And thank you, Chair and Council, for hearing my testimony today. You know, the recent unilateral policy decisions made by Mayor Wheeler. Mayor Wilson, excuse me, appear positive, but the process did not involve the community. And most importantly, those impacted the most. It's important that psr keeps its independence from pb and that co-response scenarios are limited and specific. This will help maintain the trust to for that

program. Trans people transporting people to services is a positive step. Again, as long as it's not coerced or through threat of arrest or through threat of arrest or sweep, and also, we need to reestablish the independent evaluations of Portland street response and those then that should those evaluations should include dispatch. So again this is a positive step. But these the process is also important. So we'd like to see less unilateral decisions and more community involvement. And I guess this is an opportunity to make me perhaps move that move things in that direction. Thank you for hearing my testimony. Have a great day.

Speaker: Thank you, mr. Kaufman.

Speaker: Karen cherry is joining us online.

Speaker: Hello. My name is karen cherry. I'm a business owner in district four, a homeowner in district three, and a member of stadium hood. I'm writing to express my concerns and experiences regarding Portland street response program, particularly in light of recent incidents that have impacted my business. Recently, I called upon psr to address a situation involving a woman in a wheelchair who was exhibiting signs of a mental health crisis outside my store. She had been present for over three hours speaking to individuals who were not there and causing a significant mess around our property. I was relieved to see the psr team arrive within 20 minutes. They engaged with her compassionately and ultimately provided her with a bus pass to access a potential shelter. However, despite this assistance, she did not leave immediately, which left me concerned about her well-being and the ongoing disruption. This incident is not isolated. I've encountered two other individuals in the last few days exhibiting similar behaviors in and around my property, who I believe could have been benefited from psr intervention. Just this morning, a homeless man in a mental health crisis caused considerable damage to our storefront, breaking a window and the glass cover of our electrical meter. In

addition to stealing signage attached to our building, this individual managed to leave the scene on a trimet bus, highlighting the challenges we face in addressing these issues effectively. The core of my testimony is a call for greater support and resources for the Portland street response team to ensure that individuals struggling with mental health issues receive the help they need in a timely manner. It is crucial that we find ways to connect these individuals with appropriate services before situations escalate to the point of property damage or safety concerns. I appreciate the work being done by the psr and recognize the complexities involved in addressing mental health crisis in our community. However, I urge the committee to consider expanding the resources and outreach efforts available to ensure that those who need assistance receive it promptly and effectively. Together, we can create a safer environment for both individuals in crisis and the businesses that we serve our community. Thank you.

Speaker: Thank you, miss shearer.

Speaker: That completes testimony.

Speaker: Thank you. So we'll return then to the discussion portion of this. And colleagues, if you would like to weigh in, please do raise your hand. But there are opportunities to talk about things like staffing, including leadership, the budget, including medicaid call types including warm handoffs, co-response, etc. And perhaps the process for involving council and community in those conversations. So if anyone does have any thoughts on that, please do raise your hand members colleagues here. And I can get started if that's helpful. First, I do want to say to the staff at Portland street response, many of you have spoken to me, former staff as well, about the feeling that there has been a lot of support for Portland street response on that side of the dais, and not nearly as much on this side of the dais. I can't speak to if that was true in the past, but I can tell you today there is support

on this side of the dais. I'm looking forward to coming and speaking to you at roll calls. I'm looking forward to coming and speaking with you out in the community and supporting the work that you do. And I think it's important that people from here say that. And I encourage as we talk, not all not just this committee, but all 11 of my colleagues and the mayor to do the same. And I think we've seen a commitment from the mayor to supporting this program with these policy changes, and I'm encouraged by that. But I first wanted to say that to all of you because you do really, really good work. And I've had the privilege of joining you on a ride along and getting to see what you do firsthand. I'm excited to see, because that ride along did include some of the limitations, seeing that that have been addressed by these policy changes. I'm excited to see the same type of call be responded to differently in the future and better with the with the changes that have happened. And in particular, the policies are five, six and seven. On that link we mentioned earlier and reading policies five and seven connection to services or resources, which includes the shuttling and public number seven, which is publicly accessible. Area response. We're particularly encouraging. I do share some small concern around the potential of dual response simultaneously, but I really do like the warm handoff aspect as well. And that's those are all things that are really encouraging to me. This program does need to be supported on an ongoing basis by community under the new, by by community engagement, by community input. And so, you know, under the new charter, we do need to specify how we do that in terms of advisory groups or other methods of community engagement. But I'm committed to both supporting the work of the community engagement part, you know, staff within psr as well as outside of it, to inform City Council about psr as well. And having worked in advisory groups for the last three years, I'm excited particularly to have the ongoing community engagement around that. So I'll pause there and kick it around, see if

anyone else has thoughts before we close up. If not. Well, that's easy. All right. Well then I guess we will move along here. And in closing on this meeting, the next meeting of the community and public safety committee will be at 2:30 p.m. On Tuesday, March 25th, which is two weeks from now. I do also want to draw everyone's attention to the budget town halls that are being run by the office of civic life in each district. All of them are 6 to 8:30 p.m. On either a Tuesday or Thursday. March 18th is district three at the university of western state. March 20th is district one at fire station two in the training division. April 1st is district four at the Portland building, April 3rd is district two, and the location is yet to be determined there. And you can go to any or all of these town halls, even if they're not in your district. Now, one little caveat tangent on that. If you are going to the district one town hall, I hope that you do take a look around at the training division so that you can be an advocate for something i'll be advocating for, which is improving the training division in terms of the capital aspects of it, the physical location, which would also help with our training capacity for firefighters. But with that, I will close adjourn the meeting of this community and public safety committee.