

# Engaging unhoused community members in the design of an alternative first responder program aimed at reducing the criminalization of homelessness

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## Abstract

Police are often called to address concerns about people experiencing homelessness, with arrests often resulting from low-level, nonviolent crimes, and violations of minor nuisance ordinances. In Portland, Oregon, advocates lobbied for a new model of emergency response for 911 calls involving unhoused community members and people experiencing behavioral health crises. To ensure the program reflected the needs and perspectives of people experiencing homelessness, teams of researchers, community volunteers, and people with lived experience interviewed 184 people in camps, shelters, and parks. Teams asked unhoused people how the program should be designed, including who the first responders should be, how they should approach individuals in crisis, what resources they should provide, and how they should be trained. This article describes the methods, findings, and recommendations from our collaborative survey process aimed at ensuring that the voices of people experiencing homelessness informed the development of the Portland Street Response pilot program.

## KEYWORDS

criminalization, emergency response, Homelessness, police reform, policy

## 1 | INTRODUCTION

Police are often called to address concerns about people experiencing homelessness. Such interactions often lead to arrests, with cities such as Portland, Oregon reporting that over half of all arrests were people identified as homeless (Woolington & Lewis, 2018). Many of these arrests result from low-level, nonviolent crimes, violations of minor nuisance ordinances (e.g., public intoxication), and from residents calling 911 to complain about “unwanted” persons (indeed, Portlanders call 911 to report “unwanted” people more than any other reason; Shepherd, 2019). Advocates, local officials, and people experiencing homelessness agree that Portland and other cities need better ways to respond to low priority calls for service involving those experiencing homelessness and behavioral health crises (Green, 2019).

In this article, coauthored by academics, students, and community partners, we will briefly review research on the criminalization of homelessness and discuss evidence for alternative emergency response programs. We will then describe the development of the Portland Street Response (PSR) pilot program, with a focus on our process for engaging unhoused people in the program's design and development. Finally, we will describe our process for securing approval for the pilot implementation plan and discuss its evolution in the wake of local and national calls for police reform.

## 2 | THE CRIMINALIZATION OF HOMELESSNESS

Nationwide, cities have enacted policies that restrict survival behaviors among unhoused people in public spaces, including laws against loitering, sit-and-lie ordinances, and camping restrictions (Aykanian & Lee, 2016; National Law Center on Homelessness and Poverty [NLCHP], 2014). For example, in Portland, encampments of unhoused individuals risk being swept if they block sidewalks, are within 10 feet of “high activity areas” (e.g. doorways, transit stops, public bathrooms, etc.), or are reported for criminal behavior (City of Portland, 2020). These exclusionary policies fail to consider unhoused individuals as part of the community (Hennigan & Speer, 2019). Enforcement of these policies often results in an increase in interactions between law enforcement and members of the unhoused community. One survey of people experiencing homelessness found that in the previous year, 74% of participants had experienced a police interaction for “quality of life crimes” (Westbrook & Robinson, 2020). In the same study, 44% of participants had interactions with police that resulted in arrest (Westbrook & Robinson, 2020). Similarly, another study found that 90% of unhoused people surveyed had been required to “move along” in the past year (Herring et al., 2020). Interactions with police cause stress and sleep disturbances, pushing many people experiencing homelessness into less safe resting spaces to avoid such disruptions (Darrah-Okike et al., 2018).

Anti-homeless policies further exacerbate homelessness by creating additional barriers to housing and employment (Herring et al., 2020). For example, Wilking et al. (2018) found an increase in arrests of unhoused people after a sit-lie ordinance was passed. This is problematic considering findings that arrest history is a predictor of longer episodes of homelessness (Caton et al., 2005). Researchers examining criminal justice involvement in San Francisco found that people experiencing homelessness were more likely to be charged with a felony and spent more days on average in jail compared with people who were housed (McNeil et al., 2005). Arrests result in fines that many are unable to pay, a loss of one's personal belongings, and may serve as a barrier to employment (Herring et al., 2020; Pager, 2003). This cycle of arrests leading to homelessness, and homelessness leading to arrests, is detrimental to the well-being of people experiencing homelessness—particularly those who are Black (Paul et al., 2019). Indeed, Black people, as well as other communities of color, are disproportionately impacted by both homelessness (Fusaro et al., 2018) and criminal justice system involvement (Hinton et al., 2018).

A final point worth noting here is that enforcement of anti-homeless policies hinders police from developing trust and meaningful connections with the unhoused community. Welsh and Abdel-Samad (2018) interviewed unhoused people in San Diego about their experiences with law enforcement and found that participants did not feel that they were a part of the community being “protected and served” by police. Zakrisson et al. (2004) found that unhoused residents in Toronto trusted paramedics more than they trusted police.

### 3 | ALTERNATIVE FIRST RESPONSE PROGRAMS

A number of cities have developed alternative response programs to interact with the unhoused community. For example, in 1998, Seattle Police Department developed the Crisis Response Unit (CRU), which partnered Crisis Intervention Team (CIT)-trained (e.g., education for police officers about mental illness and de-escalation techniques) officers with mental health workers to respond to behavioral health calls and connect individuals with mental health needs with services. During the pilot, 669 cases were responded to by the CRU team. Nearly half of all cases did not require a police response and were responded to solely by the mental health workers, with only 1% of such calls resulting in an arrest (Helfgott et al., 2015). Similarly, Simpson (2015) examined partnerships between police officers and outreach workers in Washington, DC. Findings indicated that police officers in these partnerships gained a better understanding of the underlying mental health needs of the unhoused individuals they were encountering.

While co-responder programs that pair law enforcement with mental health workers have demonstrated some success, communities have called for programs that are entirely separate from police (Batko et al., 2020). The most well-known and influential of these programs is Crisis Assistance Helping Out on the Street (CAHOOTS), which was developed by the White Bird Clinic in Eugene, Oregon in 1989. In this model, nonviolent 911 calls related to mental health, homelessness, and addiction are dispatched to CAHOOTS response teams (medics and trained mental health workers) instead of police. In addition to de-escalating crisis, the team connects people to housing and provides a variety of services, including suicide prevention, substance abuse help, nonemergency medical care, transportation to services, and referrals to and information about community services. In 2019, CAHOOTS responded to 17% of the Eugene Police Department's overall call volume. Police were needed for only 250 of the 24,000 calls responded to by CAHOOTS. Additionally, this model saves Eugene roughly \$8.5 million in public safety spending per year because police are responding to considerably fewer calls (Smith, 2020). The CAHOOTS model has been adopted and implemented in several cities, including the Support Team Assisted Response (STAR) program in Denver, CO (Hauck, 2021) and forthcoming programs in San Francisco, New York, and Toronto.

### 4 | THE PORTLAND STREET RESPONSE

In Portland, advocates called for a new model of emergency response for 911 calls involving unhoused community members and people experiencing behavioral health crises. The street newspaper and advocacy group *Street Roots* outlined a plan for a program called Portland Street Response, which was modeled after CAHOOTS (Green, 2019). Based on this advocacy effort, Portland City Council allocated \$500,000 toward developing and implementing the PSR pilot program. Work groups representing a variety of stakeholders (e.g., service providers, advocates, and elected officials) spent several months designing the program. Because unhoused people are so often excluded from the policy decisions that most affect them, large-scale inclusion of unhoused voices was essential for the PSR pilot development, and equally essential that the effort be led by unhoused people. In the words of one *Street Roots* vendor, "It is important to get the word from the streets. The homeless community has more trust with other members of the homeless community than with the housed community."

### 5 | COLLABORATIVE RESEARCH WITH PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

To make sure that Portland Street Response reflected the needs of the people it was designed to serve, we engaged in a collaborative research process whereby faculty and student researchers partnered with people with lived experience of homelessness to conduct surveys asking unhoused people about their experiences with police and other first responders, and how they think the Portland Street Response should be staffed and structured.

Our process was guided by principles of community-based participatory research (CBPR), which aims to empower participants by engaging them as co-equals in all stages of the research process (Israel et al., 2013).

CBPR has been used to effectively engage people with lived experience of homelessness in action-based research projects addressing a variety of community needs. For example, Corrigan et al. (2015) developed a community-based partnership with unhoused community members to better understand the health-care needs and barriers of African Americans who are homeless and have mental illnesses. Findings were used to advocate for and inform the development of a peer navigation program. Pruitt and colleagues (2018) partnered with clients in a Housing First Program to use photovoice to evaluate the program and advocate for progressive housing policies. Finally, Kiser and Hulton (2018) employed CBPR to better understand the health needs of people experiencing homelessness in a rural setting and used their findings to expand service provision and accessibility.

While there have been numerous CBPR projects that have actively partnered with unhoused community members to conduct action-based research, few have focused explicitly on partnerships with grassroots community organizations to inform program development and policy change. We found two notable exceptions in the literature. First, Garcia et al. (2014) partnered with a local grassroots organization, the United Coalition East Prevention Project (UCEPP), and youth experiencing homelessness in the Skid Row neighborhood of Los Angeles to document youths' concerns and advocate for change. Youth experiencing homelessness developed the survey and collected data with support from the research team. The findings from this project, which revealed that Skid Row youth lacked recreation spaces and were treated unfairly by the school systems, were leveraged to advocate for additional resources, including an increased number of homeless liaisons in the school system and increased access to public play spaces.

Second, and of particular relevance to our work, Westbrook and Robinson (2020) partnered with Denver Homeless Out Loud (DHOL), a grassroots organization that advocates for dignity, rights, and choice for people experiencing homelessness, to develop a better understanding of unhoused residents' experiences with police. Data were collected by individuals experiencing homelessness, and results demonstrated that frequent interactions with police were detrimental to the health and well-being of unhoused people. Community partners and local policymakers were able to use the findings from this study to advance district court arguments that anti-homeless legislation in Denver was unconstitutional.

Our project adds to this important but very limited body of work and provides a blueprint not only for conducting collaborative research and evaluation with unhoused community members and grassroots organizations that advocate for and support them but also for an alternative model of first response that is entirely separate from police. The remainder of the article will focus on the methods, findings, and recommendations from our collaborative research process aimed at ensuring that the voices of people experiencing homelessness inform the development of the Portland Street Response pilot program.

## 6 | METHOD

This CBPR project was conceived, designed, and conducted in collaboration with Street Roots, an advocacy group and weekly alternative newspaper sold by and for people experiencing homelessness; several Portland-based grassroots homeless service and advocacy groups, including Right 2 Survive, Sisters of the Road, Yellow Brick Road, and Street Books; students and faculty from the Portland State Homelessness Research & Action Collaborative; the Mapping Action Collective; Portland City Commissioner Jo Ann Hardesty's office; and staff representing other local elected officials' offices.

### 6.1 | Measure

We developed an eight-question survey intended to provide an open platform for unhoused individuals to communicate their needs and preferences for what the PSR pilot program should look like. Questions and sample

response options were based on themes that emerged during listening sessions with unhoused people facilitated by Commissioner Hardesty at local homeless service and advocacy centers.

Four open-ended questions asked about previous interactions with first responders; attitudes about when police should or should not be present; and additional considerations and recommendations for us to consider when developing the program. Four closed-ended questions asked about which types of first responders should be present instead of police; how first responders should approach people in crisis to make them feel safe; the types of services and supplies they should provide; and the types of training they should have. Sample response options included lists of potential first responders (e.g., firefighters, mental health professionals, and nurses); types of supplies and services they should offer (e.g., first aid, food/water, and transportation); and types of training responders should have (e.g., trauma-informed, de-escalation, and cultural competency). These responses were not meant to be restrictive, and people were asked to provide other ideas we may not have considered.

After the survey was drafted, we shared the document with a variety of stakeholders, including advocates, service providers, elected officials' staff, and people with lived experience. Minor modifications to improve the clarity of questions were made based on their suggestions.

## 6.2 | Data collection

### 6.2.1 | Training

Before conducting the surveys, team members gathered at Street Roots for introductions, lunch, and training (see Figure 1). Ibrahim Mubarak of Right 2 Survive and Neal Sand of Yellow Brick Road discussed how to approach unhoused people with respect and without making assumptions about their needs and circumstances. Right 2 Survive previously conducted surveys of people in encampments for the Western Regional Advocacy Project. Yellow Brick Road trains volunteers to provide street outreach. The first and third authors of this article conducted training in survey and interview techniques. We instructed interviewers to engage willing respondents in conversation and write down information that emerged. Given the goal of engaging people in a dialogue about PSR, we emphasized the importance of being flexible and allowing individuals to respond to questions in an open manner and record the responses provided rather than using a more standardized approach that only allowed specific, limited response options.

### 6.2.2 | Survey process

After the trainings, people formed teams of two or three, each led by a Street Roots vendor or someone else with lived experience of homelessness, who were paid for their time and leadership. Teams selected locations to survey based on areas of the city scheduled for sweeps in the coming weeks, or based on Street Roots vendors' knowledge of camps, shelters, sidewalks, and parks where they knew people would be gathering.

Survey teams canvassed their designated areas for 2–3 hours. They approached people to describe the purpose of the interview, and to ask if they would be willing to participate. Conversations ranged from very brief (5 min) to quite lengthy (30–45 min), with the intention of allowing respondents to share their experiences interacting with first responders and think about what a preferred model of first response would look like (see Figure 2). Responses were recorded with pen and pencil on paper copies of the survey. Teams brought bags of granola bars, toilet paper, sewing kits, batteries, resource guides, and other basic necessities to thank people for taking the time to talk with us. While some people we approached were busy doing other things or not interested in speaking with us, the vast majority (around 90%) of those who we approached were willing to speak with us and were appreciative of the opportunity to inform PSR.





**FIGURE 1** Team members gather for training at Street Roots before beginning surveys

The initial survey process occurred across 2 days in July 2019. We also expanded our interviews to a women's care day at Sisters of the Road in September 2019, which comprised around 8% of our final sample. Because unhoused women are sometimes partnered with other people for safety, they are not always able to speak freely if they have dissenting opinions. It was our hope that women would feel more at ease speaking openly in this space



**FIGURE 2** Team members interview an unhoused community member to inform the Portland Street Response pilot program

where women can be together and receive some of the care and connectedness they may not typically experience outside.

## 6.3 | Analysis

Three researchers tabulated, categorized, and coded responses from each survey question. Thematic content analysis was used to analyze open-ended questions (Zhang, 2009). We first read through all responses to gain a general understanding of the data. We then conducted a second read-through and marked chunks of text with relevant codes. These chunks of text were then grouped together based on the question they referred to and the codes they were assigned; and themes were created by combining similar codes. For example, for the first question ("Have you interacted with a first responder, and if so, what was it like?"), we grouped findings into two general categories of negative and positive experiences. Within each category, we further grouped similar responses and identified general themes, including response time, sweeps, provision of help, and relationship development. Each researcher coded data independently in Microsoft Word and Excel (Ose, 2016) before reviewing all responses and codes together and discussing any points of discrepancy to arrive at consensus (Bengtsson, 2016). For closed-ended questions with lists of possible response options, we tallied the number of people endorsing each item to yield numeric totals. Each of these questions also allowed respondents to indicate other options. In some cases, these responses were grouped into pre-existing categories, while in other cases, they were used to create new categories or retained in a general "other" category.

## 7 | RESULTS

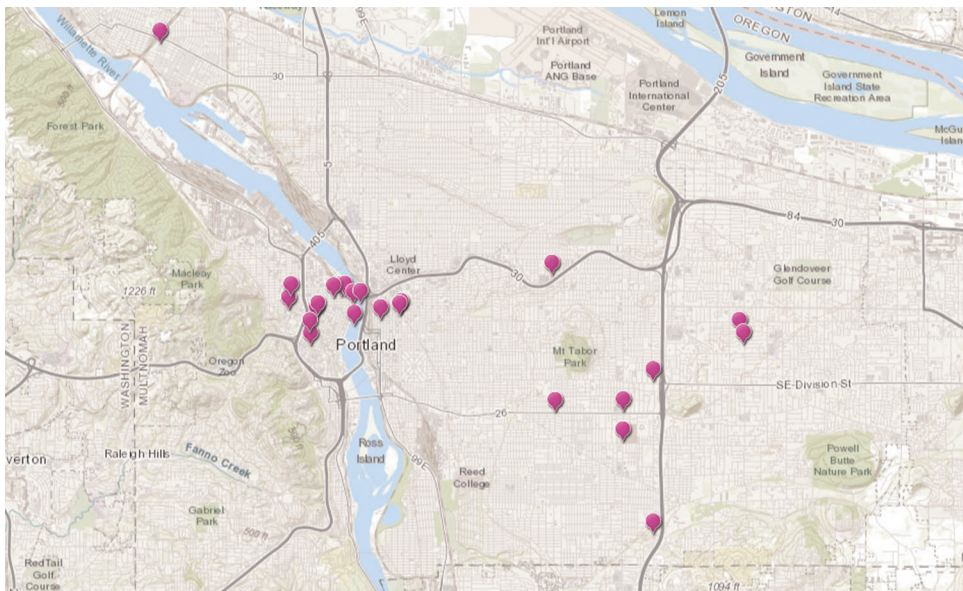
We collectively interviewed 184 people experiencing homelessness throughout Portland (see Figure 3) to help inform the design of the Portland Street Response. Below, we report summary findings from the eight primary questions, followed by reflections from project participants about their experience engaging in this collaborative research process.

### 7.1 | Experiences with first responders

Before asking specific questions about the design of the PSR pilot, we were interested in learning more about unhoused peoples' general experiences with first responders. When asked if they had interacted with a first responder and what the experiences were like, peoples' responses varied widely and ranged from negative to positive. Generally, most of the negative comments were associated with interactions with police, while positive comments included a mix of firefighters, emergency medical technicians (EMTs), and police. Numerous respondents also discussed being treated rudely, and needing faster response times for health concerns, emergencies, and violence. Primary themes and quotes from respondents about negative and positive interactions can be found in Table 1.

### 7.2 | Attitudes about police involvement as first responders

Respondents were asked two questions about when police should or not should be present in response to crisis calls. Many people stated that they would never call the police, and that police should not be present for any crisis response. Many others wanted police present for specific situations, such as theft, robbery, harassment, violent



**FIGURE 3** Portland street response survey locations

**TABLE 1** Negative and positive experiences with first responders

Quote	
<i>Negative interaction</i>	
Treated rudely and without compassion	"Horrible, embarrassing, degrading, make you feel unwanted, like scum."
Police are not needed	"Person is just trying to sleep, get food, find shelter."
Could not control which responder showed up	"Mom was suicidal. I helped her call 911—wanted mental health person, not cops, as mom was deeply afraid of cops. But mental health person not available. Five cops responded."
Response time	"They don't respond. I called police three times, and they didn't come."
Sweeps	"Last year, Christmas Eve, about 7 AM, a first responder came and told the whole camp we had to leave. It was horrible, and many belongings were thrown away. Nothing was positive about it. They didn't tell us we had to go or anything. They just sweep up and we just go to another area to have the same thing happen. But it was most horrible to do it on the most popular holiday."
<i>Positive Interaction</i>	
Respectful treatment	"First responder was very calm, very genuine, reassuring."
Provision of help	"The first responders were compassionate, supportive, and got my friend the help she needed in a way she was totally comfortable with."
Relationship development	"Officers had good mutual respect for people on the streets."



crimes, and when weapons are present. There were some areas of disagreement about situations where police should or should not be present, such as risk of suicide, nonviolent conflicts or arguments, and de-escalation. For example, one respondent said, “In highly, extremely dangerous situations, people should be ready to respond but out of sight until then, and not escalating. Police escalate everything; they come and are not needed.” Generally, there was a stated desire for clearer designation of roles, and appropriate responses for each situation rather than criminalization of behaviors that did not necessitate police presence (see Table 2).

7.3 | Who the PSR first responders should be, and how they should be trained

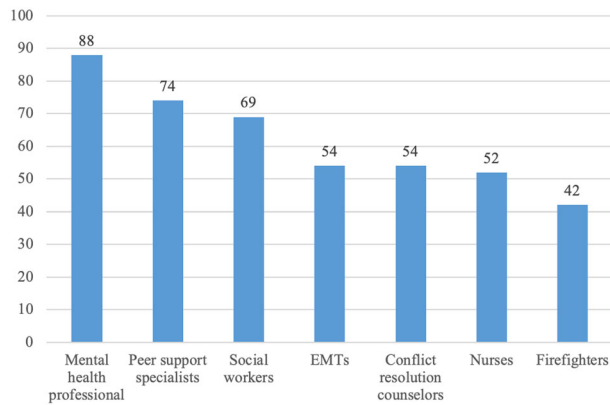
When asked who should be involved as first responders to crisis situations instead of police, the most frequent response was “mental health professionals.” Other respondents recommended social workers, conflict resolution counselors, and peer support specialists or people with lived experience of homelessness (see Figure 4 for the number of respondents who specified each preferred category of first responder). In addition to mental health training, people we surveyed preferred that first responders come equipped with listening skills, de-escalation training, and experience with trauma-informed care. An understanding and awareness of the local community was also noted as being highly important (see Figure 5).

7.4 | How PSR first responders should approach, and what they should provide

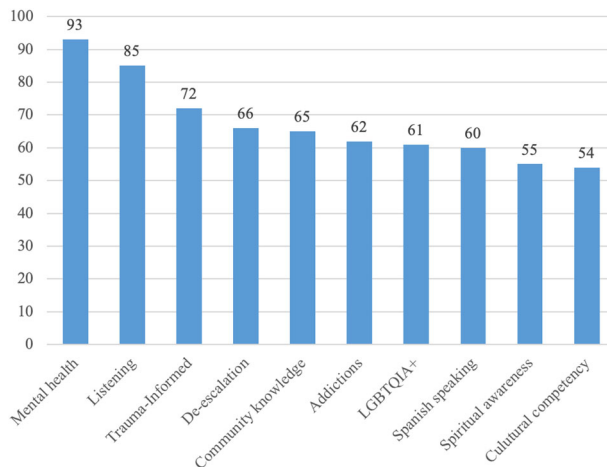
Respondents provided a variety of suggestions for how first responders should approach them in crisis situations to make them feel safe. They wanted certain assurances from first responders—most notably, that responders would not run IDs for outstanding warrants. One respondent said, “When cops appear, people with warrants disperse. The ones who disperse are often the ones who need help.” They also did not want responders to carry weapons. Instead, responders should bring food, water, supplies (e.g., socks, portable chargers, tarps, and hand sanitizer) and other basic necessities. When asked specific questions about what types of uniforms and other visual signs of affiliation with PSR would help people feel comfortable, respondents recommended colored shirts with a

TABLE 2 When police should or should not be present

Quote	
<i>Should be present</i>	
Theft or robbery	“I would talk to officers if someone stole my stuff.”
Harassment	“If there is harassment, being threatened, and if there is any kind of violence”
Violent crimes	“If someone's getting killed, raped, child getting hurt”
Weapons	“If there are weapons—gun, baseball bat—call police.”
Domestic violence	“[Call police] to help women who are attacked by men.”
<i>Should not be present</i>	
Camping, sleeping, loitering	“If someone is just camping, minding their own business, police shouldn't be present.”
Drug overdoses	“Addiction issues in any situations—no cops.”
Mental health crisis	“I don't want police involved in de-escalation, mental health, or drug issues.”
Medical Issues	“Once, somebody needed an ambulance, and cops arrived. I'd want the EMTs to be first responders.”



**FIGURE 4** Who the first responders should be



**FIGURE 5** Types of training first responders should have

logo that would make them recognizable and distinct from other first responders. Sirens and flashing lights should be avoided.

Respondents also discussed the importance of first responders treating them with respect (e.g., “Make it easy for me to understand”; “Don’t bring the police attitude”; “Don’t be racist”) and remaining non-judgmental (e.g., “Don’t just assume I need mental health treatment”; “Don’t start asking questions and making assumptions”). Finally, respondents discussed the importance of referrals to housing and health services, and needing transportation to those services. Tables 3 and 4 summarize the suggestions from unhoused people about how first responders should approach and present themselves, as well as the types of supplies and aid they should provide.

## 7.5 | Other considerations for PSR

The people we interviewed were overwhelmingly positive, supportive, and excited about the Portland Street Response pilot program. Numerous respondents concluded our conversations by emphasizing the importance of

**TABLE 3** Assurances and appearance that would make people feel safe when approached by first responders

Assurances	<i>n</i>	Appearance	<i>n</i>
License/Identification would not be run for warrants	86	Colored shirts	47
Provision of food, water	81	Uniforms	29
Weapons would not be present	66	Vests	24
Police would not be present	54	Designated vehicles	23
Deportation agencies would not be notified	47	No sirens/lights	17
Anonymity of caller	40		

**TABLE 4** Types of services and supplies first responders should provide

Health/medical	<i>n</i>	Services and supports	<i>n</i>
Food/water	97	Transportation to services	83
First aid and nonemergency medical care	79	Storage for belongings	81
Hygiene products	77	Crisis counseling	77
Needle exchange	73	Protection from threat/danger	74
Wound care	71	Clothing	73
Suicide prevention, assessment, and intervention	70	Resource connection and referrals	66
Insulin	69	Transportation of partner or dependents	65
Recovery services/respite beds	50	Housing support	63
Naloxone	42	Grief and loss counseling	61
Substance abuse help	40	Pet care/accommodations	57
		Conflict resolutions and mediation	54
		Protection from/separation from partner	50

respecting human dignity and treating unhoused people as human beings experiencing a variety of complex life circumstances and needs. One person explained, "They are really people with real issues, and to them it might BE life or death. Don't compartmentalize them!" Another elaborated, "When stepping into a situation, keep an open mind. There is always more to a story/situation than what you first see. Don't assume or judge. Ask questions. Ask what they think would resolve the problem the best."

In addition to providing specific suggestions for the PSR pilot, such as providing legal advice and having people who are unhoused involved as first responders, respondents also noted broader suggestions for the city to consider. These included designating more space for people to camp; turning land into villages and shelter space self-managed by unhoused people; and providing additional hygiene stations. Finally, several respondents discussed ways that the program can better educate community members about the realities of homelessness and re-educate them about when they should or should not call 911. For example, one respondent said, "Re-educate people about what 911 is for. It's for emergency." This latter suggestion will be discussed in more detail in the recommendations section.

## 7.6 | Team member experiences with the PSR survey process

The team members involved in this project reported very positive experiences conducting surveys to inform the PSR pilot. Street Roots vendors and other unhoused team members spoke of how affirming it was to be able to provide leadership and help establish trust with the people we interviewed. One vendor said, "I went to St. Francis and CityTeam, and people were open because I know people there. People were glad that something like that's going to happen." Another vendor described approaching people who were hesitant at first but willing to speak with his team "when I told them it was about making their experience better, safer, and comfortable for them so they can function." Students spoke of how powerful it was to learn from unhoused community members, and how they were able to gain access to people and information they never would have been able to without the collaborative approach we used in this project. One student said, "It was encouraging to see people from different backgrounds and affiliations coming together to address an issue. I most appreciate the Street Roots vendors I worked with who let me into their world." Similarly, another student said, "These interactions provided me with a greater understanding of the needs of those experiencing homelessness. The entire survey process was a window into the way organizations, activists, and students can collaborate to ensure that underrepresented voices are heard."

## 8 | DISCUSSION

Based on the findings presented above, we proposed numerous recommendations for the Portland Street Response pilot program. We will briefly review these recommendations and provide an overview of how the information we collected was used to gain approval for the pilot program, as well as how the program has evolved over the past year.

### 8.1 | Recommendations

The surveys we conducted in partnership with unhoused people and grassroots organizations working to support them led to eight specific recommendations, which are listed in Table 5 and described in more detail below.

#### 8.1.1 | Portland Street Response characteristics

The first six recommendations focused on how PSR should be designed. Respondents overwhelmingly thought PSR should be a separate entity from Portland police, with unique uniforms distinguishing them from police or other street patrol groups. When asked who the first responders should be, the most common response was mental health professionals, followed by peer support specialists or other people with lived experience. Similarly, when asked what types of training they should have, "mental health" was most commonly noted. However, some expressed concerns about mental health professionals over-diagnosing or pushing medication or hospitalization. They preferred that responders come equipped with listening skills and training in de-escalation and trauma-informed care. Responders should not be armed or run warrant checks and should provide food, water, and other helpful supplies, such as hygiene products, bags for people's belongings, and first aid/medical care. Finally, PSR responders should be ready and able to provide referrals and transportation to necessary services, and to places where unhoused people can rest, recover, and heal.

**TABLE 5** Recommendations for the Portland Street Response pilot program

Recommendations
1. Portland Street Response needs to be separate from the police
2. Uniforms should be recognizable and distinct from other first responders
3. Prioritize training in mental health, de-escalation, trauma, and listening
4. Portland Street Response should not be armed or run warrant checks
5. Referrals and transportation services would help the teams be effective
6. Connect Portland Street Response with places where people can go
7. Educate community members about emergency calls
8. Treat people with compassion and dignity

### 8.1.2 | Community members must be educated about emergency calls

The seventh recommendation reflects respondents' stated frustration with community members who call 911 whenever they see a homeless person or tent, typically when no emergency is present. This illustrates a growing trend of "unwanted persons" calls, which have increased by more than 60% in Portland since 2013 (Shepherd, 2019). When police show up to nonemergency calls related to nuisance or behavioral issues, it can lead to an arrest, which can then lead to barriers in people accessing housing and employment. There is a need to better educate community members about when to call 911, when to call the police nonemergency number, and when to call other community support teams to address their concerns. It also speaks to the importance of Portland Street Response working closely with 911 to know when the PSR team should be dispatched instead of police officers; and to consider the feasibility of eventually having its own designated call-line.

### 8.1.3 | Unhoused community members must be treated with compassion and dignity

The final recommendation was a common underlying theme across the findings and echoes the call from respondents to be treated humanely and with dignity. In the poignant words of one respondent, "When you already feel hopeless, and you're at the end of your road, and you're ready to jump, no one wants to be labelled or called an 'unwanted person.'" First responders should approach people with compassion and avoid making assumptions about their situation. They should listen to their needs and work with them to best identify the necessary supports and services. It is critical for responders to have an awareness of the trauma of being homeless and the very real risks that unhoused people face on a daily basis, including increased vulnerability to violence victimization (Meinbresse et al., 2014). Only by listening to and working collaboratively with people to find solutions will the PSR team be able to help people get connected to housing, support services, or other resources they need to address the challenges that first initiated the emergency response.

## 8.2 | Pilot program approval and expansion

The information and recommendations from our collaborative survey process were an integral part of the final Portland Street Response pilot project implementation plan that was presented to and approved unanimously by Portland City Council in November 2019 (see Figure 6). The outpouring of community support and enthusiasm for



our work, which was covered by several news outlets and shared widely on social media, also helped to demonstrate community readiness to mobilize around the important goal of providing a more humane, compassionate response to unhoused people and other community members in crisis. As Commissioner Hardesty said, "This is revolutionary. We have not changed our first-response system since the late 1800s."

The approved pilot, which will run through the Portland Fire Bureau, was proposed to consist of two staff members—an emergency medical technician and a mental health crisis therapist. It would be located in the Lents neighborhood of Portland and be dispatched by 911 operators to respond to calls that do not require police officers, such as a nonviolent mental health crises, reports of camping on private property, or calls from people who need help accessing social services.

The program was scheduled to launch in Spring 2020 but was delayed by the COVID-19 pandemic. Following the police killings of George Floyd and Breonna Taylor, and the resulting public outcry for police reform, Commissioner Hardesty led City Council in shifting millions of dollars from three of the most racially unjust police units to programs and initiatives like PSR which are intended to address the criminalization and over-policing of the city's most marginalized communities, including unhoused people (Jensen, 2020)—a disproportionate percentage of whom are Black, Indigenous, and People of Color (BIPOC) (City of Portland et al., 2019).

This increased funding will allow PSR to expand from just one team to multiple teams operating at different times, with the plan to scale the program up city-wide after the first year. The expansion will also allow for the addition of community health workers and peer support specialists, which is a decision based directly on the suggestion of unhoused individuals to include people with lived experience and deep knowledge of the community on the PSR team. The pilot program will be evaluated according to a variety of metrics (e.g., reductions in the number of calls traditionally responded to by police; reductions in the number of people transported to the emergency room for nonemergency medical related issues; PSR staff job satisfaction and wellness; and neighbor experiences with the PSR pilot). Of critical importance, a large component of the evaluation will be a survey process similar to the one documented in this article whereby members of the newly formed Street Roots Ambassador Program (created to provide outreach to unhoused people during the COVID-19 pandemic) and student researchers will conduct surveys and interviews with unhoused individuals in the PSR service area to learn



**FIGURE 6** Presenting the Portland Street Response Program implementation plan to Portland City Council

more about their experiences with the program and recommendations for its improvement. It will be critical to center BIPOC voices in these interviews given the disproportionate negative impacts they experience from both homelessness and over-policing. We will work with culturally specific providers of homeless services and other BIPOC-serving organizations to design interview questions and outreach approaches that account for the unique experiences and needs of unhoused BIPOC community members.

### 8.3 | Limitations

There are some limitations about our survey process that should be noted. First, we used convenience sampling, meaning the individuals we spoke to were those who were most accessible and willing to speak with us. We surveyed in various parts of the city, but we primarily stayed downtown and in other areas close to services and large encampments. We did not go into harder-to-reach camps, nor did we interview people living in doubled-up situations or transitional housing. Despite our somewhat limited scope, we found that the information reported from people interviewed in different settings was consistent. Our findings also paralleled the information obtained in listening sessions with unhoused people at different service and advocacy centers early in our process. This makes us confident that while we may have missed the perspectives of some, our findings are representative of the experiences of many, including those who are most likely to interact with the PSR team.

Based on the suggestions of our project partners with lived experience of homelessness, we did not collect detailed demographic information because we wanted to focus on peoples' general experiences with first responders and attitudes about the design of the PSR pilot. Collecting demographic information would have added a considerable amount of time to the survey and discouraged some individuals from talking with us due to concerns about anonymity. Based on anecdotal reports from interviewers, it is likely our findings may over-represent the experiences of middle-aged, White, cisgender, single men experiencing homelessness, although we also interviewed a number of women and people of color. Many respondents discussed having mental and/or physical disabilities, and a few disclosed being transgender, non-English speakers, and veterans. Based on concerns about over-representing men in our interviews, we conducted targeted outreach to women at a local organization supporting unhoused people. As discussed above, it will be important to do similar outreach and oversampling of unhoused BIPOC community members as we evaluate the PSR pilot program in the next stage of this study.

## 9 | CONCLUSION

A social problem as complex as homelessness demands a commitment to actionable research and policy recommendations that respond to the diversity of ways that people enter into and exit out of homelessness. We hope that the process we have outlined in this article encourages other communities to work in partnership with people experiencing homelessness to design similar programs and policies that address the complex challenges, barriers, and injustices they face. Already, our group has been able to use the methods and lessons learned from this project to collaborate with community partners to survey unhoused people about their needs and preferences for temporary shelter during the COVID-19 pandemic. We are using this information to advocate for opening more motel rooms to keep people safe during the pandemic, with the hope of following other national and international examples of turning these temporary shelter options into permanent housing solutions for people long-term (Harbarger, 2020).

Too often, unhoused people are left out of the policy conversations and decisions that most affect them. When we were designing the Portland Street Response pilot program as an alternative model of first response aimed at reducing the criminalization of homelessness, we knew it was critical for the voices of unhoused people to reach elected officials. But acknowledging the challenges that unhoused people face each day just to survive, we also

knew we needed to go directly to them rather than unreasonably expecting them to show up at City Hall. Our collaborative survey process was a community-led effort designed to ensure that the development of the PSR pilot program was informed first and foremost by the experiences, needs, and preferences of people who are too often victimized by a system that is supposed to protect and serve them. Now, at a time when cities across the country are rethinking how public safety efforts are structured and funded, Portland Street Response can help lead the way for what a new public safety system can look like. In the words of one survey respondent, "I would like to see Portland Street Response be the city's first response in dealing with the homeless crisis. I want Street Response to be the city's compassion."

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## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

## ETHICS STATEMENT

The work described in this manuscript complies with APA ethical principles and the Portland State University Institutional Review Board.

## PEER REVIEW

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## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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