Executive Summary

The national conversation about race and discrimination has once again emphasized the numerous ways in which racism is woven into the fabric of our society. It is entangled within issues that span criminal justice, employment, housing, and politics. Higher education and health care have not been spared. Despite the efforts and the progress we have made over many years, we must continue to reduce and eliminate the impact of structural racism within our own community. Bias and discrimination remained normalized in many of our daily practices and in no situation is this more immediately felt than in one’s sense of individual safety and well-being.

The overarching goal of the Task Force is to understand how structural racism exists in and continues to shape our policies and perspectives related to safety and security, and how UCSF can improve and build upon our policies and practices to ensure they are unbiased, just and fair-minded, while keeping the entire UCSF community, including trainees, staff, faculty and patients, safe. As part of this, the Task Force aims to recommend ways to ensure that UCSF’s policing and security protocols and practices serve our community without discrimination, bias, or unnecessary use of force, and create a safe and welcoming environment for all.

The UCSF Safety Task Force was charged in July 2020 by Chancellor Hawgood to provide recommendations to address the following issues:

- Responsibility and engagement of the UCSF community in maintaining a safe, inclusive environment
- Best practices for training police and security personnel in diversity, equity, and inclusion with a specific focus on racial profiling
- Best practices for doing mental health/wellness checks
- Accountability and reporting of security and safety activity
- Assessment of our local community-facing safety activity

This first report from the UCSF Safety Task Force provides the initial findings and recommendations based on a review of data related to UCSF police and security personnel, current programs and plans that utilize de-escalation methods to handle potentially disruptive situations, a preliminary look at approaches for risk assessment in the clinical setting, and the current programs focused on mental health and well-being of the UCSF community.
Our main findings are the following:

- UCSF would benefit from taking a holistic view of all of our services that ultimately contribute to a sense of safety and security: i.e. wellness, mental health, de-escalation, security and policing. In so doing, we can create a more integrated and effective approach that matches trained personnel and resources to the full scope of needs of our population.
- There is a great opportunity to increase the use of de-escalation to manage the many occasions where disruptive behaviors might otherwise lead to a call for intervention by security personnel or police. These approaches, which are supported by the current literature, are beginning to be utilized in some of our clinical settings, but deserve to be expanded and monitored to determine their effectiveness.
- We would benefit from far more coordination of programs/resources focused on wellness and mental health. There are a number of existing, successful programs that serve the mental health needs of our community, as well as programs to promote well-being. However, there is a general lack of coordination of these resources, and subsequently uncertainty as to their availability by our community. Furthermore, some of these programs are at or beyond capacity, in part due to the heightened focus on structural racism and its impact on people of color. Specifically, we are not doing enough to provide for the counseling needs for the many individuals who carry a burden of racial trauma.
- We need to improve our monitoring of interactions with police and security personnel that are characterized by bias or an unnecessary degree of escalation. There continue to be numerous instances of racial profiling and biased treatment of people of color, especially blacks, both in the clinical and academic setting. These episodes are not reflected in the current approaches for collecting data on police and security personnel encounters, suggesting the need to improve data collection methods. This is also in the setting of programs already in place for DEI training of our sworn police training, but a lack of sufficient training for other security personnel.
- All of us have a role in creating a safe and secure environment. The terms “safe” and “secure” refer to a state of not only feeling free from any threat of physical, psychological or emotional harm, but also feeling welcomed, supported and comfortable as a member of or visitor to the UCSF community, regardless of one’s background or role. To this end, the responsibility of creating a safe and secure environment falls on the shoulders of every one of the more than 32,000 members of our community, i.e. beyond just our “official” police and security personnel, as it is our individual relationships with one another that are a critical determinant of one’s sense of acceptance and well-being.

Based on these findings, we submit the following, initial recommendations:

1. Develop new policies and procedures for the use of de-escalation, and appropriate resourcing to make these specialized personnel available
2. Enhance Diversity, Equity and Inclusion training for police and security personnel
3. Review and improve police and security personnel hiring with a focus on diversifying the units further and eliminating bias and discrimination
4. Improve coordination and capacity for providing for mental health and wellness needs

5. Improve policies and systems for the collection and review of data relevant to safety that is disaggregated by gender, race/ethnicity, and make these data available to all stakeholders

6. Reimagine Campus Security Officers as Public Safety Ambassadors and Clinical Safety Officers

7. Implement a universal policy to require wearing ID on campus at all times, and create single-point-of-entry for most campus buildings and use of automated ID readers

8. Assure compliance with all elements of the UC System-wide Recommendations

9. Specify benchmarks and accountability for the implementation of these recommendations

The Task Force recognizes there is far more work to be done to refine and potentially expand these recommendations, and to facilitate their implementation. We look forward to receiving feedback from UCSF leadership, the UCSF community, and representatives of our local community, and are prepared to move ahead with the next phase of this important work.
Introduction

The national conversation about race and discrimination has once again emphasized the numerous ways in which racism is woven into the fabric of our society. It is entangled within issues that span criminal justice, employment, housing, and politics. Higher education and health care have not been spared. Despite the efforts and the progress we have made over many years, we must continue to reduce and eliminate the impact of structural racism within our own community. Bias and discrimination remained normalized in many of our daily practices and in no situation is this more immediately felt than in one’s sense of individual safety and well-being.

The overarching goal of the Task Force is to understand how structural racism exists in and continues to shape our policies and perspectives related to safety and security, and how this can allow us to change policies/practices to ensure they are unbiased, just and fair-minded, while keeping the entire UCSF community, including trainees, staff, faculty and patients, safe. As part of this, the Task Force aims to recommend ways to ensure that UCSF’s policing and security protocols and practices serve our community without discrimination, bias, or unnecessary use of force, and create a safe and welcoming environment for all.

Specifically, the Task Force was charged in July 2020 by Chancellor Hawgood to provide recommendations to address the following issues:

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The Task Force considers the terms “safe” and “secure” to essentially be synonymous, referring to a state of not only feeling free from any threat of physical, psychological or emotional harm, but also feeling welcomed, supported and comfortable as a member of or visitor to the UCSF community, regardless of one’s background or role. To this end, the responsibility of creating a safe and secure environment falls on the shoulders of every one of the more than 32,000 members of our community, i.e. beyond just our “official” police and security personnel, as it is our individual relationships with one another that are a critical determinant of one’s sense of acceptance and well-being.

This interim report is based on initial discussions and information-gathering that have taken place between July 27, 2020 and October 15, 2020. It follows five one-and-a-half hour meetings with Task Force members. The meetings included eleven presentations, accompanied by discussion, on topics ranging from UCPD use-of-force-data, provision of UCSF mental health services, and concepts and pilot projects related to de-escalation. This report is therefore an early, interim communication to the Chancellor and the UCSF community in keeping with the expectation of providing an update within approximately 60 days of the formation of the Task Force.

We recognize that a considerable amount of additional work is required to gain a deeper understanding of these issues and the needs of the campus. Also, we want to emphasize that the focus of the work to date has been exclusively inward-facing – i.e. we have attempted to
gain an understanding of the personnel, resources, policies and programs from the perspective of our internal stakeholders. Other than a very informative, preliminary discussion of the interim findings of the Task Force with the Center for Community Engagement Council, we have not yet reached out for input from our external stakeholders, such as the patients and visitors to our campuses, and existing and potential new organizational partners in the community. Incorporating community-based perspectives and recommendations will be a critical element in the next phase of work by the Task Force.
Initial Findings and Observations

1) Characteristics of UCPD and security personnel, including statistics on encounters

The UCSF Police Department (UCPD) handles all patrol, investigations, crime prevention, emergency management, homeland security and related community policing duties for the UCSF campus. The Police Department consists of approximately 290 authorized staff, serving a population that exceeds 60,000 patients, visitors, students, faculty, staff and affiliates; and protecting over 12 million square feet of UCSF Enterprise, 24 hours, 7 days per week. In March of 2020, UCSF Police Department incorporated the Medical Center Security Services into the UCPD, effectively doubling its size.

The activities of UCPD are overseen by the Senior Vice Chancellor for Finance and Administration, and the Police Community Advisory Board (PCAB). The PCAB was created as a recommendation from the 2018 Presidential Task Force on University Wide Policing, and is meant to facilitate and enhance communication between UCPD and the greater UCSF Enterprise (Campus and UCSF Health) community. The Board works collaboratively on issues involving safety and security, to create shared learning environments where officers and members of the UCSF community interact and learn together. Meetings take place quarterly; virtually during the Shelter-in-Place.

A critical observation regarding UCPD is that the vast majority of our internal and external community do not recognize the important functional differences between our sworn police officers and security personnel – they are essentially lumped into the same general grouping of “police” or “security.” This lack of clear differentiation results in a number of challenges, including uncertainty in perception of responsibilities, confusion about the availability of statistics on encounters, training expectations, etc. The Task Force therefore agreed that a high priority going forward is to clarify and effectively communicate the roles of all personnel involved in safety and security.

The Task Force discussed the seemingly disproportionate size of our police department when compared to our student population and other campuses, as the UC system-wide report shows a markedly higher police:student ratio at UCSF compared to all other UC campuses (See Appendix 1-A). However, it was noted that UCPD serves a much larger community than most UC campuses - this is especially true when thinking of our clinical operations in terms of multiple locations. When considering staff, patients and visitors as well as students, our average daily population is close to 64,000. The comparison of the size of the police force to the total daily population would be much more valuable as a comparator and we will ask the UC system to provide these data.

Statistics on encounters:
- UCSF Police Department experiences one of the lowest violent crime incidents of all UCs. Nonetheless, property crime and larceny/theft are prevalent (See Appendix I-B and https://police.ucsf.edu/crime-prevention-statistics)
- From 2015-2019, records (See Appendix I-C) from UCPD indicate there were eight incidents involving the use of force by police. Of those, three involved subjects who were white and five involved subjects who were nonwhite. There were no incidents that involved the use of a firearm.
- During the same period, records (see Appendix I-C) indicate there were five reported citizen complaints of racial profiling against security guards.
• Of note, during the discussion of these findings, Task Force members suggested that the number of incidents of “use of force” by police or security personnel were higher if one includes the restraint of patients in the hospital setting. The Task Force is aware that the use of restraints is governed by standardized protocols and regulations, with the intention to apply restraints humanely and with the minimum amount of force needed to ensure the safety and well-being of the patient. Nonetheless, there is currently no record-keeping that identifies the occasions where restraints are applied with more force than required. In addition, there was general agreement that, based on numerous anecdotal reports by students, staff and faculty, the true number of incidents of racial profiling, especially for blacks, was far higher than what is reported in the official records.

UCSF Police Officer Training:
• The UCSF Police Department uses a broad spectrum of training sources for the educational and professional development of its employees. Law Enforcement Professional Training is comprised of two categories of training. The first category refers to those courses certified by California Peace Officers Standards and Training (P.O.S.T) for both sworn and non-sworn personnel and the training standard for police officers, deputy sheriffs, school district police officers and district attorney investigators. It includes a minimum of 664 hours of training and testing in 42 separate areas, exceeding the 664 hour minimum.
• All UCSF PD officers also receive mandatory training on the critical issues they navigate in their line of work (partial list): bias and racial profiling, bloodborne pathogens, domestic violence, elder/dependent adult abuse, first aid/CPR/AED, HIPAA, terrorism, mental health and sexual violence and harassment prevention.

UCSF Police and Security Personnel Demographics:

<table>
<thead>
<tr>
<th>UCSF Police - Sworn Officers</th>
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<tbody>
<tr>
<td>Black/African-American</td>
<td>2%</td>
</tr>
<tr>
<td>Chinese/Chinese-American</td>
<td>24%</td>
</tr>
<tr>
<td>European</td>
<td>7%</td>
</tr>
<tr>
<td>Filipino/Pilipino</td>
<td>15%</td>
</tr>
<tr>
<td>Latin American/Latino</td>
<td>9%</td>
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<tr>
<td>Mexican/Mexican-American/Chicano</td>
<td>7%</td>
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<tr>
<td>Other Asian</td>
<td>4%</td>
</tr>
<tr>
<td>Pakistani/East Indian</td>
<td>4%</td>
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<tr>
<td>White</td>
<td>29%</td>
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</table>

<table>
<thead>
<tr>
<th>UCSF Police - Non-Sworn Officers</th>
<th>14%</th>
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<tbody>
<tr>
<td>Black/African-American</td>
<td>14%</td>
</tr>
<tr>
<td>Chinese/Chinese-American</td>
<td>10%</td>
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<tr>
<td>European</td>
<td>4%</td>
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<tr>
<td>Filipino/Pilipino</td>
<td>28%</td>
</tr>
<tr>
<td>Japanese/Japanese-American</td>
<td>1%</td>
</tr>
<tr>
<td>Latin American/Latino</td>
<td>4%</td>
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<tr>
<td>Mexican/Mexican-American/Chicano</td>
<td>5%</td>
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<tr>
<td>Other Asian</td>
<td>5%</td>
</tr>
<tr>
<td>Other Spanish/Spanish</td>
<td>5%</td>
</tr>
<tr>
<td>Pakistani/East Indian</td>
<td>2%</td>
</tr>
<tr>
<td>Two or More races</td>
<td>35%</td>
</tr>
</tbody>
</table>
2) Current de-escalation protocols

- The current Crisis Prevention Intervention (CPI) training at UCSF has communicative interaction elements as well as physical, weaponless responses to attacks. About half of nursing supervisors have received the training (work was being undertaken to train all of them pre-COVID) as have security, Department of Emergency Medicine and Department of Psychiatry members. Police have received similar training under a different acronym. There is an 8-hour class via UCSF Learning Center on the topic taught by two psychiatric nurses – available since 2011. A recurring gap that was identified is that nursing staff are unsure of who has actually received the training while on their shift. There was a suggestion to develop an easy way to determine this. Another was to have 24/7 crisis interventionists on staff.
- ZSFG has a Behavioral Emergency Response Team (BERT) program. This team is staffed by the clinical nurse specialist, nurse educators, and charge nurses from the Department of Psychiatry. It was developed in February of 2018 to respond to patient behavioral disruptions in non-psychiatric units with the goal of having specially-trained nursing staff to respond to clinical behavioral matters. Code Green/at-risk patient calls should go to SFSD but BERT may also be called for clinical interventions such as verbal de-escalation and negotiating for patient-safe decision-making. They can assist in giving emergent medications and/or the initiation and application of restraints. BERT rounds twice daily to consult on behaviorally-challenging patients.

3) Risk assessment

- Per policy, a patient belongings inventory is conducted upon admission to the hospital for patient and staff safety (see Appendix II). Additionally, a patient’s room may be examined if a set of objective criteria are met; Risk Management signs off on the search.
- There is a notice on the paperwork received by patients that they are subject to these searches; however, it is noted that patients do not often look at the details of their paperwork. There is a lack of clear signage indicating these policies are in effect.
- A lack of uniform understanding of these policies by staff can allow for conflict over their application and create risks for both patients and staff. It also can allow for the uneven application of the policy due to bias.
- The Task Force also learned that the protocol for handling a situation in which there is a disagreement or misunderstanding regarding these policies may lead to escalation to Risk Management too quickly, denying an opportunity for de-escalation.

4) Management of mental health needs and support of community-wide wellness

(N.B. – These observations are based on two meetings of a special “Healing and Resiliency” working group that was convened to provide insight to the Task Force on current programs addressing mental health needs and the promotion of wellness.
- Wellness Coordinator Kathleen Yumul leads the Wellness and Community team in Campus Life Services (CLS) and works to promote wellness initiatives for the faculty and staff. They are developing a Wellness resources page to be a “one-stop shop” for faculty and staff, highlighting and building more resources for members of the UCSF community.
now working from home (WFH). The goal is to continue to engage the University population and to communicate the number of resources available.

- **Vice Chair for Adult Psychiatry Dr. Maga Jackson-Triche** has created the Coping and Resiliency Program (COPE) that is designed to identify stress, triage assessment, and screen for potential development of disorders. COPE provides outreach to specific populations through special interventions, e.g., a webinar tailored for frontline groups. All UCSF employees can utilize COPE, including trainees ([https://psych.ucsf.edu/cope](https://psych.ucsf.edu/cope)).

- There are two additional resources supported by the Department of Psychiatry:
  - [https://psychiatry.ucsf.edu/copingresources](https://psychiatry.ucsf.edu/copingresources)
  - [https://psychiatry.ucsf.edu/copingresources/wildfires](https://psychiatry.ucsf.edu/copingresources/wildfires)

- The Faculty and Staff Assistant Program (FSAP – see Appendix III), led by Andrew Parker in Human Resources, provides confidential counseling and consultation services to individuals and groups at UCSF, as well as assistance in the investigation of threats and violence within the workplace (Behavioral Intervention Team).

- Student Health and Counseling Services (SHCS – see Appendix IV) is located in the division of Student Academic Affairs. Jeanne Stanford, PhD is the Mental Health Services director. SHCS provides primary care as well as mental health services. The counseling component provides confidential mental health services and psychiatric services to all registered students from the professional schools, including Physical Therapy and the Graduate Division. SHCS is available 24/7 and focuses on communities of care and lowering the access-to-care bar. The mental health staff is a group of diverse, multidisciplinary and multicultural providers. The Mental Health Services Director serves on the Student of Concern Committee, is part of the Campus Learner Death response team and the Threat Management Team. Students of color are especially in need of resources. Services were already in demand prior to COVID and now the team has been asked to do even more.

- The recent upsurge in attention to racism in our society has led to a major increase in requests for counseling by black, indigenous and other people of color (BIPOC) trainees. Many BIPOC graduate students have reached out to Dr. D’Anne Duncan, Assistant Dean for Diversity and Learner Success, in the Graduate Division, for counseling, over and above the academic and professional advising she provides to guide them toward success in their programs. Many of these students present with complex mental health issues resulting from racial trauma, and they need access to professional psychological support that Dr. Duncan cannot provide (and see above for the volume of clients coming to Student Mental Health Services).

- Learners, staff and faculty expressed the need for additional resources to support the mental health, wellness and resilience of individuals dealing with the trauma of racism, other forms of oppression and social injustice.

### 5) On the concept of “defunding the police”

The Task Force had a robust discussion regarding the meaning of the calls to “defund the police.” It was clear that the particular nature of UCSF, having both an academic and clinical environment, required the availability of uniformed police officers, given the rare but dangerous situations that occur in the clinical setting and pose a threat to our staff, and the need to handle other situations, such as investigation of intimate partner violence incidents or threats occurring in our housing or on our campus, investigations of fraud and embezzlement cases, and lower level of crimes, such as computer or bicycle theft, that would otherwise require reliance on outside law enforcement. Some have suggested that, rather than having its own police, UCSF should rely on the San Francisco Police Department to handle these needs. However, it seems
apparent that our goal to deal with these various situations in the most thoughtful, measured and humane way possible is best served by having sworn police officers who see themselves as an integral part of the UCSF community and are committed to our shared values.

Nonetheless, there was agreement that new approaches, such as improved building security and the de-escalation programs described above, could decrease the need for police engagement. There was also consensus that, as described earlier, most members of the campus community did not know the difference between police and security personnel, and there was an opportunity to re-imagine security personnel as campus ambassadors. The Task Force also appreciated the following conceptualization of “defunding” put forward in the 2019-20 report (https://chancellor.berkeley.edu/task-forces/chancellors-independent-advisory-board-police-accountability-and-community-safety) of the UC Berkeley “Chancellor’s Independent Advisory Board on Police Accountability and Community Safety”:

Defunding acknowledges that financial budgets reflect a moral budgeting. On a college campus, defunding the police means allocating resources in a way that reflects the campus’ stated priorities and values, which should include how to best ensure safety for a diverse community. Defunding is … about broadening our imagination.

To this end, the Task Force prefers the phrase “Reimagine the Police” as a means of conveying the broader concept that we must re-evaluate our overall approach for ensuring the safety and security of the entire UCSF community, including our patients and visitors. Rather than limiting the primary attention to our police, we propose taking a holistic view that: 1) considers the wide scope of activities and events that influence the safety and well-being of every individual, and 2) aims to integrate the range of perspectives and skills that all our trained safety-related personnel (such as mental health professionals, social workers, uniformed police, et al) can apply in a manner that is appropriately scaled for a given situation, maximizes peaceful resolution, and is fully respectful of the rights and dignity of every person. With this holistic view, we will be in a better position to determine how to best match resources to needs, and fulfill our commitment to treating everyone associated with UCSF in a just, fair and compassionate way.
Recommendation #1: Develop new policies and procedures for the use of de-escalation, and appropriate resourcing to make these specialized personnel available

The Task Force quickly came to realize that one of the most critical aspects of improving the safety and security of the UCSF community is the tension that exists between the need to effectively handle the rare but very consequential episodes of violent behavior occurring on our campus, and the unnecessary use of intimidation, threats and force by police and security personnel in situations that could otherwise be managed peacefully. As noted in the review of encounter data, there are exceedingly few instances in which police feel the need to resort to physical force, and no incidents involving firearms. However, these rare events of physical force are nonetheless an unfortunate reality, especially given our healthcare mission, and our front-line healthcare workers, especially nursing staff, experience this risk and are grateful for the ability to call uniformed police to help resolve a dangerous situation. At the same time, the Task Force is aware of instances where police or security personnel are called to deal with a situation that could have been handled by the on-site clinical team or staff.

The potential value of de-escalation in these kinds of situations are well-documented, and the Task Force benefitted from the following scholarly review of the literature by a group of UCSF Pediatrics Residents:

De-escalation prevents violent behavior, avoids restraints and is also associated with reduced length of stay, improving staff-patient interactions, higher hospital quality indicators and helping patients develop feelings of hope, safety, and self-acceptance (Price and Baker 2012, Richmond 2012).

At least two case studies demonstrate the effectiveness of de-escalation training protocols. Lakatos (2018) studied a protocol at Brigham and Women's Hospital and found a 40% reduction in violence towards its nursing staff over a 1.5-year period of use. Another protocol used in Bowers (2015) reduced the rate of behaviors posing risk to the patient or those nearby by 15% relative to the control. It also reduced the rate of containment (use of restraints, medication, special observation, time-out, etc.) by 26.4% relative to the control.

Hallett and Dickens (2017) show de-escalation as a first line intervention for imminent violence that can reduce patient aggression, prevent violence, and reduce the need for restrictive interventions. Price (2015) notes that some of the strongest evidence links de-escalation training with staff improvement in knowledge and confidence in ability to de-escalate scenarios (Price 2015).

However, which attributes of de-escalation are most effective has not been demonstrated in the literature. Nor has how people become effective de-escalators. No quality studies link improved confidence with improved outcomes. There is even a concern that excessive self-confidence may be perceived as threatening and counterproductive to de-escalation (Hallett and Dickens 2017, Price 2015). Also, no studies have evaluated the impact of de-escalation on racial/ethnic disparities in security/policing.

In terms of implementation, de-escalation training should be:
Interactive - Passive online trainings did not improve nursing perceptions of safety (Havaei 2018).

Tailored - Multiple studies describe that training needs to be specific to the unit where staff members actually work (Lakatos, Price, Havaei).

Interdisciplinary - An interdisciplinary team participates in de-escalation, including RN, MD, technicians, security personnel all trained in de-escalation (Richmond et al, Havei et al.). Wards with high compliance with training benefit more, which is thought to be due to adopting whole-team approaches that are more likely to reduce the risk of assault (more than individual advances in knowledge and skills) (Price et al 2015).

Frequent - Multiple studies noted the importance of increasing the frequency of de-escalation training and regular refresher courses to maintain learning (Price et al 2015).

While no studies specifically evaluate the use of designated de-escalation workers, supporting data includes a survey of around 1,000 nurses which showed they were most likely to feel safe in “hands off” units, when they were not expected to intervene during a behavioral code (Havaei 2015). Authors of a literature review describe that a major barrier to de-escalation in the emergency department is appropriate staffing, and mention the need to “have a staff member dedicated to this role with the requisite skills” (Edward 2018).

As described previously, there are currently at least two formal de-escalation programs at UCSF. The current Crisis Prevention Intervention (CPI) training at UCSF has communicative interaction elements as well as physical, weaponless responses to attacks. About half of nursing supervisors have received the training (work was being undertaken to train all of them pre-COVID) as have security, Department of Emergency Medicine and Department of Psychiatry members. Police have received similar training under a different acronym. There is an 8-hour class via UCSF Learning Center on the topic taught by two psychiatric nurses – available since 2011. A recurring gap that was identified is that nursing staff are unsure of who has actually received the training while on their shift. There was a suggestion to develop an easy way to determine this. Another was to have 24/7 crisis interventionists on staff.

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In addition, the Task Force learned of a pilot de-escalation team approach that is to be implemented soon at Benioff Children’s Hospital. The plans call for a response framework that has four levels, ranging from consult to urgent to immediate to crisis, and an activation sequence that begins with a decision by the bedside care team to call the Nursing Supervisor designated as the initial contact of the de-escalation (termed “SAFE”) team (see Appendix V). The core team includes the Nursing Supervisor and a Social Worker, and the expanded team includes a member of Spiritual Care services and a Security Supervisor. Additional on-call resources are Psychiatry, Patient Relations, Risk Management, Hospitalists, and a Community Engagement Advisor.
Based on these findings, the Task Force recommends the following, interim actions:

- Expansion of current de-escalation training to include all health system staff who have any direct involvement in patient care, and campus staff, such as those working in the library, who directly interact with visitors.
- Creating on-call, 24/7, trained, trauma-informed de-escalation teams that are available for all campus sites.
- Explore opportunities for partnering with local violence prevention and intervention programs and strategies specifically designed for and deployed to local African American and Latinx communities. Partnership could include training, contracting for services and a pipeline to workforce for our proposed ambassador personnel.

The Task Force also recommends the formation of a subcommittee to gather and assess all relevant information on this topic in order to generate longer-term recommendations. Additional work is needed in the following areas:

- A review of all current policies and procedures that relate to the management of “disruptive situations” in the clinical or academic settings, and recommendations for modification of these policies and procedures in a manner that would minimize the need for intervention by police or security personnel while ensuring safety to all parties.
- Creation of a catalogue of existing de-escalation efforts, and a database that documents all involvement of de-escalation teams, including reasons for calls, demographics of people involved, interventions and outcomes). The amassing, interpretation and oversight of these data should be done by a body that is seen as independent of UCPD. (Also, see Recommendation #6).
- The development of procedures and training aimed at reducing calls to police and security that are biased toward escalation, and expanding employee understanding of other resources available, such as deployment of mental health, social worker or homelessness service workers.
- Methods to address the power differential between clinical staff, such as nurses, physicians, and technicians, given that this complicates our ability to work together to reduce bias and best de-escalate difficult situations.
- Examination of whether a disproportionate burden of violence and stress is carried by nursing staff, with the goal of providing recommendations for how to decrease this burden.

**Recommendation #2: Enhance Diversity, Equity and Inclusion training for police and security personnel**

The Task Force reviewed the current list of trainings for all police officers and security officers (see: https://police.ucsf.edu/system/files/ucsf_pd_interim_training_plan_2020.pdf). Based on rank there are a number of mandated, essential and desirable trainings. We recognize that Bias and Racial Profiling is a mandated training for Officers, but not for security personnel. We
recommend that all police officers and all security personnel complete diversity, equity and inclusion training that incorporates the following:

- The UCSF Foundational DEI on-line training that will be required for all members of the university.
- Annual Unconscious Bias training that specifically includes skill building in the recognition of bias and the elimination of racial profiling. The Bias and Racial Profiling Update as identified within the UCSF training plan should be evaluated to assure that it aligns with UCSF principles of community and goals for anti-racism.
- De-escalation training as developed and implemented by UC Health. The Office of Diversity and Outreach (ODO) has also identified a trainer from LAPD to better assist unconscious bias training that is policing specific.
- Additionally, all staff within the security division should complete Customer Service Training, which is not currently mandated.

Recommendation #3: Review and improve police and security personnel hiring with a focus on diversifying the units further and eliminating bias and discrimination

It is critical that we have demographic diversity within our police and security personnel that is reflective of the population of our institution and our patients. The current make-up of our police and security personnel (described earlier) shows a significant under-representation of blacks in our uniformed police and of LatinX in both sworn police and security personnel. To correct these imbalances, we should implement evidence-based practices to eliminate any inequity in the recruitment of under-represented minorities to the police and security forces. The Office of Diversity in partnership with Human Resources, through our implementation of Staff Equity Advisors, will work with the Chief of Police to improve the applicant pool by conducting expanded outreach to diverse populations, constructing diverse hiring committees, and training on the impact of unconscious bias in hiring.

The Task Force also recommends adding questions about diversity and Inclusion in the Interview process, as well as a Contributions to Diversity Statement for each applicant (see: https://diversity.ucsf.edu/contributions-to-diversity-statement). The Contributions to Diversity Statement allows the candidate to identify their past contributions to diversity and equity and future plans for continuing this effort in alignment with UC San Francisco’s efforts to reflect the diversity of California and to meet the educational, research and clinical needs and interest of its diverse population. These statements should be utilized as a component to the application review for each applicant.

Recommendation #4: Improve coordination and capacity for providing for mental health and wellness needs

The Task Force strongly believes that a critical element in creating a supportive and secure environment at UCSF is the presence of resources that address the mental health needs of our community members, including ensuring care for those with mental illness of any degree, and programs and practices that promote wellness and resilience. This area of emphasis is at least
as important as the focus on how to manage the acute incidents of disruptive behavior and minimizing bias in the general approach to safety and security.

Similar to its significant prevalence in society in general, mental illness is prevalent across all sectors of UCSF. Importantly, beyond the needs of those with a diagnosable mental illness, we also have a responsibility to attend to the wellness needs of our community, in order to both maximize everyone’s ability to succeed in their work and studies, and to prevent an erosion of well-being that places one at risk of developing mental illness.

There are at least two additional dimensions to this problem. First, challenges to well-being are a regular, virtually ubiquitous part of the experience for people who are black, indigenous and people of color (BIPOC). Whether in the form of racial profiling, microaggressions, the diversity tax, disparities in opportunities and more, these “deaths by a thousand cuts” take their toll emotionally and clearly impact an individual’s capacity to focus on what is necessary to succeed. Second, the onslaught of crises that have impacted UCSF and its surroundings (the COVID-19 pandemic, the cultural war over racism, climate-change induced fires) has caused a huge increase in the life stressors for essentially everyone, and a very real threat to mental health. These two additional dimensions have led to a very significant increase in the need for counseling by many members of our community, and our services have become overwhelmed.

As described previously, there are a number of existing programs that address wellness and a more preventative approach for sustaining mental health, including the Wellness and Community team in Campus Life Services (CLS), the Coping and Resiliency Program (COPE) based in the Department of Psychiatry, and the Faculty and Staff Assistant Program (FSAP). However, the Task Force concluded that there is a lack of awareness and coordination among these programs, and a clear need to bolster services, especially for our most vulnerable populations. In particular, we are currently not meeting the needs of our BIPOC community, which continues to experience racial trauma and deserves restorative justice and healing. For example, there is currently no well-recognized system to report instances of microaggressions, or sufficient capacity to provide for the counseling needs for the many individuals who carry a burden of racial trauma.

For these reasons, the Task Force recommends the following:

- Charge the Wellness and Community program in CLS to create a standing committee that is responsible for documenting the existence and functions of all programs related to wellness and mental health, facilitating collaboration between these entities, creating a website that acts as the recognized portal to access information about these resources, and advice university leadership as to current or projected needs.
- Promptly assess current needs for additional mental health and wellness personnel, and fund new positions in Mental Health Services in SHCS. (N.B. – Approval has been given for the hiring of a DEI Programs Manager who can assist Dean Duncan in academic and professional advising for BIPOC students. This position is not qualified to address students’ mental health needs. Student Academic Affairs has provided one-time funding to pilot the hiring of 4 psychology trainees for one year each. It is recommended that this program be expanded and extended to bolster the bandwidth of the Mental Health Services psychology staff in SHCS and to meet student demand for these services.)
- To directly address racial trauma, explore the feasibility of “confidential antiracism advocates” and “microaggression rapid response teams.”
Recommendation #5: Improve policies and systems for the collection and review of data relevant to safety that is disaggregated by gender, race/ethnicity, and make these data available to all stakeholders

To assure accountability, it is critical for UCSF to establish consistent oversight of the data on police and security encounters, and to be transparent in the availability of these data to all our stakeholders. The data should be as comprehensive as possible in terms of capturing the myriad of situations in which there is a threat to safety and security, and it should allow for analysis of bias, such as unequal treatment, based on race, ethnicity, gender or other characteristics.

To this end, the Task Force recommends the creation of a comprehensive data collection system that catalogues all of the following:
- All cases involving use of force
- All cases in which a weapon was involved
- All threat management cases in which an intervention was implemented
- All cases in which visitors were restricted from entering facilities for security reasons
- All allegations of racial profiling
- Aggregated data on encounters, citations and arrests

The Task Force supports the planned implementation by UCPD of “SPIDR Tech,” which is a data communication system designed to incorporate relevant data from UCPD’s Records Management System (RMS) and automatically generate and send customized text and email messages to victims of crime and reporting parties (see https://www.spidrtech.com/). Subsequently, individuals receive mobile-friendly surveys comprised of questions that can be utilized to measure community trust and satisfaction. We also suggest exploring the system’s capacity to expand to include other encounters that have led to de-escalation rather than a call to police or security.

A report of these data should be submitted quarterly to the Police Community Advisory Board (PCAB), at least annually to the Chancellor’s Cabinet, and be made available to the public on a UCSF website. Any notable trends in the data that suggest a worsening of safety and security should be communicated immediately to the PCAB and the Chancellor’s Executive Team, and disseminated as appropriate to the UCSF community.

The Task Force discussed the importance of having community voices as a critical aspect of the oversight of UCPD. To this end, the addition of external community members to the PCAB would provide an invaluable perspective in the deliberations within this board.

Recommendation #6: Reimagine Campus Security Officers as Public Safety Ambassadors and Clinical Safety Officers

Since the March 2020 integration of Campus and Health security, the UCSF Police Department has been onboarding Medical Center Security Guards, doubling the size of the department. The need for new uniforms created an opportunity to rethink the visual representation of the staff who often serve as the first welcome in UCSF buildings, and to address concerns about bias and racial profiling. The Task Force fully endorses the idea, and suggests this be taken a step
further to not only change the visual representation of security staff, but also their scope of responsibilities, training, and skillset.

To this end, the Task Force recommends the following:

- Revise the job responsibilities of security personnel to focus on customer service, including welcoming visitors to our campuses, especially those coming from marginalized communities, by having a positive and unbiased approach to assessing the presence of proper ID, assisting in way finding, and responding at the appropriate level of intervention to disruptive situations in the clinical or academic setting.

- Reassign and rename the security force into two divisions: 1) Public Safety Ambassadors, who work in non-clinical settings, and 2) Clinical Safety Officers, who work in clinical settings. Create a set of job responsibilities and training methods, including an emphasis on DEI, to enable these personnel to carry out their duties, and tools to measure their job performance. This redesign should be integrated into the holistic view that we will bring to the overall approach to safety; i.e. integrated with the roles and responsibilities of our de-escalation and wellness personnel, and uniformed police.

- Engage our internal and external community stakeholders to advise us on the approach we take to reimagine our security personnel. For example, collect opinions on ideal appearance/attire, training plans, and evaluation methods.

Recommendation #7: Implement a universal policy to require wearing ID on campus at all times, and create single-point-of-entry for most campus buildings and use of automated ID readers

Despite the expectation that all members of the UCSF community wear an ID badge, enforcement of badge policy is found to be variable, particularly in the research buildings. There have been many examples over the years of faculty, staff and trainees, primarily those who are black, who have been singled out by police or security personnel and questioned as to their presence, asked to show ID even when others with them were not, and similar encounters indicative of prejudice or bias. Making badges uniformly required at all UCSF sites will help to reduce, but not eliminate, the consequences of implicit bias by security and acts of racial profiling.

While UCSF Health has a strict requirement that ID badges be displayed at all times, a similar policy does not currently exist for Campus. The Task Force recommends that a new policy be issued for the entire UCSF Campus that all staff, trainees and faculty must wear a badge visible above the waistline at all times. To assist with adoption, the Senior Vice Chancellor’s office has already ordered UCSF branded lanyards and badge holders for every community member. These will be available to be distributed across campus through department control points, building managers, and WeID.

The Task Force also recommends creating a single-point-of-entry and utilizing automated ID readers for most campus buildings, for the purpose of both enhancing security and decreasing at least one element of the human-human interaction that can introduce bias and therefore profiling. This is currently in place in many buildings due to the COVID-19 response, and the Task Force supports making this a permanent plan. For buildings that cannot be configured for
single entry, the number of entry points has been reduced, and there has not been any negative feedback to this change to date. There is a current pilot in Genentech Hall.

The Task Force emphasizes that, although these automated methods for documenting ID badges will decrease the amount of potential profiling at building entrances, there will still be situations in which police and other security personnel encounter building occupants who may not be properly displaying their ID. There is also the common problem of people properly entering buildings with their ID choosing whether or not to let someone else in who does not have an ID (i.e. shadow entries), which can lead to entry of unauthorized individuals, but also racial profiling. Proper training to raise awareness of and prevent racial profiling in these circumstances will obviously still be essential.

**Recommendation #8: Assure compliance with all elements of the UC System-wide Recommendations**

The UCOP Community Policing Taskforce was created to examine the investigative practices, use of force-related policies and training of the UC police departments in an effort to strengthen the departments’ practices and their relationships and interactions with the community (see Appendix VI and [https://www.ucop.edu/policing-task-force/uptf-final-implementation-report_june-2020.pdf](https://www.ucop.edu/policing-task-force/uptf-final-implementation-report_june-2020.pdf)). The taskforce provided a written report with 28 recommendations, and we support completion of the recommendations still in progress. We note that all of the recommendations fully under the direction of the UCSF PD have been completed and the open issues reside with the Office of the President.

a. **Complaint Process**
   i. UCPD Council of Chiefs should collaboratively create a uniform complaint process for all UC locations and ensure that complaints regarding police officers can be submitted in writing, by email, in person, online or by telephone and that those complaints are appropriately investigated.
   ii. UC should have a systemwide phone number and web-based intake system for reporting complaints of alleged officer misconduct and commendations.
   iii. This system should enable individuals to communicate anonymously and offer foreign language support. UC’s Office of Ethics, Compliance and Audit Services (“ECAS”) should explore whether the existing complaint hotline that allows foreign language support and anonymous communications can be an additional intake point for complaints.
   iv. UCPD and all campuses should create a frequently asked questions (FAQs) webpage for the complaint process that details, among other things, the manner in which complaints can be made, the process for investigating complaints, the notification process and the information available regarding the complaint.
   v. ECAS should conduct audits to verify complaints are being taken properly and to ensure all employees are adhering

**Recommendation #9: Specify benchmarks and accountability for the implementation of these recommendations**
The Task Force has thus far devoted its entire focus on assessing the current landscape related to safety and security at UCSF, identifying and prioritizing areas of need, and generating this initial, draft set of recommendations for consideration by the Chancellor. However, we recognize it is essential to have clear and specific benchmarks of success, designate the individuals or groups who are responsible for implementation of these recommendations, and define an approach for carefully monitoring progress. We welcome the opportunity to focus on all these aspects in the next phase of the work of the Task Force.

Conclusion

Safety and security are critical, fundamental components of an antiracist university and health system in which all faculty, staff, learners and patients share the experience of peace and protection. The work of this Task Force, which will now move on to its next phase, represents an essential element of the Chancellor’s anti-racism initiative that also includes:

- Implementation of mandatory Foundational UCSF-wide DEI education and training
- Anti-racism curriculum within each of the professional schools and graduate division curriculum
- Wellness and healing from Racial Trauma
  - CARE Advocate
  - Rapid Response Bias Incident Team – (implementation of restorative justice practices)
- Advancing excellence in staff recruitment through the consistent implementation of evidence-based practices to facilitate equity.
- Advancing excellence in faculty recruitment through the consistent implementation of evidence-based practices to facilitate equity.
- Increased diversification of learners across each professional school, the graduate division and within graduate medical education.
- Anti-racism communication and accountability

UCSF’s approach to wellness, de-escalation, security and policing must serve our community without discrimination, bias, or unnecessary use of force, and create a safe, welcoming and supportive environment for all.
Acknowledgements

The Task Force would like to thank the following groups and individuals for their presentations:

Chief Mike Denson, UCSF Police Department, for presentations on police staffing and budgeting, use of force and racial profiling data, the University of California President’s Task Force on policing, the current incident reporting process, the Police Community Advisory Board, and updates to staff uniforms.

Dr. Katrina Peters, Professor, Department of Psychiatry, for an overview of mental health services at UCSF.

UCSF pediatric residents Liz Young, Gwen Hubner, Gabby Chateau, and Hannah Kohrman for their Hospital Violence and De-escalation Literature Review.

Susan Penney, Executive Director of Risk Management, UCSF Medical Center, for her presentation on Risk Perspective: Patient/Provider Safety and Interactions with our Police and Security Personnel.

Dr, Andrew Parker, Manager, Faculty and Staff Assistance Program, for his presentation on the Threat Management Team.

Captain Eric Partika, UCSF Police Department, for an update on the use of ID scanners for building access across UCSF.

Jamie Phillips, Chief Operating Officer of Benioff Children’s Hospitals, for her presentation on the UCSF Health Enterprise De-escalation Proposal.

References from the Literature


https://doi.org/10.1192/bjp.bp.114.144576

https://doi.org/10.1111/j.1447-0349.2011.00793.x

https://doi.org/10.5811/westjem.2011.9.6864
APPENDIX

I-A. Data on Police Officers at all UC Campuses

<table>
<thead>
<tr>
<th>Campus</th>
<th>Total</th>
<th>Officers</th>
<th>Sergeants</th>
<th>Lieutenants</th>
<th>Captain/Assistant Chief</th>
<th>Chief of Police</th>
<th>2017 Fall Students</th>
<th>Per 1,000 Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCB</td>
<td>56</td>
<td>40</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>41,910</td>
<td>1.48</td>
</tr>
<tr>
<td>UCD</td>
<td>48</td>
<td>33</td>
<td>11</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>37,380</td>
<td>1.28</td>
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<tr>
<td>UCI</td>
<td>41</td>
<td>29</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>35,242</td>
<td>1.16</td>
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<tr>
<td>UCLA</td>
<td>64</td>
<td>46</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>45,428</td>
<td>1.41</td>
</tr>
<tr>
<td>UCM</td>
<td>17</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>7,967</td>
<td>2.13</td>
</tr>
<tr>
<td>UCR</td>
<td>35</td>
<td>25</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>23,278</td>
<td>1.50</td>
</tr>
<tr>
<td>UCSD</td>
<td>47</td>
<td>32</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>36,624</td>
<td>1.28</td>
</tr>
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<td>44</td>
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<td>5</td>
<td>2</td>
<td>1</td>
<td>3,121</td>
<td>18.58</td>
</tr>
<tr>
<td>UCSB</td>
<td>46</td>
<td>35</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>25,057</td>
<td>1.84</td>
</tr>
<tr>
<td>UCSC</td>
<td>21</td>
<td>14</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>19,457</td>
<td>1.08</td>
</tr>
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</table>

(From the 2019 Report of the Presidential Task Force on Universitywide Policing, pg. 3.)

I-B. Crime Statistics University of California

<table>
<thead>
<tr>
<th>University of California</th>
<th>Campus</th>
<th>Student Enrollment</th>
<th>Violent Crime</th>
<th>Murder</th>
<th>Rape</th>
<th>Robbery</th>
<th>Aggravated Assault</th>
<th>Property Crime</th>
<th>Burglary</th>
<th>Larceny/Theft 702</th>
<th>Motor Vehicle Theft</th>
<th>Arson</th>
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<tbody>
<tr>
<td>University of</td>
<td>Berkeley</td>
<td>42,684</td>
<td>37</td>
<td>0</td>
<td>11</td>
<td>10</td>
<td>16</td>
<td>779</td>
<td>40</td>
<td>702</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>California:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Davis</td>
<td>38,778</td>
<td>22</td>
<td>0</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>640</td>
<td>37</td>
<td>591</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Irvine</td>
<td>34,754</td>
<td>20</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>7</td>
<td>447</td>
<td>42</td>
<td>395</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Los Angeles</td>
<td>46,298</td>
<td>72</td>
<td>0</td>
<td>28</td>
<td>11</td>
<td>33</td>
<td>691</td>
<td>143</td>
<td>536</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Medical Center,</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>129</td>
<td>3</td>
<td>122</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sacramento**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Merced</td>
<td>7,703</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>57</td>
<td>4</td>
<td>51</td>
<td>51</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Riverside</td>
<td>24,371</td>
<td>14</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>258</td>
<td>16</td>
<td>221</td>
<td>21</td>
<td>0</td>
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<tr>
<td></td>
<td>San Diego</td>
<td>36,785</td>
<td>16</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>9</td>
<td>471</td>
<td>36</td>
<td>426</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>San Francisco</td>
<td>5176</td>
<td>37</td>
<td>9</td>
<td>1</td>
<td>15</td>
<td>619</td>
<td>35</td>
<td>378</td>
<td>3</td>
<td>6</td>
<td>9</td>
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<td></td>
<td>Santa Barbara</td>
<td>25,833</td>
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<td>8</td>
<td>321</td>
<td>19</td>
<td>297</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Santa Cruz</td>
<td>19,912</td>
<td>10</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>182</td>
<td>28</td>
<td>153</td>
<td>1</td>
<td>1</td>
</tr>
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</table>

Criminal offenses occurring at UCSF are often committed by individuals without a valid business purpose for being on UCSF property. It is difficult to determine what percentage of reported
crime falls into this category as suspects are often not identified for a given offense. For example, in 2019, out of 372 reported property crimes, only 36 (9.7%) were cleared, meaning an arrest or possibility of an arrest of a known suspect occurred. Further, individuals who are observed by UCSF PD without a lawful business purpose on UCSF property are not necessarily committing trespass under California law. (Probable cause may not exist to show intent to damage property, damage or obstruct business activities, refusal to leave the property, or occupying the property for substantial, continuous period of time.) As such, UCSF PD officers may issue a Seven Day Stay Away Order to individuals on campus without an apparent lawful business purpose. This gives individuals notice that remaining on or returning to UCSF property during the allotted time period will constitute trespass and cause the individual to be subject to arrest.

As an example, in 2019, there were 16 arrests made for trespassing on UCSF property. However, in 2019, 99 Seven Day Stay Away Orders were issued. The chart below lists the associated offenses for suspects who were charged with trespassing or issued a Seven Day Stay Away Order.

Other offenses committed by trespassers and individuals issued Seven Day Stay Away Orders (2019)

<table>
<thead>
<tr>
<th>Offense</th>
<th>Trespass</th>
<th>Stay Away Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larceny</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Battery</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Vandalism</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Drug Offenses</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Burglary</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Warrant Arrest</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Possession of Burglary Tools</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Weapons Possession</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol Offenses</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Contempt of Court Order</td>
<td>1</td>
<td>0</td>
</tr>
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</table>

I-C. Police Use of Force and Security Racial Profiling Data

Use of Force 5 Year Summary

<table>
<thead>
<tr>
<th>Inc.</th>
<th>Year</th>
<th># Employee(s) involved</th>
<th>Division</th>
<th>Type</th>
<th>Subject Race</th>
<th>Subject Injured</th>
<th>Officer Race</th>
<th>Employee Injured</th>
<th>Call Type</th>
<th>Nature</th>
<th>Disposition</th>
<th>Corrective Action</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2015</td>
<td>2</td>
<td>FSD</td>
<td>Physical</td>
<td>White</td>
<td>No/Minor</td>
<td>White/Other</td>
<td>No</td>
<td>Dispatched</td>
<td>S150 Transport</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>2015</td>
<td>1</td>
<td>FSD</td>
<td>Physical</td>
<td>White</td>
<td>Yes/Minor</td>
<td>Filipino</td>
<td>No</td>
<td>On-View</td>
<td>Protest</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>2016</td>
<td>2</td>
<td>FSD</td>
<td>Physical</td>
<td>White</td>
<td>Yes/Minor</td>
<td>Hispanic</td>
<td>No</td>
<td>On-View</td>
<td>Suspicious Activity</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>2017</td>
<td>2</td>
<td>FSD</td>
<td>Physical</td>
<td>Black</td>
<td>Yes/Minor</td>
<td>Filipino/Asian</td>
<td>Yes/Minor</td>
<td>Dispatched</td>
<td>Theft</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>2017</td>
<td>2</td>
<td>FSD</td>
<td>Physical</td>
<td>Hispanic</td>
<td>Yes/Minor</td>
<td>Filipino/Asian</td>
<td>Yes/Minor</td>
<td>Dispatched</td>
<td>Thur</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>2018</td>
<td>1</td>
<td>FSD</td>
<td>Physical</td>
<td>Black</td>
<td>Yes/Minor</td>
<td>Hispanic</td>
<td>Yes/Minor</td>
<td>Dispatched</td>
<td>Suspicious Activity</td>
<td>Inappropriate Counseling/Training</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2018</td>
<td>2</td>
<td>FSD</td>
<td>Physical/Taser</td>
<td>Asian</td>
<td>Yes/Minor</td>
<td>Asian/Asian</td>
<td>Yes/Minor</td>
<td>Dispatched</td>
<td>Trespassing</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>2018</td>
<td>1</td>
<td>FSD</td>
<td>Physical</td>
<td>Black</td>
<td>No</td>
<td>Hispanic</td>
<td>Yes/Minor</td>
<td>Dispatched</td>
<td>Harassment</td>
<td>Appropriate</td>
<td>N/A</td>
</tr>
</tbody>
</table>

In the last 5 years there have been a total of 8 use of force reports. Of the 5 years, there were none reported in 2019 and none as of 06/08/20. There was no incident where a firearm was used and only one incident with officers using less lethal weapons. In most cases, officers were progressive in their use of force starting with verbal compliance. There was one incident that an officer was found to be inappropriate with their technique that was not authorized by the department. That officer received a written counselling and additional training.
II. Information pertaining to room searches:

Per Policies, Room Examinations or “Safe Room” Creation required for patients:

- With suicide ideation or prior attempt
- Admitted related to self harm, e.g. “cutting”
- Admitted related to eating disorder
- Admitted with history or current possession of weapons
- Admitted with high risk of use of drugs or smoking products
- Consent or prior notice is not required in connection with these safety procedures

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**New Nursing Checklist for Room Examinations**

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**Room Examination Checklist**

1. Contact room search after approval received from Risk Management and primary team is notified.
2. Do not tell patient about the examination ahead of time.
3. Hospital supervisor and security must be present during the room examination.
4. Room examination to be conducted by Hospital Supervisor.
5. Change nurse and primary nurse are encouraged to be present during room examination.

---

**Belongings Exempted? Yes/No**

If patient wishes to have belongings searched, where are the belongings kept?

---

This checklist serves as a guideline, it may not include all areas that need to be searched.

---

**Room Examination Checklist**

---

**Room Examination Checklist**

---
III: Further information about FSAP:

<table>
<thead>
<tr>
<th>Who is eligible for FSAP Services?</th>
<th>Faculty, Staff, Postdocs, Residents &amp; Clinical Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td># of eligible FSAP clients</td>
<td>31,000</td>
</tr>
<tr>
<td># of FSAP clinicians</td>
<td>7 *</td>
</tr>
<tr>
<td>FSAP Services to Individuals</td>
<td>Short-term Counseling</td>
</tr>
<tr>
<td></td>
<td>Coaching</td>
</tr>
<tr>
<td></td>
<td>Couples Counseling</td>
</tr>
</tbody>
</table>
Anger Management training
Biofeedback for Stress Management & Emotional Regulation
Referrals to Community Providers

FSAP provides counseling and assessment for a broad range of personal and work-related issues, including:

<table>
<thead>
<tr>
<th>Personal Issues</th>
<th>Work-related Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger management</td>
<td>Burnout</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Competing professional and personal demands</td>
</tr>
<tr>
<td>Coping with disabilities</td>
<td>Coping with hostile work environments</td>
</tr>
<tr>
<td>Crisis situations</td>
<td>Disability Issues</td>
</tr>
<tr>
<td>Depression</td>
<td>Interpersonal conflict</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Layoffs</td>
</tr>
<tr>
<td>Elder or dependent care</td>
<td>Occupational/Career Issues</td>
</tr>
<tr>
<td>Grief and loss</td>
<td>Organizational transitions</td>
</tr>
<tr>
<td>Parenting issues</td>
<td>Patient/Other Safety</td>
</tr>
<tr>
<td>Personal health</td>
<td>Problems with job performance</td>
</tr>
<tr>
<td>Relationship concerns</td>
<td>Racial/Ethnic/Cultural Diversity Issues</td>
</tr>
<tr>
<td>Stress</td>
<td>Workplace incivility</td>
</tr>
<tr>
<td>Substance abuse (alcohol or drugs)</td>
<td></td>
</tr>
<tr>
<td>Suicidality</td>
<td></td>
</tr>
<tr>
<td>Traumatic events</td>
<td></td>
</tr>
</tbody>
</table>

* Due to the hiring freeze, this number may be reduced as FSAP’s 3 postdoctoral trainees graduate during 2021.

**IV: Further information about Student Health and Counseling Services:**

<table>
<thead>
<tr>
<th>Who is eligible</th>
<th>All registered students and those who purchase SHIP for SHCS Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td># of eligible SHCS clients</td>
<td>3100</td>
</tr>
<tr>
<td># of SHCS clinicians</td>
<td>6 FTE*</td>
</tr>
</tbody>
</table>

**SHCS Services**

- Individual Counseling and Psychiatric Services
- Group Counseling
- Couples Counseling
- Crisis Intervention including urgent appointments and psychiatric hospitalization assistance
- Referrals to Community Providers
- Case Management and Referral Support
- Weekly/Biweekly Let’s Talk Programs to LGBT and MRC, Undoc, First Gen
- Electronic Resources and Social Media Engagement, i.e. We Got This Wednesdays, TAO Self-Help, etc.
- Campus requested workshops on various mental health topics
Faculty and Staff consultations re distressed students
Consultation with Faculty and Staff re: assisting students in distress
Assessment for Students with Disabilities (SDS)
“Promoting Student Mental Health” faculty/staff trainings
MH Team members serve as Liaisons to the Different Schools/Program, LGBT Task Force, Mentorship Task Force – to address everything from access issues to counseling to program development to assisting faculty/staff in managing students in distress
Orientation and Re-Orientations to Departments and Schools

*.80 FTE Psychiatrist retirement in January 2021

SHCS provides counseling for a broad range of personal and academic related issues, including:

<table>
<thead>
<tr>
<th>Anger management</th>
<th>Suicidality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Competing professional and personal demands</td>
</tr>
<tr>
<td>Coping with disabilities</td>
<td>Coping with hostile work environments</td>
</tr>
<tr>
<td>Crisis situations</td>
<td>Family Issues</td>
</tr>
<tr>
<td>Depression</td>
<td>Interpersonal conflict</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Financial Strain</td>
</tr>
<tr>
<td>Racial Trauma</td>
<td>Career Issues</td>
</tr>
<tr>
<td>Grief and loss</td>
<td>Housing Issues</td>
</tr>
<tr>
<td>Sexual/Gender Identity</td>
<td>Conflict with Faculty/Staff/PI</td>
</tr>
<tr>
<td>Trauma- sexual assault</td>
<td>Problems with academic/job performance</td>
</tr>
<tr>
<td>Relationship concerns</td>
<td>Racial/Ethnic/Cultural Diversity Issues</td>
</tr>
<tr>
<td>Stress</td>
<td>Burnout</td>
</tr>
<tr>
<td>Substance abuse (alcohol or drugs)</td>
<td>Traumatic events</td>
</tr>
</tbody>
</table>
V. Draft Plans for the BCH De-escalation Program

Response Framework:

<table>
<thead>
<tr>
<th>LEVEL 1 CONSULT</th>
<th>Response Time: 1-2 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Who:</td>
<td></td>
</tr>
<tr>
<td>• Event Type:</td>
<td>frustrations with hospital policy, repeated verbal conflict with care team, excessive questions, requests for escalation of concerns</td>
</tr>
<tr>
<td>• Type of Training: DEI and Trauma Informed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL 2 URGENT</th>
<th>Response Time: 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Who:</td>
<td></td>
</tr>
<tr>
<td>• Event Type:</td>
<td>non-compliance with hospital policies or treatment plan, verbal abuse, expressed intent to leave AMA, restricting staff from room</td>
</tr>
<tr>
<td>• Type of Training: DEI and Trauma Informed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL 3 IMMEDIATE</th>
<th>Response Time: ASAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Who:</td>
<td></td>
</tr>
<tr>
<td>• Event Type:</td>
<td>verbal threats, property damage, expressed intent to elope, anticipated need for restraints</td>
</tr>
<tr>
<td>• Type of Training: DEI, Trauma Informed and CPI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL 4 CRISIS</th>
<th>Response Time: ASAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Who:</td>
<td></td>
</tr>
<tr>
<td>• Event Type:</td>
<td>Physical violence or weapon present</td>
</tr>
<tr>
<td>• Type of Training: DEI, Trauma Informed and CPI</td>
<td></td>
</tr>
</tbody>
</table>

Activation Sequence:

- De-escalation Team is activated by bedside care team when behavior challenges arise which are not easily resolved by the bedside team.
  - Would encourage early activation with pilot program.
- Supervisors to choose which level of response is needed after hearing the trigger behaviors from the bedside team.
- Supervisor to choose which level of response is needed after hearing the trigger behaviors from the bedside team.
- Nursing Supervisor to choose which level of response is needed after hearing the trigger behaviors from the bedside team.
- SAFE Team activated through Voids.
- SAFE Team responds.
- Huddle with bedside Team to assess the situation and plan a response.
- Debrief.
- Once situation has deescalated, SAFE team to debrief of the event.
### Draft Goals and Metrics:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Avoid the use of more restrictive measures when possible, while maintaining the safety of patients, families and care team.</td>
<td>• Decrease of restraint events</td>
</tr>
<tr>
<td>• Become a team resource to help enhance plans of care for patients, visitors and or family members to prevent behaviors that could compromise care, safety to themselves, other patients, visitors and staff.</td>
<td>• Number of calls at each level (1-4); more calls at level 1-2 than 3-4.</td>
</tr>
<tr>
<td>• Provide this support as early as possible.</td>
<td></td>
</tr>
<tr>
<td>• Minimize the need for involvement of Security and UCPD.</td>
<td>• Decrease number of calls to Security</td>
</tr>
<tr>
<td>• Eliminate racial/ethnic disparities in security and police calls.</td>
<td>• Collect demographic/ethnic data</td>
</tr>
<tr>
<td>• Increase staff tolerance to a normal range of emotional responses (stress, fear, anger, grief) that are often tolerated in white patients and families but are often perceived as “threatening” in patients and families of color.</td>
<td>• Decrease of workplace violence events</td>
</tr>
<tr>
<td>• Role model communication and risk identification/reduction strategies through de-escalation and trauma informed care tactics.</td>
<td>• Increased Employee Satisfaction</td>
</tr>
<tr>
<td>• Use a multi-disciplinary team to support patients and families exhibiting challenges.</td>
<td></td>
</tr>
<tr>
<td>• Understand the role of the intervening staff (including staff background, internalized biases, and behaviors) in contributing to escalation of violence.</td>
<td>• To be developed</td>
</tr>
</tbody>
</table>
VI. Recommendations of the UCOP Community Policing Taskforce

Note: Dates that are highlighted under “STATUS” indicate implementations that are not complete, even when the date may have passed. Implementations that are complete say “Complete.”

COMPLAINT PROCESS

• RECOMMENDATION 1: UCPD Council of Chiefs should collaboratively create a uniform complaint process for all UC locations and ensure that complaints regarding police officers can be submitted in writing, by email, in person, online or by telephone and that those complaints are appropriately investigated.

  IMPLEMENTATION: UC Police Department Council of Chiefs has drafted the uniform complaint process in consultation with campus stakeholders. Final draft will go to UCOP for distribution to Federated University Police Officer’s Association (FUPOA) for review and comments. Implementation as interim local policy at all campuses and submitted to UCOP for systemwide process. See appendix II.

  STATUS: Anticipated completion pending.

• RECOMMENDATION 2: UC should have a systemwide phone number and web-based intake system for reporting complaints of alleged officer misconduct and commendations.

  IMPLEMENTATION: ECAS is developing this system.

  STATUS: Anticipated completion pending.

• RECOMMENDATION 3: This system should enable individuals to communicate anonymously and offer foreign language support. UC’s Office of Ethics, Compliance and Audit Services (“ECAS”) should explore whether the existing complaint hotline that allows foreign language support and anonymous communications can be an additional intake point for complaints.

  IMPLEMENTATION: ECAS is developing this system.

  STATUS: Anticipated completion pending.

• RECOMMENDATION 4: Except when complaints are submitted anonymously, UCPD should provide a written (or email) acknowledgement of a complaint to the complainant promptly.

  IMPLEMENTATION: This procedure is already in place. Please see general order 3.42.4B Complaint Acknowledgement. Persons initiating a complaint against the Police Department or personnel will receive a written acknowledgment of the complaint filing immediately upon assignment of the investigation. A copy of the letter will be kept in the assigned complaint file. https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf

  STATUS: Complete.

• RECOMMENDATION 5: UCPD and all campuses should create a frequently asked questions (FAQs) webpage for the complaint process that details, among other things, the manner in which complaints can be made, the process for investigating complaints, the notification process and the information available regarding the complaint.

  IMPLEMENTATION: Council of Chiefs has drafted frequently asked questions (FAQs) in consultation with campus stakeholders. Final draft will go to UCOP for distribution to FUPOA for review and comments. See appendix II.

  STATUS: Anticipated completion pending.
• **RECOMMENDATION 6:** Every complaint should be tracked from intake through final disposition. The tracking system should be capable of capturing information regarding the complaint sufficient to perform trend analysis.

**IMPLEMENTATION:** Professional Services Division (PSD) Manager currently tracks all complaints from intake though final disposition, capturing information regarding complaint for trend analysis.

General Orders publicly posted on our website includes all information related to complaints and investigation process of complaints. See General Order 3.42. [https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf](https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf).

**STATUS:** Complete.

• **RECOMMENDATION 7:** ECAS should conduct audits to verify complaints are being taken properly and to ensure all employees are adhering to UC policies and procedures and individual departments’ standards.

**IMPLEMENTATION:** Audits will commence upon completion of a full calendar year of implementation of the recommendations related to the uniform complaint process. This will be added to the systemwide audit plan.

**STATUS:** Anticipated completion of November 2021.

• **RECOMMENDATION 8:** UCPD and all campuses should identify review criteria for complex complaint cases. The Chancellor or their designee will determine the appropriate investigatory entity to handle such cases. (Revised from original per President Napolitano’s Feb 13, 2019 letter)

**IMPLEMENTATION:** All complex cases are routed through appropriate investigatory channels, including Title IX, Legal Counsel, Threat Management, Audit, and other investigatory entities. General Orders publicly posted on our website includes all information related to complaints and investigation process of complaints. See General Order 3.42. [https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf](https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf)

**STATUS:** Complete.

• **RECOMMENDATION 9:** No individual UC police department should be permitted to investigate allegations of misconduct directed at its chief.

**IMPLEMENTATION:** Any allegations of misconduct directed at our Chief are directed to the Senior Vice Chancellor for outside investigators to handle. General Orders publicly posted on our website includes all information related to complaints and investigation process of complaints. See General Order 3.42: [https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf](https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf)

**STATUS:** Complete.

**USE OF FORCE**

• **RECOMMENDATION 10:** UCPD shall continue to develop systemwide policies and procedures governing the use of force by officers that are consistent with state and federal laws and ensure officers are trained to those standards.

**IMPLEMENTATION:** Use of force policy for UC PD has been finalized.

**STATUS:** Complete.

• **RECOMMENDATION 11:** UCPD shall ensure officers are provided training prior to the deployment or use of any force or relevant equipment.
IMPLEMENTATION: All officers are trained to POST Standards (Police Officer Standards & Training) https://post.ca.gov/. Use of Force Trainings will be public and posted online and we are currently working on this feature on our website. All officers are trained prior to deploying new equipment.
STATUS: Complete.

- **RECOMMENDATION 12:** Departments shall document and review each use of force to determine whether the force used was in compliance with applicable policy and law.
  IMPLEMENTATION: All Use of Force Incidents are investigated to determine whether the force used was in compliance with the applicable policy and law. See use of force policy. https://police.ucsf.edu/system/files/use-of-force-policy_0.pdf.
  STATUS: Complete.

- **RECOMMENDATION 13:** UCPD should ensure officers are trained in de-escalation techniques and effective communication.
  IMPLEMENTATION: All officers are trained in Crisis Intervention Techniques, also called De-escalation (https://post.ca.gov/). Our CIT Trainings will be public and posted online. We are currently working on this feature on our website.
  STATUS: Complete.

- **RECOMMENDATION 14:** UCPD should capture all use of force data and report it to the California Department of Justice for analysis and release to the general public, subject to applicable policies and laws.
  IMPLEMENTATION: All use of force data is reported to the Department of Justice by our Professional Standards Division (PSD) Manager.
  STATUS: Complete.

**INDEPENDENT ADVISORY BOARDS**

- **RECOMMENDATION 15:** Campuses shall create independent advisory boards with representatives from the campus who can facilitate and enhance communication between the police department and the greater campus community as well as work collaboratively with the departments on issues involving campus safety and security.
  - Each independent advisory board will report to a chancellor’s designee and will have access to publicly available reports, data and campus surveys related to the police departments.
  - The boards will include, at a minimum, faculty, staff and student representatives and will also include at least one ex officio member from the police department.
  - The boards will serve as campus liaisons to facilitate engagement between the campus community and their corresponding police departments.
  - Board members shall receive an initial briefing as well as continuous education on the relevant laws and issues related to policing including the existing training standards and policies.
  - The boards should collaborate with UCPD in creating shared learning environments where officers and members of the campus community interact and learn together.
  - The boards should prepare annual reports of their activities.
  IMPLEMENTATION: Our Police Community Advisory Board is currently in place. Please see the general orders for more information. https://police.ucsf.edu/system/files/ucpd_general_orders_v11_20190502_0.pdf.
  STATUS: Complete.
o Our Police Community Advisory Board currently reports to Chancellor's Designee, Senior Vice Chancellor Paul Jenny, and has access to all reports available online, along with our Customer Service Surveys. 
**STATUS:** Complete.

o Our board currently includes faculty and staff representatives, along with various leaders throughout both UCSF Campus and UCSF Health. We are currently working on locating a student representative to serve on our board. 
**STATUS:** Complete.

o Our board representatives serve as campus liaisons to facility engagement with their corresponding departments. All divisions at UCSF have at least one of their leaders represented on our board. 
**STATUS:** Complete.

o At each board meeting, Chief Denson provides members with legal updates, along with updates directly from the District Attorney's office. He also brings up any issues related to policing and provides updates on standards and policies. 
**STATUS:** Complete.

o All board members will be invited to attend a Citizen's Police Academy, where they learn and interact together along with the Police Officers. The first Cohort is to be scheduled in October 2019. 
**STATUS:** Complete.

o Annual reports will be prepared by the Chief of Police, or the Chief's designee, at the end of each Fiscal Year. 
**STATUS:** Complete.

- **RECOMMENDATION 16:** Those campuses with existing advisory boards that differ from the independent advisory boards described above will transition to the recommended model within 2 years. 
**IMPLEMENTATION:** The following need to be put into place to follow the recommended model:
1. Student Representative as an Advisory Board Member
2. Citizen's Academy offering to Board Members 
**STATUS:** Complete.

**COMMUNITY ENGAGEMENT**

- **RECOMMENDATION 17:** Each campus should work with UCPD to identify ways to improve outreach, focusing on principles of engagement, open and responsive dialogues, and education. There should be a feedback mechanism for consistently evaluating and improving these efforts, and campus diversity officers and other campus leaders should be involved. 
**IMPLEMENTATION:** Community Engagement has been added as an ongoing topic for all Community Advisory Boards. We have a representative of the Office of Diversity also on our board, LaMisha Hill. 
**STATUS:** Complete.

- **RECOMMENDATION 18:** Each campus should perform a campus satisfaction survey no less than annually, and include questions regarding interactions with and perceptions of the police department and their activities.
IMPLEMENTATION: A customer service survey is sent out quarterly. A report is provided to the Chief of Police and Command Staff for review. The survey includes questions regarding interactions and perceptions of the police department and their activities.

STATUS: Complete.

• **RECOMMENDATION 19:** The campuses and their police departments should strengthen relationships with local government and their police departments to ensure that campus concerns are appropriately communicated.
  
  IMPLEMENTATION: Chief Mike Denson is currently on the Law Enforcement Executive Board with the District Attorney’s Office. This board meets monthly and includes representatives from local government and all police departments to ensure campus concerns are appropriately communicated.

  STATUS: Complete.

TRAINING

• **RECOMMENDATION 20:** UCPD should expand existing training on effective communication through specialized instruction on procedural justice, implicit bias, mental health, de-escalation, cultural sensitivity, sexual orientation and trauma-informed interviewing. UCPD should create mechanisms for continually evaluating and improving the effectiveness of these trainings.
  
  IMPLEMENTATION: Implicit Bias and Diversity Trainings, procedural justice, mental health, de-escalation, sexual orientation and trauma informed interviewing are provided to Police Officers on a regular basis. Our trainings will be listed publicly on our website within the next 6 months.

  STATUS: Complete.

• **RECOMMENDATION 21:** UCPD should offer educational and awareness presentations or classes for students, staff and faculty. UCPD should create mechanisms for continually evaluating and improving the effectiveness of these classes.
  
  IMPLEMENTATION: Safety Presentations and Active Threat presentations are provided to students, staff and faculty on a regular basis.

  STATUS: Complete.

TRANSPARENCY

• **RECOMMENDATION 22:** ECAS should audit UCPD complaint investigations and use of force reports.
  
  IMPLEMENTATION: Audits will commence upon completion of a full calendar year of implementation of the recommendations related to the uniform complaint process and use of force policy. This will be added to the systemwide audit plan.

  STATUS: Anticipated completion of November 2021.

• **RECOMMENDATION 23:** UCPD should create a framework for tracking and reporting the characteristics of each pedestrian and vehicle stop, detention, and arrest and ensure that information is communicated to the California Department of Justice for analysis and release to the general public.
  
  IMPLEMENTATION: UCSB PD Community Outreach Division has developed and implemented an AB 953 compliant tracking system to collect and report required data. A copy of our form will be added as well as a statement that officers will complete it after each
contact and the statistical report will be available. [https://www.police.ucsb.edu/officer-initiated-contact-characteristics](https://www.police.ucsb.edu/officer-initiated-contact-characteristics).

**STATUS:** Complete.

- **RECOMMENDATION 24:** UCPD should explore ways to publicly post relevant standards, policies, practices, education and training material. UCPD should implement and explore ways to publicly post relevant standards, policies, as permitted by law.
  
  **IMPLEMENTATION:** Trainings will be posted on our website. We are currently working on this functionality.
  
  **STATUS:** Complete.

- **RECOMMENDATION 25:** UCPD shall explore ways to release certain video evidence as required to comply with state law.
  
  **IMPLEMENTATION:** Public Records Act allows for release of certain records as required to comply with state law.
  
  **STATUS:** Complete.

- **RECOMMENDATION 26:** Consistent with state law, UCPD shall develop ways to release records upon request.
  
  **IMPLEMENTATION:** Public Records Act allows for release of certain records as required to comply with state law.
  
  **STATUS:** Complete.

- **RECOMMENDATION 27:** Each UCPD department shall produce and publish an annual report on its website that includes the number of complaints received, investigated and closed during the year, the general category of those complaints, the complainant’s relationship to the campus (if known) and the disposition.
  
  **IMPLEMENTATION:** UCSF PD is determining the most optimal way to publicly report complaints that have been received.
  
  **STATUS:** Complete.

**IMPLEMENTATION**

- **RECOMMENDATION 28:** Each campus shall create an implementation plan to ensure that recommendations from this Report that are accepted by the President are completed in a timely manner.