



# **OHSU Board of Directors Meeting**

**Friday, January 28, 2022**  
**11:15am-2:15pm**

<https://youtu.be/fThZDDXH7AI>

Join by phone:

+1-503-388-9555 Portland Oregon Toll

Access code: 262 355 76260



**OREGON HEALTH & SCIENCE UNIVERSITY  
BOARD OF DIRECTORS MEETING  
Public Agenda  
Friday, January 28, 2022  
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11:15am	Call to Order/ Chairman's Comments President's Comments Approval of Minutes October 29, 2021 <b>(ACTION)</b>	Wayne Monfries Danny Jacobs, MD Wayne Monfries
11:25am	Financial Update	Lawrence Furnstahl
11:45am	2022 State Legislative Update	Julie Hanna
12:05pm	OHSU Diversity, Equity and Inclusion Update	Derick Du Vivier, MD
12:25pm	Anti-Racism in the OHSU School of Medicine	David Jacoby, MD
12:35pm	Covington Investigation – Implementation Framework	Alice Cuprill Comas Susan Bakewell-Sachs PhD, RN
12:55-1:05pm	Break	
1:05pm	OHSU Campus Safety Review Task Force Committee Update	Alisha Moreland-Capua, MD Dana Bjarnason, PhD, RN
1:25pm	FY21 Annual Quality & Safety Report	Renee Edwards, MD
1:45pm	Annual Integrity Report	Tim Marshall
2:05pm	Appointment of Committee members <b>(ACTION)</b>	Wayne Monfries
2:10pm	Recognition of Service for Stacy Chamberlain <b>(ACTION)</b>	Wayne Monfries
2:15pm	Meeting adjourned	

**Oregon Health & Science University**  
**Board of Directors Meeting**  
**October 29, 2021**  
**WebEx/ECHO 360 virtual live meeting**

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 11:15am via a virtual WebEx and YouTube links.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the Secretary of the Board at 3225 SW Pavilion Loop, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

**Attendance**

Board members in virtual attendance were: James Carlson, Stacy Chamberlain, Prashant Dubey, Danny Jacobs, Wayne Monfries, Chad Paulson, and Steve Zika. OHSU staff presenting material on the agenda were Ron Sakaguchi, DMD, Martina Ralle, PhD, Lawrence Furnstahl and John Hunter, MD. KPMG staff presenting material on the agenda were Andrew Corrigan and Sarah Opfer. Connie Seeley, Secretary of the Board, and Alice Cuprill Comas, Assistant Secretary of the Board, were also in virtual attendance as well as other OHSU staff members and members of the public.

**Call to Order**

*Wayne Monfries*

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 11:15 am and welcomed all those in attendance.

**Chairman's Comments**

*Wayne Monfries, Board Chair*

Mr. Monfries opened by thanking everyone in attendance followed by reviewing the meeting protocol.

Mr. Monfries spoke about visiting the OHSU emergency room, the NICU surgical unit and cardiology following his acknowledgement of the frontline workers at the last meeting. He said it was a sobering reminder that we are not done with the pandemic and why the mission of OHSU is so important, not just in health services but in research as well.

Mr. Monfries reviewed the meeting agenda before recognizing Dr. Jacobs for his opening remarks.

## **President's Comments**

*Danny Jacobs, MD, OHSU President*

Dr. Jacobs spoke about the past two years of OHSU teams managing the pandemic and how they are still carrying a unique and heavy burden. He discussed the implementation of OHSU's COVID-19 vaccination policy. He said improving the health of the communities OHSU serves is one of their most important missions.

The OHSU Health Expansion project proposal and vote was discussed.

OHSU's recent grants and awards were highlighted.

Derik Brodt, MD, OHSU's Associate Professor of Family Medicine, was recognized for being elected to the National Academy of Medicine's premier organization, advisor to the government and healthcare in the US. Lisa Murphy, a scientist in OHSU's Vollum Institute was also recognized for earning The New Innovator award from the National Institute of Health.

In closing, Dr. Jacobs thanked board member, Prashant Dubey for his service on the board of directors as his term was ending.

## **Approval of Minutes**

*Wayne Monfries*

Mr. Monfries asked for approval of the minutes from the September 24, 2021 OHSU Public Board meeting. Upon motion duly made by James Carlson and seconded by Prashant Dubey, the minutes were approved by all board members in attendance.

## **School of Dentistry's Journey to an Anti-Racist Organization**

*Ron Sakaguchi, PhD, DDS*

Mr. Monfries recognized Ron Sakaguchi, PHD, DDS, Dean School of Dentistry.

Dr. Sakaguchi reported on the Journey to a trauma-informed and trauma-responsive anti-racist organization. Covered topics included, organizational transitions, development of safety and trust, enhancing communications, building self and organizational awareness and learning and practicing.

Dr. Sakaguchi closed by covering what they will become by working together and supporting each other.

Board members had no questions for Dr. Sakaguchi. Mr. Monfries commented on the efforts and outreach being made in increasing the pool of candidates.

## **Annual Report from Faculty Senate**

*Martina Ralle, PhD*

Mr. Monfries recognized Martina Ralle, PhD, President, OHSU Faculty Senate.

Dr. Ralle reported on the Senate's mission and role with the President, Provost and Board of Directors.

Also addressed were the Senate Priorities including Faculty Compensation, Communication, Faculty Wellness and Retention and Shared Governance and the goals and progress on each.

Board members asked Dr. Ralle for further information on staff burn-out, staffing levels and ratios. Dr. Hunter commented on the need for staffing at all levels. Dr. Jacobs commented on Equity and fairness and employee wellness and resiliency. Alice Cuprill Comas commented on equity.

## **FY22 First Quarter Financial Results**

*Lawrence Furnstahl*

Mr. Monfries recognized Lawrence Furnstahl, EVP and Chief Financial Officer.

Mr. Furnstahl gave an overview of the first quarter results of fiscal year 22 stating they were significantly impacted by the surge of the Delta COVID-19 cases. He also provided a summary of the income statement that included an 11% increase in operating revenues and a 21% quarter-for-quarter increase in salaries and benefits. A graph was also reviewed showing the financial COVID-19 forecast and its peak in September with a projection of a downward trend through the third quarter of the fiscal year.

Board members had no questions for Mr. Furnstahl.

## **External Audit of F21 Financial Statements**

*Lawrence Furnstahl, Andrew Corrigan and Sarah Opfer*

Mr. Monfries recognized Lawrence Furnstahl, EVP and Chief Financial Officer and Andrew Corrigan and Sarah Opfer KPMG Partners.

Mr. Furnstahl began by stating the financial results were unchanged from the September unaudited report. He introduced Andrew Corrigan to present KPMG's report on their FY21 audit.

Mr. Corrigan provided a report on the FY21 Financial Statements Audit which included information on all of the OHSU entities. He reiterated the results were unchanged from the September unaudited report. He said that they had many discussions around accounting and audit matters throughout the year and that therefore ultimately, they had a clean audit.

Sarah Opfer provided a report on Tuality the standalone entity. She reported no significant findings therefore receiving an unmodified opinion.

The board had no questions for KPMG.

### **Approval of FY21 Audit**

Mr. Monfries presented OHSU Board Resolution 2021-10-08, Approval of FY21 Audit.

#### **OHSU Board Resolution 2021-10-08**

Mr. Monfries asked for a motion to adopt Resolution 2021-10-08. Steve Zika moved to approve the motion. Chad Paulson seconded the motion and it was approved by all OHSU Board members in attendance.

### **Hospital Expansion Project**

*John Hunter, MD and Lawrence Furnstahl*

Mr. Monfries recognized John Hunter, MD, EVP, CEO, OHSU Healthcare, and Lawrence Furnstahl, EVP and Chief Financial Officer

Dr. Hunter and Mr. Furnstahl provided a report on OHSU's Hospital Expansion Project.

Dr. Hunter highlighted the need for expansion including the three primary needs, an increase in hospital capacity for adults, an increase in operating room capacity and the need to replace and expand the NICU/perinatal program. The facility timeline was also discussed.

Mr. Furnstahl covered components needing approval from the board in order to proceed on the project.

Board members asked Dr. Hunter and Mr. Furnstahl for further information on the investments impact on other OHSU missions and also made comments on the impact of the project on not just Portland but all of Oregon.

### **Approval of OHSU Hospital Expansion**

Mr. Monfries presented OHSU Board Resolution 2021-10-09, Approval of OHSU Hospital Expansion.

#### **OHSU Board Resolution 2021-10-09**

Mr. Monfries asked for a motion to adopt Resolution 2021-10-09. Prashant Dubey moved to approve the motion. Chad Paulson seconded the motion and it was approved by all OHSU Board members in attendance.

### **Approval of Bond Financing Options 2021-10-10**

Mr. Monfries presented OHSU Board Resolution 2021-10-10. Approval of Bond Financing Options.

### **OHSU Board Resolution 2021-10-10**

Mr. Monfries asked for a motion to adopt Resolution, 2021-10-10. Jim Carlson moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

### **Recognition of Service for Prashant Dubey 2021-10-11**

Mr. Monfries spoke of his time serving on the board with Mr. Dubey and thanked him for his encouraging and kind words of support that had kept him going to this day. He then introduced Mr. Dubey for his final comments.

Mr. Dubey spoke of his eight-year journey as a member of the OHSU Board of Directors including the personal experiences he had as a patient at OHSU. He thanked the countless people along the way who demonstrated empathy, kindness and leadership. He extended gratitude for his experiences and opportunity in his role as a board member. He stated as he was stepping away from the board, the health and welfare of Oregonians would be in great hands.

Other Board members thanked Mr. Dubey for their time working along-side of him and the approach, curiosity and thoughtfulness he brought to the role. They said he would be missed and wished him the best in his future.

Mr. Monfries presented OHSU Board Resolution 2021-10-11, Recognition of Service for Prashant Dubey.

### **OHSU Board Resolution 2021-10-11**

Mr. Monfries asked for a motion to adopt Resolution 2021-10-11. Stacy Chamberlain moved to approve the motion. Chad Paulson seconded the motion and it was approved by all OHSU Board members in attendance.

### **Adjournment**

*Wayne Monfries*

Hearing no further business for discussion, Mr. Monfries thanked all of the Board members and presenters for their participation. The meeting was adjourned at 1:00 pm.

Respectfully submitted,

Connie Seeley  
Secretary of the Board



Date: January 28, 2022

To: OHSU Board of Directors

From: Bridget Barnes, PhD, MBA, CHCIO

RE: OHSU 2025 Status Update

On behalf of the OHSU 2025 Coordinating Committee I appreciate the opportunity to share with the OHSU Board of Directors an update on the activities of OHSU members related to OHSU's 2025 strategic plan. Given the robust agenda for the January Public Board meeting, we have deferred our presentation time for other more pressing subjects and are instead providing you this written update.

As presented at the June 26, 2021 public board meeting, we completed an OHSU 2025 refresh exercise in June 2021, which resulted in funding (from OHSU 2025 and other sources) for 29 separate objectives – 26 from the original OHSU 2025 body of work, as well as three new projects. Work was expected to begin immediately on these objectives, but the resurgence of COVID-19 pulled resources away from OHSU 2025 projects to address the ongoing exigencies of the pandemic. While some teams continued to make progress toward successfully delivering the benefits expected from their objectives, most project teams slowed work on OHSU 2025 activities. Through these past several months we have continued to work with those objective owners that had the bandwidth to remain focused on their objectives.

To this end, we have asked all objective owners to revisit the detailed tactics and associated timelines and budgets for their projects and make any necessary adjustments due to the revised funding numbers from the OHSU 2025 refresh exercise completed in June 2021. These tactics and timelines have been loaded into the OHSU Performance Management Platform (OPMP). We intend to begin monitoring and reporting on objectives and tactics beginning in April 2022. In our continued work with objective owners, we have also asked them to identify two or three key performance indicators (KPIs) for each initiative; these will be used to measure success in delivering the value to OHSU outlined in the original business cases. The intent is to track progress against each of these metrics on a quarterly basis, again starting in April. Below is a visual depiction of the type of dashboard OHSU members and the board can expect going forward.



## Plan Detail

Oregon Health & Science University

● Completed    ● On Schedule    ● Behind Schedule  
● At Risk    ● Discontinued    ○ Not Started

### FY19 OHSU Performance Indicators

Status	Ref #	Goals	Area of Focus	Functional Area		Leaders	Target Date	Complete
<span style="color: green;">●</span>	1.	Being a great organization, diverse in people and ideas, plus developing and retaining a faculty that will collaborate to drive excellence and innovation across OHSU.	People	Administration		Elena Andresen; Connie Seeley	6/30/19	
Status	Ref #	Objectives	KPI	Actual	Target	Leaders	Target Date	Complete
<span style="color: green;">●</span>	1.1.	Promote and improve the flexible work environment.	Number of telecommute hours - YTD (06/30/19)	16,500	16,000	Greg Moawad	6/30/19	
Status	Ref #	Tactics	Achievement Indicator	Start Date	As Of	Leaders	Target Date	Complete
<span style="color: blue;">●</span>	1.1.1.	Prepare tool kit and best practices for units to assess practicality and readiness for change in work hours and/or schedules	Tool kits created and ready for distribution	7/1/18	11/1/18	Greg Moawad	11/1/18	11/1/18
<span style="color: blue;">●</span>	1.1.2.	5 pilot/early adopter work units identified and flexible work changes implemented	5 work units identified and changes implemented	7/1/18	12/1/18	Greg Moawad	12/1/18	12/1/18
<span style="color: grey;">○</span>	1.1.3.	HR Business Partners identify at least 10 work units they support to discuss flexible work changes	Meetings held and discussions occurred	1/1/19		Greg Moawad	3/30/19	
<span style="color: grey;">○</span>	1.1.4.	HR Business Partners identify at least 3 work units they support to implement flexible work changes	Implementation has begun	1/1/19		Greg Moawad	5/1/19	
<span style="color: grey;">○</span>	1.1.5.	HR Business Partners report on hours impacted in units which have implemented flexible work changes	Reporting has commenced	1/1/19		Greg Moawad	5/1/19	

In addition to the work noted above, the Enterprise Program Management Office (EPMO) will also be working on the following activities between January and April of 2022 in support of OHSU 2025:

- Ensuring alignment of OHSU 2025 with the Anti-racism program of work and the findings from the Covington report;
- Refreshing communication materials associated with OHSU 2025 (e.g. OHSU strategic planning website);
- Working with OHSU 2025 objective owners to ensure they have the support and resources they need to advance their objectives.

Aligning our three major programs of work – OHSU 2025, Anti-racism, and the Covington Report - will allow us to present an integrated dashboard that will track the progress of the institutions' highest priorities.

We will report back to the Board in April 2022.



January 20, 2022

To: Members, OHSU Board of Directors

From: Lawrence J. Furnstahl  
Executive Vice President & Chief Financial Officer

Re: December Financial Results for January 28<sup>th</sup> Board Meeting

At next Friday's Board of Directors meeting, I will report on FY22 December YTD financial results. Through the first 6 months of FY22, OHSU operating income is a loss of \$(31)m, which is now \$(39)m off the seasonally-spread budget.

Like the first quarter, the second quarter was severely impacted by the Delta and now Omicron variant surge. This impact already totals \$57m through December from:

- Lost surgical, procedural and inpatient revenues (\$17m) plus
- Much higher contract labor, overtime and incentive payments for staffing (\$40m).

Absent this impact, we would in fact be \$18m ahead of budget through December, rather than \$39m behind budget, very largely because of higher IGT funding and continued growth in non-hospital pharmacy sales.

To reach the Board-approved FY22 operating income budget of \$39m given the first half loss of \$(31)m requires a second half gain of \$70m, or approximately our normal monthly run-rate pre-COVID, while also absorbing the impact of Omicron in January and February. Despite the size of the lift, the executive team is implementing corrective action targets to close the gap. The greatest unknown is how quickly healthcare can recover this spring toward normal operations, staffing costs and surgical volume, especially given how exhausting the recent surges have been.

The total change in net worth through December is now positive even though operating income is negative. This largely reflects the financial markets, which of course can go down as well as up, as well as new gifts that through 6 months are now equal the total booked in all of FY21. To date, we have received cumulative CARES Act grants of \$119m, which offset about 68% of the FY20 earnings shortfall of \$(174)m from the first phase of the pandemic.

On December 9<sup>th</sup>, OHSU successfully sold \$430m in par amount bonds to finance the hospital expansion project and to refinance a lease and other debt. The transaction closed on December 22<sup>nd</sup>. Moody's,

S&P and Fitch affirmed OHSU's Aa3/AA-/AA- bond ratings with Stable outlooks, although with concern about labor costs and future earnings potential.

Overall, we received \$1.6 billion in total orders from more than 50 investors for the \$430m in par amount, which allowed lower interest rates in the end. Most of the bonds were fixed rate, tax-exempt "green bonds" reflecting OHSU's commitment to LEED-certified buildings, including LEED Silver for OHEP. This designation garnered significant investor interest among ESG-sensitive buyers.

To provide a benchmark, the longest and largest maturity OHSU sold December 9th was the 30-year, 3% coupon bond (\$145m par amount), which priced at a 2.41% yield to call. By comparison, a similar bond OHSU sold in December 2019 was priced at 3.06%. The 65 basis point improvement in rates over two years reflects 57 basis points in the municipal market overall plus 8 basis points of tighter credit spread. OHSU's credit spread was also 3 basis points tighter than the most recent comparable bond, a 30-year, 3% coupon sold by Cedars-Sinai in November.

Budget planning for FY23 is now underway among the executive leadership team. Next year's challenge is different, because we assume FY23 is post-Omicron and into "endemic COVID" so can we start with the original FY22 budget as the base going forward—in other words, that the current year's \$57m+ COVID-surge impact on the healthcare budget doesn't continue into next fiscal year.

Instead, the objective is paying market-competitive wages including both base and at-risk pay, while at the same time earning benchmarked positive margins to fund capital on a sustainable basis. We are targeting a 2% operating margin in FY23 rather than 1%, which is still well below the ~5% margins earned pre-COVID. Addressing the current budget gap, to the extent possible, reduces the lift into FY23.



# OHSU Onward: FY22 December Results

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OHSU Board of Directors / January 28, 2022

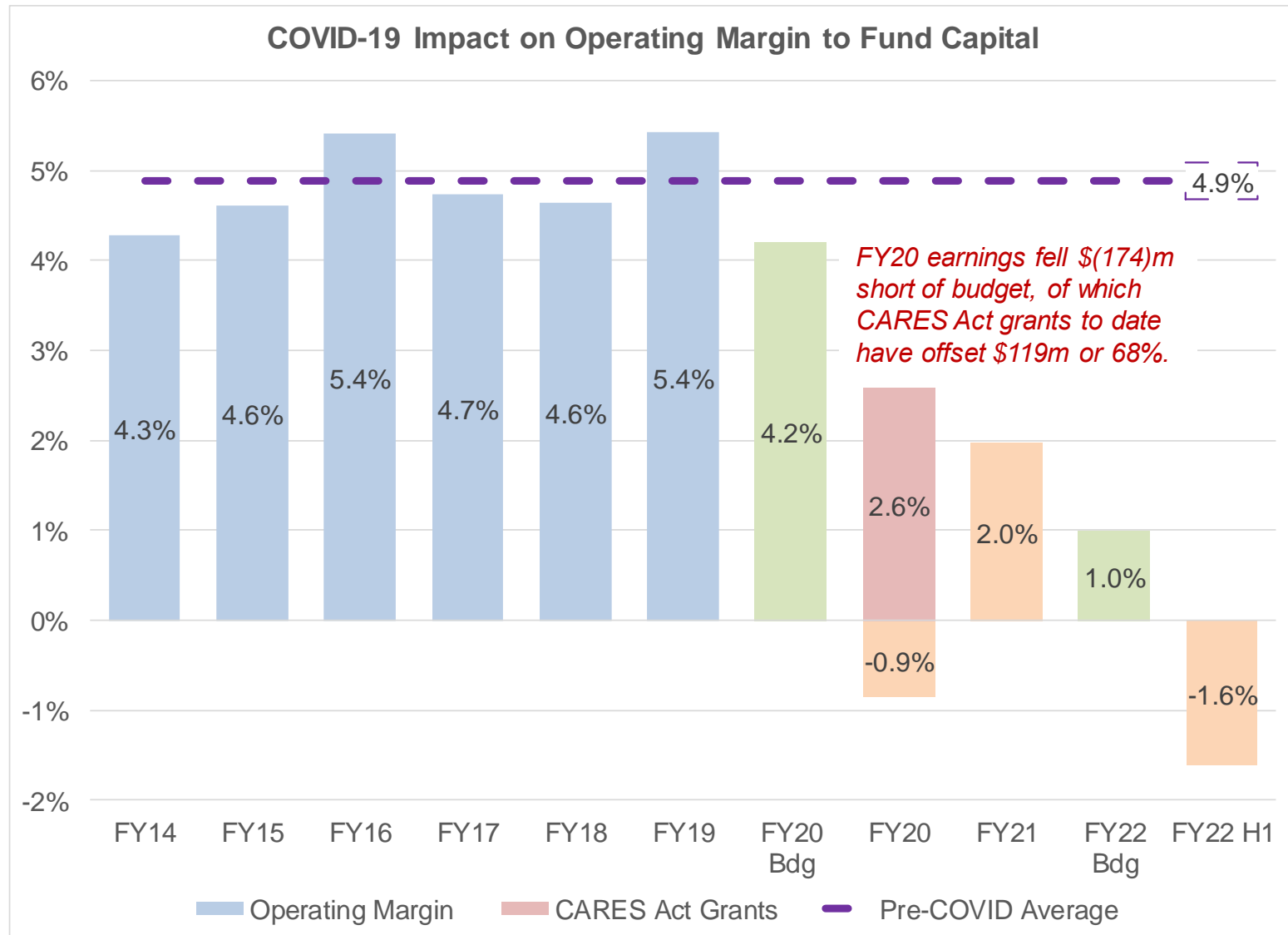
# Overview of FY22 December YTD Results

- Through the first 6 months of FY22, OHSU operating income is a loss of \$(31.2)m, which is now \$(39.1)m off the seasonally-spread budget.
- The driver of the budget shortfall is compensation, running \$42.6m over budget through 6 months, of which \$41.4m is in OHSU Health, including various incentives and much higher hospital contract labor costs.
- Net patient revenues are \$8.8m or 0.7% above budget year-to-date but this is more than offset by \$13.6m in higher Rx & medical supply costs. This unusual pattern reflects a sharp decrease in surgical activity that is only partially offset by continued growth in non-hospital pharmacy.
- The budget shortfall increased by \$(22)m in the second quarter, of which \$(25)m was in OHSU Health reflecting the COVID impacts noted, offset by \$3m of improvement largely in institutional accounts rather than operating units.
- December results also include one-time expenses from booking Covington fees and costs of issuance for the December bond issue, offset by even higher IGT funding, now running at an annual rate of \$164m compared to \$136m budgeted--a bright spot in the budget.

# FY22 H1 Operating Income \$(39)M < Budget

(millions)	FY21 Last Year	FY22 Budget	FY22 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$1,207	\$1,305	\$1,314	\$9	8.8%
Medical contracts	59	83	77	(6)	30.3%
Grants & contracts	245	249	258	9	5.4%
Gifts applied	42	47	40	(7)	-6.4%
Tuition & fees	41	41	41	(1)	-0.6%
State appropriations	20	20	21	1	4.2%
IGT funding	69	68	82	14	19.7%
Other revenue	120	111	111	0	-7.2%
<b>Operating revenues</b>	<b>1,803</b>	<b>1,924</b>	<b>1,943</b>	<b>19</b>	<b>7.8%</b>
Salaries & benefits	1,071	1,182	1,224	43	14.3%
Rx & medical supplies	308	328	341	14	10.7%
Other services & supplies	269	291	289	(2)	7.1%
Depreciation	89	98	99	0	10.6%
Interest	17	18	22	4	30.4%
<b>Operating expenses</b>	<b>1,754</b>	<b>1,916</b>	<b>1,974</b>	<b>58</b>	<b>12.5%</b>
<b>Operating income (loss)</b>	<b>\$49</b>	<b>\$8</b>	<b>\$(31)</b>	<b>\$(39)</b>	<b>-164.0%</b>
<i>Operating margin</i>	<i>2.7%</i>	<i>0.4%</i>	<i>-1.6%</i>	<i>-2.0%</i>	
<i>EBITDA margin</i>	<i>8.6%</i>	<i>6.4%</i>	<i>4.6%</i>	<i>-1.8%</i>	

# Trend in Operating Margin to Fund Capital



# FY22 December Results (continued)

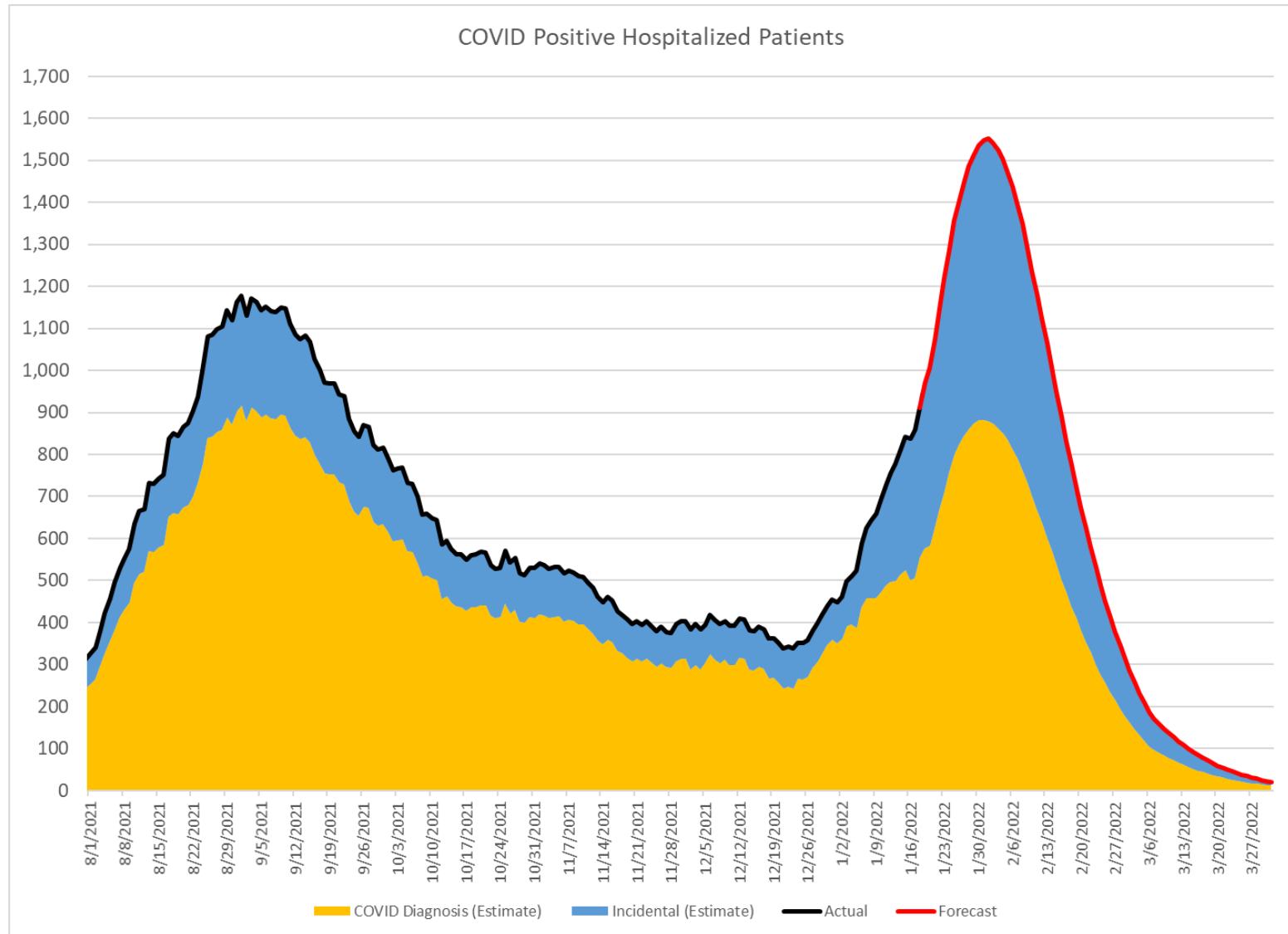
- To reach the Board-approved FY22 operating income budget of \$39m given the first half loss of \$(31)m requires a second half gain of \$70m, or approximately our normal monthly run-rate pre-COVID, while also absorbing the impact of Omicron in January and February.
- OHSU's Dr. Peter Graven is projecting that Omicron COVID census across Oregon hospitals will peak around February 1st, about 30% higher than the September Delta surge census, including “incidental” cases in patients admitted for other reasons.
- Despite the size of the lift, the executive team is aiming at the corrective action targets on the following page to reach budget.
- There is good confidence in reaching these targets in the Provost / CRO and Central areas, and in the \$25m pickup from IGT and other institutional accounts.
- With their clinical components, the School of Medicine target has more risk while the OHSU Health target will require tight management through February then a very strong bounce back in March to June.
- The greatest unknown is how quickly healthcare can recover this spring toward normal operations, staffing costs and surgical volume, especially given how exhausting the recent surges have been.



# FY22 Corrective Action Targets to Meet Budget

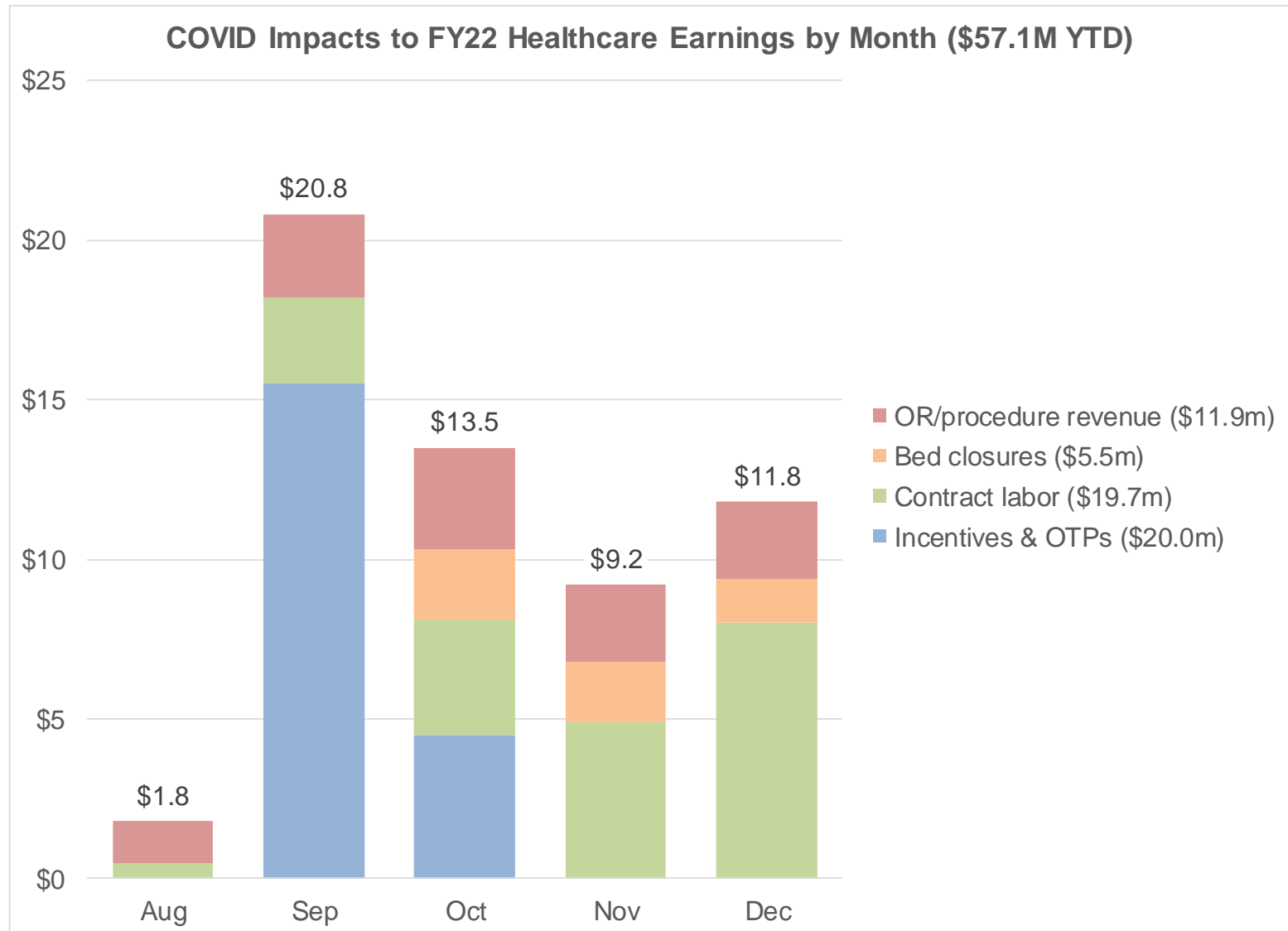
Variance from Budget (millions)	June Variance Target	FY22 H1 Variance	Required H2 Variance	Note	Unrestricted Cost Base
OHSU Health	\$(38.4)	\$(47.7)	\$9.3	Includes \$25m toward Omicron surge costs	\$1,920
School of Medicine	3.6	(8.5)	12.1	Includes \$8m of incremental IGT base support	906
Provost / CRO areas	3.6	1.3	2.3	Includes \$2m of incremental IGT base support	134
Central areas	6.3	2.8	3.5		131
Total operating units	(24.9)	(52.2)	27.3		\$3,091
IGT & other institutional	24.9	13.1	11.8	Net of \$10m of incremental IGT base support	
Total OHSU	\$0.0	\$(39.1)	\$39.1		

# Omicron Surge Projected to Peak February 1<sup>st</sup>

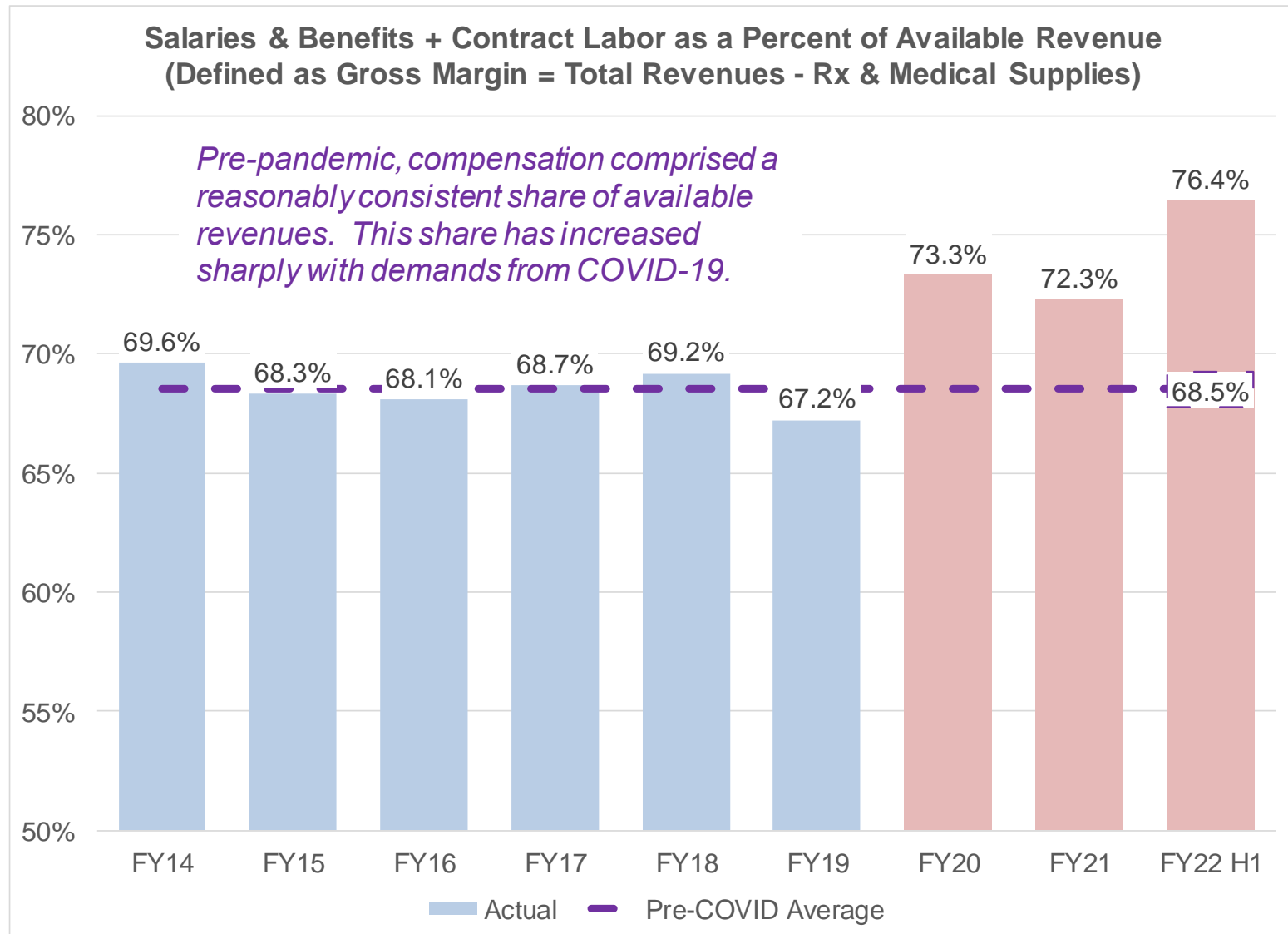


Source: Dr. Peter Graven / January 20, 2022 OHSU COVID Forecast / Statewide Census

# Delta / Omicron Impact on Healthcare Earnings



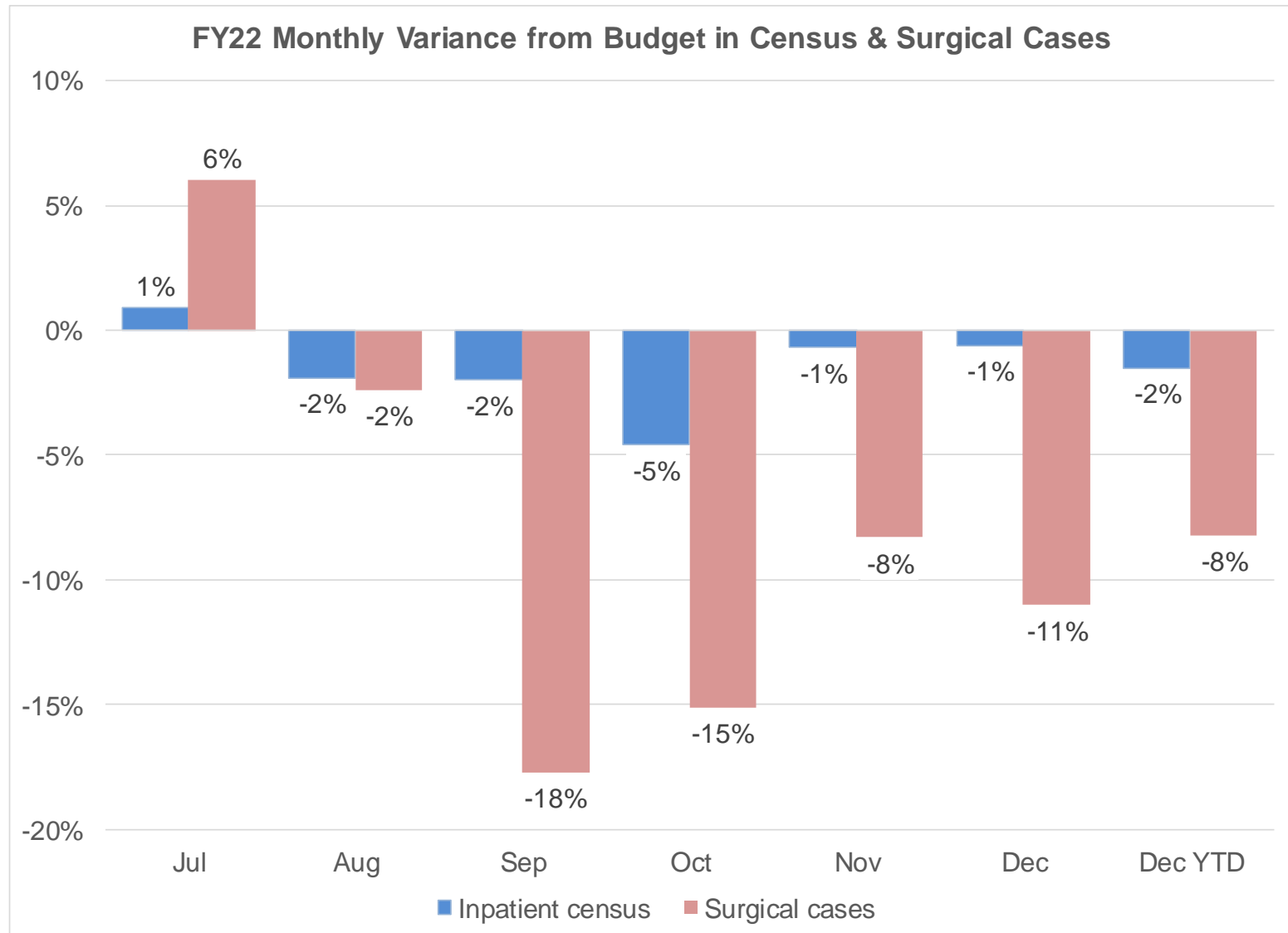
# Available Revenue Deployed toward Staffing Cost



# COVID Surges Impact Mix of Patient Activity

Patient Activity	FY21 Last Year	FY22 Budget	FY22 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	12,772	13,387	12,949	-3.3%	1.4%
Average length of stay	6.63	6.70	6.85	2.2%	3.3%
Average daily census	440.3	464.5	457.6	-1.5%	3.9%
Casemix index	2.49	2.50	2.50	0.0%	0.4%
Day / observation patients	20,322	22,099	20,268	-8.3%	-0.3%
Surgical cases	16,416	17,147	15,737	-8.2%	-4.1%
Emergency visits	20,224	19,972	24,594	23.1%	21.6%
Ambulatory visits	438,394	556,279	549,985	-1.1%	25.5%
Outpatient share of activity	54.5%	56.3%	57.0%	1.2%	4.6%
CMI/OP adjusted admissions	69,777	76,544	75,195	-1.8%	7.8%
Gross charges (rate adjusted)	\$2,618	\$2,799	\$2,830	1.1%	8.1%

# Delta / Omicron Impact on Census & OR Cases



# Broader View: Change in Net Worth by Quarter

- A more positive way to view December results is to compare Q1 to Q2, separating out the special \$1k one-time payments made to front line staff for their efforts since March 2020, and adding in additional CARES Act grants received (from the "rural health" distribution) plus investment return and new gifts booked at the Foundation.
- Total change in net worth is positive in Q2 even though operating income is negative. This largely reflects the financial markets, which of course can go down as well as up.
- New gifts at \$84m through 6 months now equal the total booked in all of FY21.

(millions)	FY22 Q1	FY22 Q2	FY22 H1			
Adjusted operating income	\$(11.5)	\$(5.7)	\$(17.3)			
\$1k one-time payment	(12.3)	(1.6)	(14.0)			
CARES Act grants	0.8	7.8	8.6			
Investment return	10.2	29.7	39.9			
Other nonoperating items	(0.2)	(0.0)	(0.2)			
Net income	(13.0)	30.0	17.0	<div> <i>New gifts</i>  <i>Investment return</i>  <i>Transfers to OHSU</i>  <i>Operations &amp; other</i>  <i>Foundation gain</i> </div>	<i>New gifts</i>	84.1
					<i>Investment return</i>	19.9
Foundation gain (loss)	(11.6)	47.1	35.4		<i>Transfers to OHSU</i>	(57.9)
Capital grants & gifts	0.0	7.8	7.8		<i>Operations &amp; other</i>	(10.7)
Other changes	(0.0)	(0.0)	(0.1)		<i>Foundation gain</i>	35.4
Total change in net worth	\$(24.7)	\$84.9	\$60.2			
FY21 change in net worth	\$61.3	\$178.8	\$240.1			

# OHEP Debt, CARES Loans & Lease Accounting

- The balance sheet reflects adoption on July 1<sup>st</sup> of new lease accounting that capitalized former operating leases into \$77m of net physical plant, with a corresponding increase to long-term debt.
- We have also paid back \$70m in CARES Act interest free loans from Medicare advances and FICA deferrals, with \$122m to be repaid over the next 12 months.
- In December we issued bonds to fund part of the hospital expansion, buy out a lease, and refinance existing debt for lower rates and better terms.

Balance Sheet (millions)	6/30/21	12/31/21	Change
Cash & investments	\$1,658	\$1,660	\$2
OHEP & other bond funds	47	364	317
Net physical plant	2,056	2,102	46
Interest in Foundation	1,602	1,638	35
Long-term debt	(970)	(1,411)	(441)
CARES Act loans	(192)	(122)	70
PERS pension liability	(595)	(595)	0
Working capital & other, net	492	523	31
Total net worth	\$4,098	\$4,158	\$60

Cash Flow (millions)	FY22 H1
Operating income	\$(31)
Depreciation	99
Investment return	40
Capital grants & gifts	8
CARES Act grants	9
New debt applied	38
Sources of cash	161
Principal repaid	(24)
Capital spending	(67)
CARES Act loans repaid	(70)
All other changes, net	2
Uses of cash	(159)
Sources less uses of cash	\$2



# Report of Series 2021 Bond Issue

- On Thursday, December 9th in New York, OHSU successfully sold \$430m in par amount bonds to finance the hospital expansion project and to refinance a lease and other debt. The transaction closed on December 22<sup>nd</sup>.
- With \$78m of premium, total bond proceeds were \$508m. Another \$68m of debt was refinanced through a \$56m US Bank direct placement loan plus a direct exchange of \$12m in put bonds.
- Moody's, S&P and Fitch affirmed OHSU's Aa3/AA-/AA- bond ratings although with concern about labor costs and future earnings potential.
- An online "net roadshow" reached over 20 investors on Monday before pricing. This was followed by one-on-one investor calls on Tuesday and other active pre-marketing.
- Despite considerable volatility in the Treasury market from concerns such as inflation, Fed tapering, the Omicron variant and international tensions, rates in the municipal bond market were more stable and quite favorable.
- 30-year tax-exempt municipal rates were 57 basis points (0.57%) lower than OHSU's last bond transaction in December 2019, and 21 basis points lower than when the Board approved the project in October.
- They were only 21 basis points above the all-time low reached in August 2020. Since we sold the Series 2021 bonds, long-term tax-exempt rates have increased by 22 basis points as of the January 19<sup>th</sup> market close.

# Series 2021 Bond Issue (continued)

- Overall, we received \$1.6 billion in total orders from more than 50 investors for the \$430m in par amount, which allowed tighter spreads in the end.
- Most of the bonds were fixed rate, tax-exempt "green bonds" reflecting OHSU's commitment to LEED-certified buildings, including LEED Silver for OHEP. This designation garnered significant investor interest among ESG-sensitive buyers.
- To provide a benchmark, the longest and largest maturity OHSU sold December 9<sup>th</sup> was the 30-year, 3% coupon bond (\$145m par amount), which priced at a 2.41% yield to call and an option-adjusted yield (valuing the 10-year call feature) of 2.39% using Goldman Sachs' methodology.
- By comparison, a similar bond OHSU sold in December 2019 was priced at 3.06%. The 65 basis point improvement in yield over two years reflects 57 basis points in the municipal market overall plus 8 basis points of tighter credit spread.
- OHSU's credit spread was also 3 basis points tighter than the most recent comparable bond, a 30-year, 3% coupon sold by Cedars-Sinai in November.
- JP Morgan was the book runner for the \$338m in fixed rate bonds, with Goldman Sachs as co-senior and Loop Capital as co-manager. Loop, which is one of the largest MBE investment banking firms in the U.S., led the \$92m put bond component. Melio & Co. was OHSU's independent financial advisor.

# Recap: OHSU's Pre-Pandemic Financial Model

- Payment rates received by OHSU—for example, what Medicare pays for an outpatient surgery, what a nursing student pays for tuition, what NIH pays for a research grant—typically rise at about 2% per year.
- But costs—especially salaries & benefits and Rx & medical supplies—rise at 3.5%.
- This -1.5% gap on a \$4 billion budget would cut OHSU's operating margins by an incremental \$60 million each year.
- OHSU's pre-pandemic financial model relied on 5%+ annual growth both to serve the people of Oregon and to offset this gap by spreading fixed costs across a larger base.
- OHSU has also secured step-function increases in funding from:
  - Capturing non-hospital pharmaceutical sales
  - Leveraging Intergovernmental Transfer
  - Knight Cancer Challenge and other major gifts
- *December results show even greater reliance on these sources.*
- Before COVID, this model supported a robust capital budget and 7%+ increases in salaries & benefits, half in number of employees and half in dollars per employee.
- *Both capital investment and competitive pay are needed for continued growth.*

# Two Distinct Budget Challenges: FY22 vs FY23

- OHSU faces two distinct financial challenges, the FY22 budget problem and the FY23 budget problem. While related they are in fact quite different, and it can be easy to confuse the two.
- The FY22 budget problem is a large shortfall from the Board-approved budget target of a 1% operating margin or \$39m in operating income, because of the impact of Delta and now Omicron on healthcare operations.
- This impact already totals \$57m through December from:
  - Lost surgical, procedural and inpatient revenues (\$17m) plus
  - Much higher contract labor, overtime and incentive payments for staffing (\$40m).
- Absent this impact, we would in fact be \$18m ahead of budget through December, rather than \$39m behind budget, very largely because of higher IGT funding (\$14m through December) and continued growth in non-hospital pharmacy sales.
- The FY23 budget challenge is different, because we assume that next year is post-Omicron and into "endemic COVID" so we start with the original FY22 budget as the base going forward—in other words, that the current year's COVID-surge impact on the healthcare budget doesn't continue into next fiscal year.

# Two Budget Challenges (continued)

- The FY23 budget challenge is that:
  - We want to pay market-competitive wages including both base and at-risk pay
  - We need to earn benchmarked positive margins to fund capital on a sustainable basis, targeting 2% in FY23 rather than 1%, which is an extra \$40m (and still well below the ~5% margins earned pre-COVID).
- Even with extra IGT and strong Rx sales and clinical volume growth, solving the FY23 problem as it stands today requires finding new budget savings equal to about \$19m or 0.6% of unrestricted spending in operating units.
- The reason we want to address, to the extent possible, the first FY22 budget problem (besides the basic one of management meeting the Board-approved budget) is that the further we fall behind in FY22, the larger the lift into FY23.



Date: January 28, 2022

To: OHSU Board of Directors

From: Julie Hanna, Director of State Relations

RE: 2022 state legislative session

The Oregon State Legislature will convene for a 35-day legislative session running from February 1<sup>st</sup> through March 7<sup>th</sup>. It will consider a variety of significant policy issues and address record revenues. It is anticipated that addressing workforce shortages will be a priority. Given OHSU's leadership role in educating Oregon's health care workforce we are bringing a proposal to the legislature to increase the number and diversity of OHSU's clinician graduates.

Through OHSU's 30-30-30 proposal OHSU will request \$45 million during the 2022 legislative session, including a \$20 million a year on-going increase in OHSU's direct education appropriation and a \$25 million one-time appropriation for scholarship funding to be matched by OHSU philanthropy. This funding will allow OHSU to grow clinical health care program graduates by 30% and increase learner diversity to 30% by 2030.



# 2022 State Legislative Session

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January 2022

# 2022 state legislative environment

- Short 35-day session: Feb 1 - March 7
- New leaders in both chambers
- Continued pandemic
- Equity focus – process and policy
- Election year after redistricting



# Main issues for the legislative session

- Ongoing pandemic response
- Projected revenue increase
- Workforce shortages
- Unfinished business from previous session

# Oregon's health care workforce shortage

- The health care needs of our communities continue to grow, but Oregon is not training enough health care professionals to meet the demand.
- Oregon's underserved communities continue to experience inequities in access to care, which has been further exacerbated by COVID-19.
- Strategic and sustained investment in key health care education and training programs will accelerate the number of health care graduates entering the workforce.
- Intentional investment is needed to recruit, train and graduate learners that represent the diversity of Oregon.

# OHSU's 30-30-30 Legislative Funding Request

## *Addressing Oregon's health care workforce crisis*

- **By 2030 OHSU will grow number graduates by 30% and increase learner diversity to 30%.**
- \$45 million prioritized investments in OHSU statewide health care education programs:
  - \$20 million a year increase to OHSU's direct state appropriation starting in July 2022
  - \$25 million one-time funding to be matched by OHSU philanthropy creating an OHSU scholarship fund for underrepresented and underserved students

# OHSU's 30-30-30 Legislative Funding Request

*OHSU's role in addressing Oregon's health care workforce crisis*

- Funding will provide programming and support to learners at each critical stage of their training
- With this proposal OHSU will graduate more than 2,000 additional clinicians for Oregon by 2030.
- OHSU graduates have a track record of staying in Oregon.
- Funding will prioritize diversity and pathway programs, and increase the number, diversity and quality of health care professionals in every corner of the state.



Thank You



Date: 01/19/2022

To: OHSU Board of Directors

From: Derick Du Vivier MD, MBA  
Senior Vice President Diversity, Equity and Inclusion

RE: OHSU DEI Update

Over the past year, OHSU has committed itself to addressing structural racism at our university. This commitment is reflected in the active support of the OHSU Covid-19 vaccine equity committee. This work represents an important push to begin addressing structural racism in healthcare and is one part of our antiracism initiatives. Through it, we are continuing our efforts to establish trust in communities of color and facilitate bridge building. Data from the vaccine equity committee shows that nearly 20% of OHSU employees have volunteered to support efforts. These volunteers reflect our desired organizational culture and demonstrate our values in action. In addition to directly working to reduce disparities in care, volunteer work like this is an example of catalyzing organizational culture change through the use of experiential opportunities. Although one experience is unlikely to foster significant personal or organizational change, this support of volunteerism may be an important and effective tool to promote diversity, equity, inclusion and belonging at OHSU.

Another significant effort to address structural racism in the delivery of healthcare is the Healthcare Disparities Reduction Core (HDRC). The HDRC is a central resource group composed of multiple stakeholders working to support quality medical directors by providing data and expertise to measure and mitigate health disparities. Over the past year, the HDRC has met a substantial number of milestones including:

- the establishment of a steering committee and charter
- creation of support structures including the hiring of a data analyst and quality improvement analyst
- promoting the use of disaggregated data and the creation of data dashboards to highlight any inequities in the provision of digital health

In addition, the HDRC has established relationships with numerous stakeholders to continue to align institutional efforts and ensure optimal economies of scale. For example, the Office of Digital Health has been able to leverage the work of the HDRC to inform system wide digital health efforts. And most importantly, the Health Disparities Reduction Core is acting as an agent of change by advocating for an institutional culture that emphasizes the disaggregation of data and the centering of equity as foundational to what we do.

In addition to the work of the Vaccine Equity Committee and the Healthcare Disparities Reduction Core, there has been continued efforts by the Center for Diversity and Inclusion (CDI) to lead and support diversity efforts. For instance, the *OHSU Recruitment Manual* with a newly added section on ways to mitigate bias in the virtual interview space is undergoing a final review and scheduled for publication in February. The *2022-24 Cultural Awareness Guide* is also scheduled for publication in February. The CDI continues to advance anti-bias culture through educational initiatives such as the now established *Stepping-in* training program and the ongoing creation of a multi-module anti-racism educational series. The first module is expected to be available in April.

The CDI continues to add to its team with the most recent addition of 2 student interns. These positions enable us to continue to support learners at OHSU. For example, on two occasions the CDI supported the Latino Medical Student Association (LMSA) and the LatinX Nursing Student Alliance (LANSA) in the creation of a community building "space" - Cafecito. These events are expected to continue. Finally, the CDI is happy to announce that a former CDI Equity Intern and Ted R. Lilley Continuing Umbrella of Research Education (CURE) participant was accepted to the OHSU School of Medicine and awarded a Scholars for a Healthy Oregon Initiative (SHOI) scholarship. As we begin preparation for our next cohort of Equity Interns, we are re-examining our program to determine how we can continue to provide a program of the highest quality and value for our interns.

OHSU continues on the journey to becoming a diverse and equitable institution where all can thrive and excel. In the coming months, I will highlight and provide updates on established programs like Stepping-in and the Search Advocate program. The CDI will have a retreat in February with a strategic plan available in March. With respect to new programs, there will be information on how diversity is being centered in OHEP, the process of establishing a Supplier Diversity Program and an Employee Resource Group (ERG) Professional Development Program.



# OHSU DEI Update

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Jan 28, 2021 PRESENTED BY: Derick Du Vivier MD, MBA; Senior Vice President Diversity, Equity and Inclusion



# Programmatic Updates

# CDI

- Learner Support
  - “Cafecito” – community building space with LMSA and LANSA
  - Supporting 4 students attending the LMSA National Meeting
  - Held 12 “Meet and Greet” coinciding with interview day presentations for the PA, MD and MD/PhD programs
  - Most recently had a former CDI Equity intern and CURE participant accepted to the OHSU SOM and awarded a SHOI Scholarship
- Training and Education
  - *Recruitment Manual*
    - Undergoing final review and input, anticipated publish date Feb
  - *2022-2024 Cultural Awareness Guide* with MS Calendar overlay
    - Undergoing final review and input, anticipated publish date Feb
  - Continued progress on Anti-racism Modules
    - Expected Module 1 delivery April
  - *Stepping-in* program launched
    - Dashboard to track participation in development with go-live in Feb
- Black History Month
  - CDI co-sponsoring a lecture by Dr. Harriet Washington, author of *Medical Apartheid*

# Enhancing Health and Health Care in Every Community

- Since January 2021, the OHSU Vaccine Equity Committee has hosted 8 mass vaccination sites and numerous community based vaccine clinics.
- To date, >338K vaccines have been administered at OHSU vaccine sites and another 532K in conjunction with the All4Oregon collaborative (>907K total!)
- ***19% of OHSU employees have worked at an OHSU vaccine site***
- OHSU's website related to vaccine information has received >3.2 million unique visits.\*
- 14 video PSAs on vaccine deliberation in 9 languages have been created
- End of December, Cambia Health Foundation approved \$30,000 in additional funding for OHSU's vaccine equity work, focused on eligible children and their caregivers.

[\\*https://www.ohsu.edu/health/frequently-asked-questions-covid-19-and-vaccines](https://www.ohsu.edu/health/frequently-asked-questions-covid-19-and-vaccines)



# OHSU Community Vaccination Events (90)

- 3/28 Emmanuel Central
- 3/29 Emmanuel Central
- 4/17 Portland City Blessings Church
- 4/18 Quest Integrative Center for Health
- 4/18 Emmanuel Central
- 5/11 Latino/Salud (extended hours)
- 5/13 Latino/Salud (extended hours)
- 5/15: Portland City Blessings Church
- 5/16 Latino/Salud @ Hillsboro Stadium
- 5/16 Muslim Community Center
- 5/19 Mt. Olivet Church– Beaverton/Aloha
- 5/20 Mt. Olivet Church– Beaverton/Aloha
- 5/22: Emmanuel Central Church
- 5/23: Quest Integrative Center for Health
- 5/26: Chinese Friendship Association
- 5/29 Common Ground Church– Central Beaverton
- 6/2 | Lutheran Community Services NW
- 6/3 Prescott Elementary School
- 6/6: Muslim Community Center
- 6/7: Latino/Salud @ Hillsboro Stadium
- 6/11 Bridges Collaborative Care Clinic
- 6/12 Vietnamese Community of Oregon
- 6/13 Life Change Church
- 6/13 St. Peter's Catholic Church
- 6/15 Trillium Family Services, Parry Center
- 6/16: Chinese Friendship Association
- 6/16: Mt. Olivet Westside
- 6/17: Mt. Olivet Westside
- 6/20: Evangel Baptist Church
- 6/21 | Harrison Park School
- 6/23: Lutheran Community Services NW
- 6/24: Prescott Elementary School
- 6/26: Common Ground Church
- 7/6: Trillium Family Services, Parry Center
- 7/10 IU Mien Association
- 7/10: VNCO Vietnamese Buddhist Temple
- 7/11: Life Change Church
- 7/11: St. Peter's
- 7/12: Harrison Park Elementary
- 7/15: Mt. Olivet
- 7/25: Historic Parkrose Pop-Up Market
- 7/29: Multnomah County Corrections
- 8/1: Reynolds High School
- 8/2: Harrison Park Elementary School
- 8/7: Pan Pacifica Island Festival
- 8/7: Eterna Roca De La Cruz Church
- 8/14: Local Lounge
- 8/22: Historic Park Rose Pop up Market
- 8/24 McDaniel High School
- 8/25 McDaniel High School
- 8/26 McDaniel High School
- 8/28 Roca Del Luz Eterna
- 8/29: Reynolds High School
- 9/1: Park Rose Middle school
- 9/11: Scott High School
- 9/16: Trail Blazers Employees and Family
- 9/18: Roca De la Cruz Eterna
- 9/19: Reynolds High School
- 9/22: PCC SE
- 9/23 McDaniel High School
- 9/26 Park Rose Market place
- 9/29 Park Rose Middle School
- 10/2 Scott Elementary
- 10/3 OHSU SOM Health Equity Fair
- 10/8 Trail Blazers Employees and Family
- 10/13 PCC SE
- 10/14 Multnomah County Correction @ Mead Bldg.
- 10/22 Banks Oregon School District
- 10/23 4 D Recovery MLK
- 10/29 PCC Willow Creek with APANO/HACO
- 11/4 Multnomah County Correction @ Mead Bldg.
- 11/5 Slavic Community Center NW
- 11/6 4D Recovery
- 11/10 PCC SE
- 11/14 PCC Willow Creek
- 11/19 4D Recovery Hillsboro
- 12/1 PCC SE (4<sup>th</sup> Event)
- 12/8 Harrison Park Elementary (PEDS FOCUS)
- 12/10 Friends of the Children Community Center
- 12/11 Witch Hazel Elementary
- 12/14 Free Orchards Elementary School
- 12/15 HB Lee Middle School
- 12/16 Reedville Elementary School
- 1/5 Harrison Park
- 1/6 Reedville elementary
- 1/7 Friends of the Children Community Center
- 1/8 Witch Hazel Elementary School
- 1/11 Free Orchard Elementary School
- 1/12 HB Lee Middle School
- 1/14 PCC SE Peds

# OHSU VEC Community Partners (61)

## March 2021 to present

- Adelante Mujeres
- African Communities Behavioral Health Collaborative
- APANO
- Asian Health and Service Center
- Bienestar
- Bridges Collaborative Care Clinic
- Bridges Pamoja Coalition
- Centro Cultural
- Centro de Prosperidad
- Common Ground Church
- Emmanuel Central Church
- Gobierno de Guatemala
- Harrison Park Elementary School
- Hillsboro Medical Center Salud Program
- Historic Parkrose Pop-Up Market
- Reynolds High School
- Albina Ministerial Alliance
- Portland Trail Blazers
- HMC Salud
- Imago Dei – Eastside
- Immigration Counseling Services
- League of United Latin American Citizens
- Life Change Church
- Lu Mien Association
- Lutheran Community Services NW
- Mexican Consulate
- Mt. Olivet Church – Westside
- Multnomah County REACH Program
- Muslim Community Center
- Ngoc Phuoc Pagoda
- Oasis of Praise
- OHSU Partnership Project
- OHSU Transgender Health Program
- Adventist Health Slavic Navigation Program
- Oregon Latino Leadership Network
- Oregon Health Authority
- St. Peter's Catholic Church
- Portland City Blessings Church
- Portland Community College Dreamer Resource Center
- Portland Public Schools
- Prescott Elementary School
- Quest Integrative Center for Health
- Self Enhancement Inc
- Trillium Family Services, Parry Center
- Vietnamese Community of Oregon
- Multnomah County Corrections
- Slavic Community Center NW
- Eterna Roca De La Cruz Church
- Portland Sweet Hearts
- 4 D Recovery
- Banks School District
- IRCO
- Oregon Pacific Islander Coalition
- Confederated Tribes of the Grand Ronde
- National Coalition of Black Health Services Executives
- Metro Sanitation Workers
- Hillsboro School District
- Reynolds School District
- Friends of the Children
- Oregon Chinese Coalition
- National Association of Health Service Executives

# Healthcare Disparities Reduction Core (HDRC)

- Formed steering committee, setup infrastructure, established charter
- Hired a Data Analyst and Quality Improvement Specialist
- Joined the WSHA Health Equity Collaborative and developed maturity matrix
- We created 2 dashboards to highlight inequities in provisioning of digital health
- Partnered with BIAA to establish a template for disaggregation of data and dashboard creation for future projects
- Created our intake form to allow us to start planning next round of initiatives
- ODH has fully integrated this work into their operations, becoming a powerful force multiplier for change in relation to digital health across the university
- Departmental QI directors are beginning to integrate equity work and disaggregate their metrics
- Dyads between HDRC and departmental QMDs are beginning to form
- Built connections with REAL-D group, Peter Graven's group (to harmonize data) and the IDS to continue to align our efforts and make sure we have optimal economies of scale
- We are moving away from making equity a “focus” to making disaggregation of data and thinking of equity as foundational to what we do

# Future Updates

- Centering diversity in OHEP
- Supplier Diversity Program
- *Stepping-in* dashboard, metrics, and goals
- Project Rainbow
- ERG Professional Development Program
- Racial Equity Funding Opportunity







Date: 1/28/2022

To: Mr. Wayne Monfries, Dr. Danny Jacobs

From: David Jacoby, MD

RE: Presentation at Board meeting, 1/28/2022

Memo: I plan a brief presentation on antiracism efforts in the School of Medicine. As the allotted time precludes a comprehensive discussion of this important topic, I propose to briefly present the School's newly adopted Diversity Action Plan, but then also to give several examples of individual high-impact projects undertaken by School of Medicine faculty and departments. These include;

1. Dr. Jeff Gold's work on healthcare disparities in telemedicine.
2. Dr. Donna Hansel's COVID community testing program.
3. The Academic Advisory Councils work on eliminating the race-based correction in a laboratory test, and how this is a model for further efforts in this area.
4. The Northwest Native American Center of Excellence Wy'East post-baccalaureate program and its impact on diversity in our medical school class.

Thanks you for the opportunity to speak on these important topics.



# Anti-racism in the OHSU School of Medicine

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Overall approach and organization:

- *School of Medicine Diversity Action Plan.*

Examples of some specific projects and programs:

- Healthcare disparities amplified by COVID and telemedicine.
- Impact of OHSU community COVID testing program and vaccine equity committee.
- Re-evaluating racial corrections in lab tests.
- Specific post-baccalaureate programs:
  - E.g., Northwest Native American Center of Excellence.

# SOM Diversity, Equity, Inclusion and Anti-Racism Action Plan

## Belong

- Education and Training
- Engagement
- Enrichment

## Include

- Recruitment
- Retention
- Resources and Related Support

## Empower

- Enablement
- Extension to the Community
- Evaluation



George Mejicano, MD, MS  
Senior Assoc Dean, Education



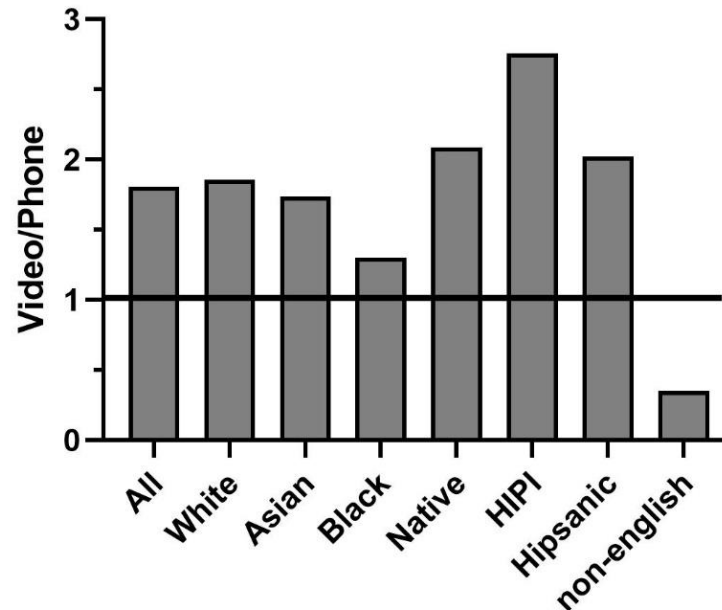
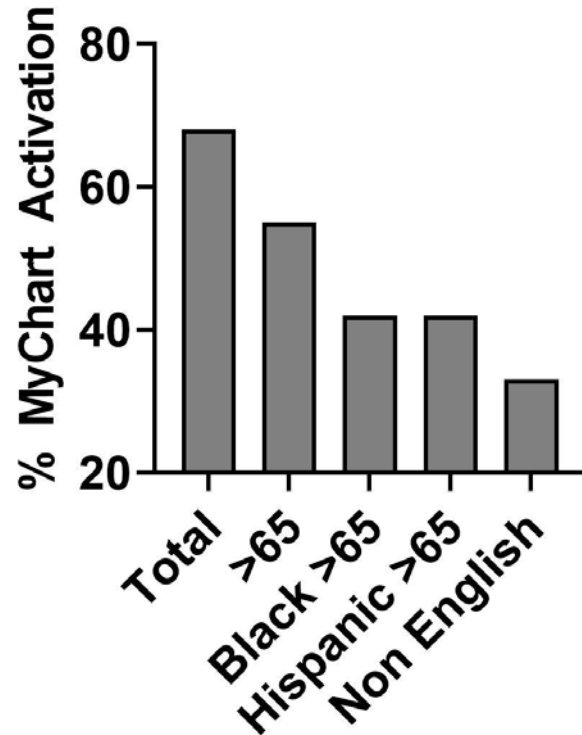
Leslie Garcia, MPA  
Assitant Dean, DEI

- Implementation Process
  - Create Diversity Alignment Team to coordinate and implement plan
  - Add specifics (e.g., tools, responsible parties, specific methods, metrics, etc.)
  - Create dashboard to show and track progress
  - Departments, Centers, and Institutes to create unit-level plans

## Some specific examples of high impact programs

- Healthcare disparities amplified by COVID and telemedicine.
- Impact of OHSU community COVID testing program and vaccine equity committee.
- Re-evaluating racial corrections in lab tests.
- Specific post-baccalaureate programs:
  - Northwest Native American Center of Excellence.

Healthcare disparities amplified by rapid increase in telemedicine during COVID pandemic.



Dr. Gold is very well funded for his work on electronic health records, and is collaborating with faculty in the department of Medical Informatics and Clinical Epidemiology on creative approaches to remedying these disparities.



Jeffrey Gold, MD  
Vice Chair, Quality and  
Patient Safety,  
Dept of Medicine

# Department of Pathology: community COVID testing.

- COVID has affected patients in minority communities disproportionately, in terms of both infections and deaths.
- While many factors contribute, access to testing and vaccination is an important challenge.
- OHSU's vaccine equity committee and COVID testing programs have an important impact.



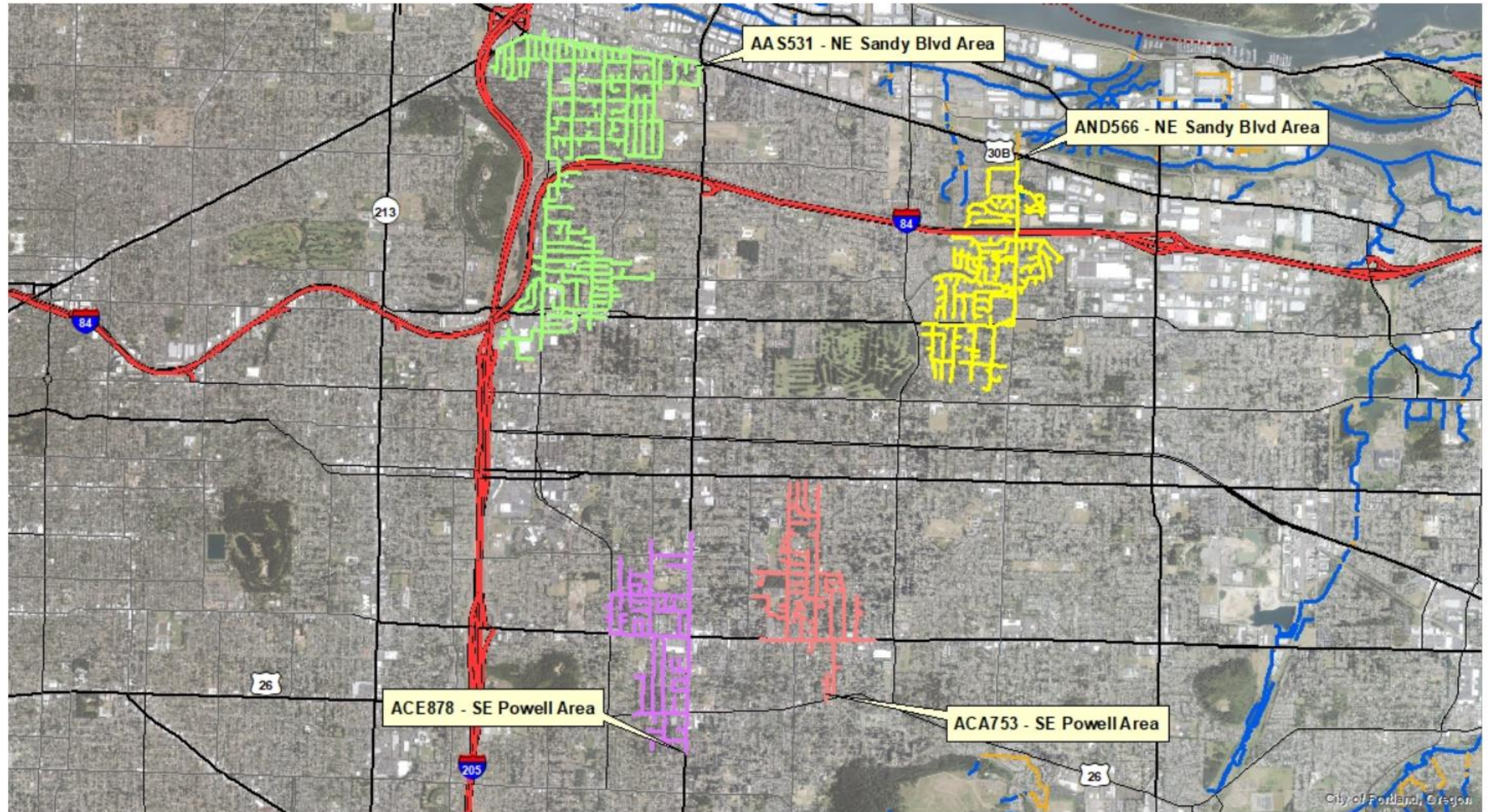


- OHSU Department of Pathology (Dr. Donna Hansel, Chair and Dr. Guang Fan, Assoc. Med. Director) and OHSU Vaccine and Gene Therapy Institute (Dr. Dan Streblow) developed in house PCR testing.





# OHSU COVID community testing sites in eastern Portland.





- Connection with Self-Enhancement, Inc. with the help of Michael Harrison, Jenny Lee Berry, Derick Du Vivier
- Walk up sites embedded in the community offer testing to any asymptomatic individual
- English, Spanish, Chuukese, Vietnamese, Somali
- Now doing 30,000 tests/week.
- Developed saliva testing.

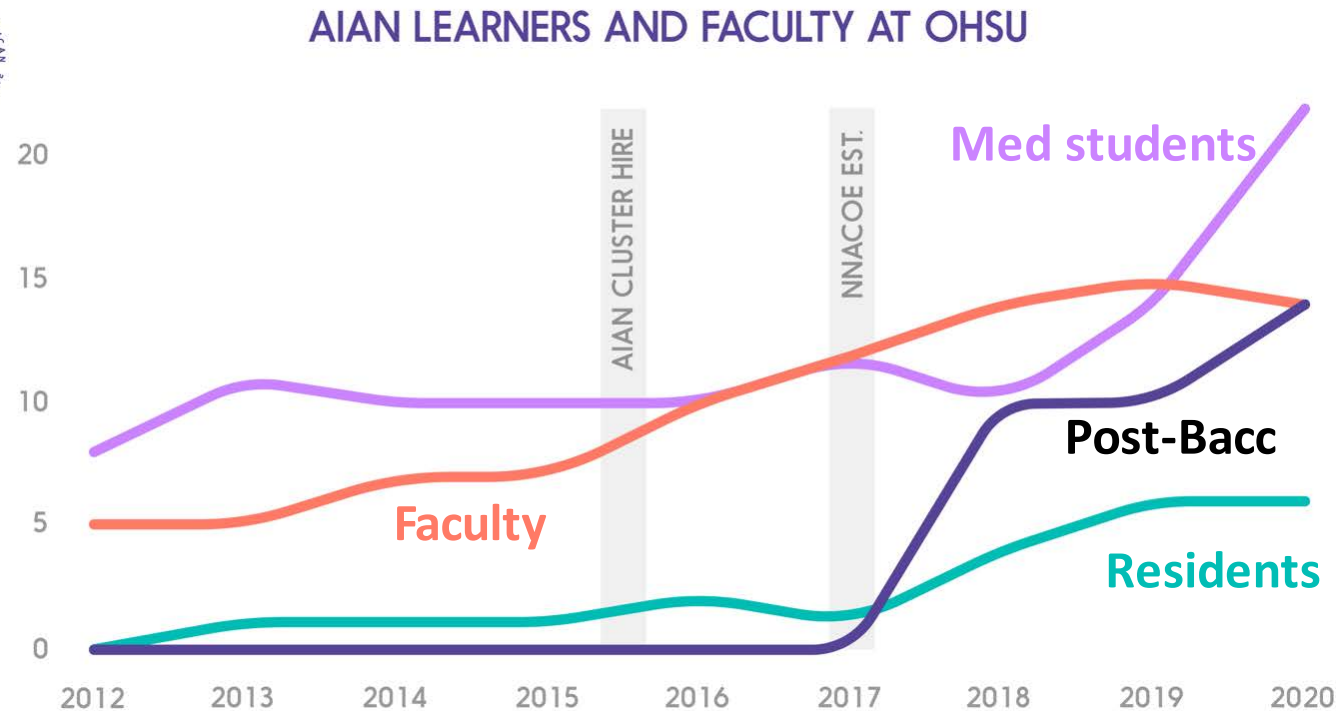


Along with the **OHSU vaccine equity committee**, co-chaired by Dr. Derick DuVivier and Dr. Donn Spight, illustrates important impact OHSU is having on Portland communities during the pandemic.

# Race correction in kidney function

- Test that include a race “correction” (different normal values for black patients).
  - Self reported race is an imprecise variable
  - In some cases, the race correction is not strongly evidence based
- Equation for kidney function includes a multiplier (1.16) for black patients resulting in the estimate being **16% higher** than for white patients.
- **Delays eligibility for dialysis, consideration for transplant.**
- OHSU Academic Advisory Council and Department of Pathology have changed the equation in EPIC in accordance with recommendations of American Society of Nephrology.

# Northwest Native American Center of Excellence.



Erik Brodt, MD  
Director, NNACoE

Under Dr. Brodt's leadership, the NNACoE engages in many anti-racist activities. An important example is the Wy'East post-baccalaureate program for Native American students preparing for medical school. OHSU accepts students who complete this program in our medical school class.

# Summary

- The OHSU School of Medicine is committed to anti-racism
- This commitment is reflected in the adoption and ongoing implementation of a broad multimission Diversity, Equity, and Inclusion Plan.
- In addition, faculty in the School of Medicine are engaged in a wide range of anti-racist efforts and programs. Examples include:
  - Healthcare access inequity accentuated by increased telemedicine.
  - Inequities in COVID testing and vaccination.
  - Racial bias in interpretation of testing results.
  - Recruitment of Native Americans to OHSU at multiple levels.



Date: January 18, 2022

To: OHSU Board of Directors

From: Alice Cuprill Comas and Dr. Susan Bakewell-Sachs

RE: Covington Investigation: Implementation Framework

The HR Committee of the OHSU Board of Directors engaged the law firm of Covington and Burling LLP (“Covington”) to conduct a “thorough investigation regarding inequitable treatment, discrimination, harassment, bullying, or intimidation at OHSU based on race, color, religion, national origin, disability, age, marital status, sex (including pregnancy), sexual orientation, gender, gender identity or gender expression.” The investigation was led by former Attorney General Eric H. Holder, Jr. and Nancy Kestenbaum and was conducted over eight months. The resulting report was delivered to the OHSU Board of Directors on December 9, 2021 and released to the community on the same day.

The report includes both Covington’s findings and recommendations to address OHSU’s institutional culture challenges. Upon release of the report the OHSU Board of Directors charged President Jacobs with implementation of the Covington report’s recommendations.

Dr. Jacobs has adopted a framework for implementation of the report’s recommendations that includes the guiding principles described in the accompanying slides. In addition, Dr. Jacobs called for the creation of two separate committees: an Implementation Committee and an Oversight Committee.

The Implementation Committee is chaired by us and is charged with overseeing and conducting all work necessary for implementation of the recommendations and reporting to Dr. Jacobs, the OHSU Board and the OHSU community on progress. Members of the Implementation Committee are staff from the Center for Diversity, Equity and Inclusion; Human Resources; Affirmative Action and Equal Opportunity; Integrity and other functional units responsible for the matters set forth in the recommendations.

The Oversight Committee will be composed of members from throughout the OHSU community. It will be co-chaired by Alisha Moreland-Capuia, M.D., an expert in trauma-informed systems change and a member of both the Harvard Medical School and OHSU faculties and former medical director of the OHSU Avel Gordly Center for Healing; and Michael Alexander, M.S.S., former president of the Urban League of Portland, vice president of the Port of Portland Commission and board chair for the Black United Fund. Various recognized groups from across the university will be asked to appoint a representative, including, but not limited to, unions, students, faculty, employee resource groups and more. Members of the committee will be selected

by groups from across the institution. The goal is for the Oversight Committee to truly reflect the voices of the OHSU community. The Implementation Committee will provide reports to the Oversight Committee and will look to the Oversight Committee for input and feedback. The chairs of the Oversight Committee will also report directly to the Board and to the OHSU community on how the work of the Implementation Committee is proceeding.

We recognize the importance of this work to OHSU and to the broader community and also feel the sense of urgency of the need.





# Covington Investigation – Implementation Framework

OHSU Board Presentation

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DATE: January 27, 2022

By: Susan Bakewell-Sachs and Alice Cuprill Comas

# Covington Investigation – Implementation Framework

## Agenda

- The “Charge” to Covington and Burling LLP
- Guiding Principles
- Immediate Opportunities
- Program Governance
- Program Governance – Oversight Committee Membership
- Preliminary Timeline

# Covington Investigation – Implementation Framework

## The “Charge” to Covington and Burling LLP

*Covington & Burling LLP was asked to conduct a “thorough investigation regarding inequitable treatment, discrimination, harassment, bullying, or intimidation at OHSU based on race, color, religion, national origin, disability, age, marital status, sex (including pregnancy), sexual orientation, gender, gender identity or gender expression.”*

# Covington Investigation – Implementation Framework

## Guiding Principles

- The Covington Report provides the framework for our initial scope of work. Any changes to scope should require Board approval.
- Apply trauma informed principles to the governance, management, and communication of the program of work.
- Foster transparency throughout the program.

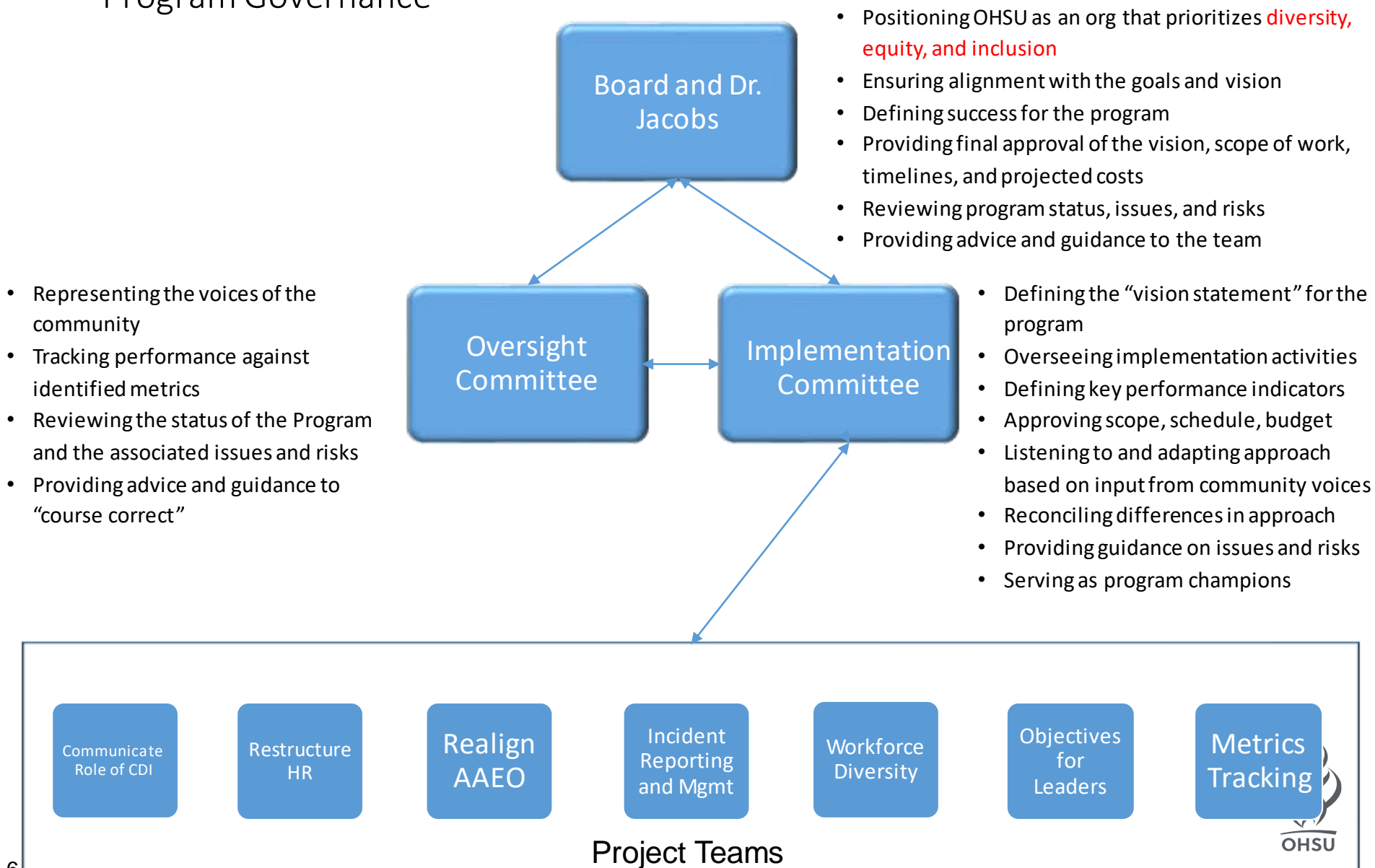
# Covington Investigation – Implementation Framework

## Immediate Opportunities

- Allow external recruitments with a focus on diversity hires
- Start recruitment for head of Human Resources
- Streamline and reduce the number of incident reporting channels
- Transition AAEO staff (including Title IX) from Human Resources to Integrity

# Covington Investigation – Implementation Framework

## Program Governance



# Covington Investigation – Implementation Framework

## Program Governance – Oversight Committee Membership

### Oversight Committee

- Dr. Alisha Moreland-Capuia (Co-Chair / Moderator)
- Michael Alexander (Co-Chair)
- One representative from the All-Hill Student Council
- One representative from the Faculty Senate
- One representative from the Oregon Nurses Association (ONA)
- One representative from the American Federation of State, County and Municipal Employees (AFSCME)
- One representative from OHSU Police Association
- One representative from the Committee on Academic Policy (CAP)
- One representative from each OHSU Employee Resource Group
- One representative from the Gender Equity in Academic Health and Medicine Committee (GEAHM)
- One representative from the House Officer Union
- One representative from the Graduate Researchers United (GRU) Union
- One representative from a Professional Board
- One representative from Unclassified Administrative (UA) employees
- One research assistant
- Six members from the community at large

# Covington Investigation – Implementation Framework

## Preliminary Timeline



### January 2022

- Develop Program Charter
- Identify Stakeholders
- Staff Governance Groups
- Develop Governance Group Charters
- Start Recruitments
- Issue Initial Comms

### Feb - Mar 2022

- Finalize Projects / Initiatives
- Develop Project Charters
- Develop Project SoW's
- Develop Project Plans
- Develop Staffing Plans
- Develop Project Budgets
- Develop Program Comms Plan
- Hire Staff
- Kickoff Governance Groups

### April 2022 - TBD

- Execute against Plans
- Start Monitoring and Control Process
- Start Reporting against Metrics
- Manage Issues and Risks

### TBD

- Close the Program
- Operationalize Activities
- Archive Project Collateral





Thank You



Date: 01/28/2022

To: OHSU Board of Directors, President Dr. Danny Jacobs

From: OHSU Campus Safety Review Task Force-Committee (OCSRTF-C)

RE: Update on applying a trauma informed, culturally responsive lens to OHSU's Department of Public Safety

Memo: See 'Executive Summary' + Addenda attached for greater details

## **Executive Summary**

### **OHSU Campus Safety Review Task Force- Committee (OCSRTF-C)**

**November 2021**

#### *Purpose*

The OHSU Campus Safety Review Task Force Committee (OCSRTF-C) was established to provide recommendations to the University Cabinet and Department of Public Safety for the implementation and operationalization of OCSRTF recommendations (adopted by President Jacobs in Phase I of this work) for the Department of Public Safety to become more trauma-informed and culturally responsive. The OCSRTF-C is also tasked with presenting on the progress of operationalization and realization of recommendations to the OHSU Cabinet and the OHSU Board of Directors, as requested by the President.

The OCSRTF-C was guided and co-chaired by Alisha Moreland-Capuia, M.D., an expert in trauma-informed and culturally responsive systems change and Dana Bjarnason, PhD, RN, OHSU Chief Nursing Officer who spearheaded the culture of safety work at OHSU.

The OCSRTF-C sought and included input from a diverse cross-section of the OHSU community to include all OHSU ERG's, student groups and a group of culturally and ethnically diverse, trauma informed social workers at OHSU (C-TRAIN & New Directions), welcoming meaningful and significant representation of perspectives from members of color.

#### *Objectives/expected deliverables*

1. Design an OHSU community survey to assess attitudes towards public safety, data to be used for continued quality improvement and inform department policy changes.
2. Build a framework for metrics to measure and assess policy and practice changes within the department of Public Safety.
3. Establish a ready-to-move-on framework for a pilot program that imbeds a social work and peer support arm in emergency behavioral responses.
4. Develop a dashboard for greater community access to OHSU Public Safety data to center transparency, build trust and community.
5. Revise the OHSU Public Safety manual, fully incorporating trauma-informed feedback from Phase I review/recommendations.

The overarching goal is to establish effective feedback loops that result in continuous trauma-informed; culturally responsive improvement in the department of public safety; to keep every member of the OHSU community safe; to make certain that every member of the OHSU community feels safe; to buoy transparency, trust and build community. Each of the objectives/expected deliverables are interdependent and fortify the goal of centering safety for every member of the OHSU community, increasing transparency, focusing on persistent quality

improvement, improving public safety's communication with the OHSU community, and establishing a sustainable mechanism for active feedback and accountability.

### Methods

- A new charter for Phase II of the OCSRTF-C was established (*see charter attached for greater detail- **Addendum A***)
- Members were selected based on specific expertise required to fulfill the objectives/deliverables (*see charter attached for greater detail*)
- First meeting was June 24<sup>th</sup> and last meeting was November 11<sup>th</sup>, 2021. The OCSRTF-C met every 2<sup>nd</sup> and 4<sup>th</sup> Thursday of each month from 11AM-12:30PM PST.
- Five working subcommittees were established consisting of a diverse interdisciplinary team for each of the expected deliverables.
- Dr. Alisha Moreland-Capuia served as a subject matter expert on each subcommittee.
- **Subcommittee 1** was tasked with designing a community survey to assess attitudes towards public safety. Members: *Helen Schuckers, Larry Williams, Dana Bjarnason, Amanda Macy, Alisha Moreland-Capuia*
- **Subcommittee 2** was tasked with establishing a framework for metrics to assess policy and practice changes. Members: *Phil Gordon, Kelly Welch, Violet Trammel, Olabisi Akingbola, Alisha Moreland-Capuia*
- **Subcommittee 3** was tasked with establishing a ready to pilot-program that embeds social workers and peer specialists in the center of emergency behavioral responses. Members: *David Sant, Jonathan Jui, Pam Brown, Desiree McCue, Amela Blekic, Alisha Moreland-Capuia*
- **Subcommittee 4** was tasked with establishing a dashboard for the purposes of transparency, communication, and continuous quality improvement. Members: *Jane Russell, Sam Habibi, David Carsten, Anne Horgan, Harjinder Sardar, Alisha Moreland-Capuia*
- **Subcommittee 5** was tasked with integrating the totality of trauma-informed feedback into revising their nearly 400-page policy manual. Members: *Chief Heath Kula, Public Safety Department/team, Alisha Moreland-Capuia*
- Subcommittees as defined by charter invited subject matter experts within OHSU to include HR, strategic communications, ITG and multiple departments across the University to inform and refine our processes and deliverables.
- Subcommittees were provided with current institutional data, research, and current and emerging literature/studies to inform processes.
- Finally, the work product from each subcommittee was sent to all OHSU ERG's, Student groups (nursing, dentistry, PA, medical) and to a group of culturally diverse and trauma-informed social worker/nursing staff (C-TRAIN and New Directions) for wide feedback.

### Results/deliverables

- ✓ Survey – **complete**
- ✓ Framework for metrics to assess policy and practice changes and impact – **complete**
- ✓ Ready-to-move on emergency behavioral response team designed and a projected budget established – **complete**

### 3 - OHSU Campus Safety Review Task Force-Committee (OCSRTF-C)

- ✓ Design and content development for dashboard – **complete**
- ✓ Trauma-informed update of the department of public safety manual – **complete**. Of important note, each member of DPS will be expected to thoroughly review and acknowledge all policy changes and further, each member will be trained on/to trauma-informed policy changes to re-enforce expectation for subcultural shift/change.

#### The overarching 'WHY?'

The '**WHY**' we don't want to lose sight of - OHSU's Department of Public Safety is establishing community public safety standards for university/hospital systems across the country and is poised to serve as a training ground. The entire process from Phase I to Phase II (the call to action to construct a multifaceted, multidisciplinary, multi-ethnic, inclusive, trauma-informed, culturally responsive process) is part of the overarching objective of the department becoming a center for excellence in training, practice, and 'public safety as public health' culture.

OHSU Department of Public Safety is constructing a transparent, trauma-informed, culturally responsive feedback and improvement process. The confluence of the dashboard, annual community attitudes/perceptions survey, critical incident review process + metrics and significant trauma-informed policy and practice changes serve to open the department to active, real-time feedback, allowing it to advance and respond thoughtfully to the evolving needs of the wider OHSU community. Feedback is the cornerstone of excellence. To build and maintain trust, there must be clear communication and effective mechanisms for feedback.

The work completed by the OCSRTF-C has powerful implications for the future of public safety in university/academic settings and this work (Phase I and Phase II work of the OCSRTF) translates across all departments within OHSU, serving as a blueprint for trauma-informed, culturally responsive systems change in university/hospital settings.

#### Addenda (attachments)

1. Addendum **A** - Phase II charter
2. Addendum **B** - Subcommittee detail and sources
3. Addendum **C**- Relationships\_the interdependence of the deliverables
4. Addendum **D** – Survey on Attitudes and Perception of Public Safety
5. Addendum **D1** – Penn State Police and Public Safety Department Attitudes and Perception Survey
6. Addendum **D2** - Mbuba (2010) Attitudes Toward the Police: The Significance of Race and Other Factors Among College Students
7. Addendum **D3** – OHSU Culture of Safety trends survey example
8. Addendum **E** – Developing a metric to evaluate the impact of policy changes
9. Addendum **E2** – OHSU Critical Incident & Policy Review Process
10. Addendum **E3** – Policy review determination process
11. Addendum **F** – Proposal for the establishment of a Crisis Response Team at OHSU
12. Addendum **F2** – 9-page literature review on expanding public safety to include Social workers
13. Addendum **G** - Dashboard content

4 - OHSU Campus Safety Review Task Force-Committee (OCSRTF-C)

14. Addendum **G1** – Urban institute dashboard reference
15. Addendum **H** – Trauma informed policy changes tracked in Excel spreadsheet
16. Addendum **I-18** - Committee meeting notes from June 24 – October 14<sup>th</sup>, October 28<sup>th</sup>  
meeting was given to committee to review final reports and community feedback
17. Addendum **J**: OHSU Community Feedback



# **OHSU Campus Safety Review Task Force Committee (OCSRTF-C)**

**Charter**

**May 2021**

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## **Introduction**

The singular objective of the OHSU Department of Public Safety is to support OHSU's mission of enhancing the health and well-being of all Oregonians by providing a safe and secure environment for OHSU patients, visitors, employees, and students through the delivery of law enforcement and public safety services in our unique academic health setting.

The OHSU Campus Safety Review Task Force (OCSRTF) was convened in October of 2020 at the direction of Dr. Jacobs in the context of the murder of George Floyd at the hands of police in Minneapolis in May 2020. George Floyd's murder was met with relentless calls to re-imagine policing practices across the country and the world. It also struck deep, historic wounds.

The OCSRTF evaluated OHSU Department of Public Safety operations, procedures, use of force, services, and structure to ensure they align with OHSU's missions and values, and follow procedurally just and equitable practices in public safety. The OCSRTF was part of OHSU's continued movement towards becoming a trauma-informed, anti-racist institution. The methods of this task force itself will be aligned with and reflect OHSU's goal in this regard.

The OCSRTF completed its work on April 16, 2021 and rendered eleven recommendations for improving the service OHSU Public Safety provides to the OHSU campus, of which recommendations (as listed in the timelines/deliverables section of this charter) were adopted and approved by OHSU President Jacobs for implementation.

Implementing the recommendations requires a second phase of work. President Jacobs has requested that a committee (multi-department, multi-discipline, interdisciplinary, diverse) convene to be singularly focused on the implementation effort and to provide the University Cabinet recommendations for how to operationalize the OCSRTF recommendations.

## **Charge**

The OHSU Campus Safety Review Task Force Committee (OCSRTF-C) will provide recommendations to the University Cabinet and Department of Public Safety for the implementation and operationalization of the OCSRTF-C recommendations adopted by the OHSU President and to present on the progress of operationalization and realization of recommendations to the OHSU Cabinet and the OHSU Board of Directors, as requested by the President.

The OCSRTF-C will be guided by Alisha Moreland-Capuia, M.D., an expert in trauma-informed systems change, who will co-chair the OCSRC with Dana Bjarnason, OHSU Chief Nursing Officer.

The OCSRTF-C will seek input from a diverse cross-section of the OHSU community, welcoming meaningful and significant representation of perspectives from members of color.

### **Timeline and Deliverables**

All deliverables below anticipated to complete by November 30, 2021:

- Construct OHSU community survey to assess attitudes towards public safety
- Recommend metrics to measure and assess policy and practice changes
- Develop a roadmap for a pilot program that imbeds a social work support arm for Public Safety or other alternative response model  
Develop a dashboard for greater community access to OHSU Public Safety data and recommend an effective strategy to help the greater community understand the role and way of OHSU Public Safety
- III
- Complete revised OHSU Public Safety Policy manual that fully incorporates trauma-informed feedback in Phase I

Regular reports of progress will be made to the President and at his request to the OHSU Board of Directors.

### **Governance**

The OCSRTF-C shall be advisory to Public Safety leadership and accountable for reporting to OHSU executive leadership, the University President and, as requested by the OHSU President, the Board of Directors. The Chairpersons of the OCSRTF-C may organize subcommittees of the work group members to undertake anticipated deliverables as indicated in the timelines in deliverables section of this charter.

### **Meetings**

OCSRTF-C will meet monthly for 90 minutes on every 2<sup>nd</sup> Thursday of the month for a six-month period concluding in November 2021.

Committees will be established and expected to meet every 4<sup>th</sup> Thursday of the month, will have assigned goals and report progress at monthly board meetings.

### **Communication**

- Regular updates provided to the larger OHSU community
- Will report to the President's cabinet by end of September, early October 2021
- Final report to be completed by and or before October 15, 2021
- Final report communicated in writing and or in person to President and OHSU Board in November 2021

### **Membership**



1. Lawrence Williams
2. Pam Brown
3. Amela Blekic
4. Jonathan Jui
5. Phil Gordon
6. Sam Habibi
7. Violet Trammel
8. Helen Schuckers
9. Jane Russell
10. David Sant
11. Amanda Macy
12. Desiree McCue
13. David Carsten
14. Harjinder Sardar
15. Olabisi Akingbola
16. Co-chairs Dana Bjarnason, CNO, Dr. Moreland-Capuia

**Staff**

Director of Public Safety

Administrative support

## Subcommittee detail and sources

### Development of the attitudes and perception survey

**Subcommittee 1** was tasked with designing a community survey to assess attitudes towards public safety. Members: *Helen Schuckers, Larry Williams, Dana Bjarnason, Amanda Macy, Alisha Moreland-Capua*; Consults to this subcommittee: Kelsey Huwaldt, strategic communications (*see Addendum D*)

### *Resources and inspiration for survey development:*

- Penn State's University Police and Public Safety Department conducted their first University-wide community perceptions and attitudes survey in 2019. The department wanted to devise a mechanism for honest, anonymous feedback from the community with the goal of building trust, increasing transparency and communication with the community, and actively improving service to be more responsive to community need. Students and employees took the survey which demonstrated some positive areas and a need for improvement in terms of community interaction – they used this data to change policy and practice and are now poised to send out their second survey.

This survey is also being used as part of Penn State's University Police and Public Safety Departments accreditation process via the Commission on Accreditation for Law Enforcement Agencies (CALEA). Being accredited by CALEA means that agency has met standards around performance, competency, community perception of officer's attitudes and behavior, community concern for safety and community recommendations for improvements. (*see Addendum D1*)

<https://www.police.psu.edu/university-police-community-survey-reports>

- A 2018 study by Schafer et al. considered safety measures that had to be put in place after significantly traumatizing campus events that resulted in death and or harm. There were clear recommendations that the best way to center safety of the campus community was to get feedback from the community itself on their thoughts/perceptions and attitudes on safety and how public safety can help them feel and be safe. The survey process helped campus public safety better understand the reasons students did or did not support their practices and or presence. The study showed the critical importance of considering and including the views of the community (in this study, students) when institutions make decisions about campus safety policies.

Schafer JA, Lee C, Burruss GW, Giblin MJ. College Student Perceptions of Campus Safety Initiatives. *Criminal Justice Policy Review*. 2018;29(4):319-340.  
doi:[10.1177/0887403416631804](https://doi.org/10.1177/0887403416631804)

- Master's thesis by Elaine Roberts on student perceptions of campus safety at a small

university in Virginia highlighted that surveying perceptions is a reasonable mechanism of feedback that can help to improve safety overall and over time.

Roberts, Elaine, "Keeping students safe: Student perceptions of campus safety at a mid-sized Virginia university and the impact for prevention, response and risk reduction strategies" (2012). *Masters Theses*. 304. <https://commons.lib.jmu.edu/master201019/304>

- Mbuba's 2010 article on the attitudes toward the police and the significance of race and other factors among college students is a seminal text demonstrating the varying perspectives of college students who live at the intersections of identity. The survey tool employed in this article was incredibly useful as OHSU's Public Safety Department seeks to be more culturally responsive and trauma informed. *This article can be viewed in its entirety as it is an attachment in the addendum section of this report. (see Addendum D2)*

Jospeter M. Mbuba (2010) Attitudes Toward the Police: The Significance of Race and Other Factors Among College Students, *Journal of Ethnicity in Criminal Justice*, 8:3, 201-215, DOI: 10.1080/15377938.2010.502846

- Reviewed OHSU's annual culture of safety survey and appreciated trends. Goal was to prevent duplication of effort and include the Department of Public Safety Survey in an existing annual survey/format. *(See attachment- Addendum D3)*

### Development of metrics

**Subcommittee 2** was tasked with establishing a framework for metrics to assess policy and practice changes. Members: *Phil Gordon, Kelly Welch, Violet Trammel, Olabisi Akingbola, Alisha Moreland-Capua*

### *Resources and inspiration for the development of metrics:*

- Brownson, R. C., Royer, C., Ewing, R., & McBride, T. D. (2006). Researchers and policy makers: Travelers in parallel universes. *American Journal of Preventive Medicine*, 30, 164–172.
- Charlesworth A, Or Z, Spencelayh E. Efficiency measurement for policy formation and evaluation. In: Cylus J, Papanicolas I, Smith PC, editors. *Health system efficiency: How to make measurement matter for policy and management* [Internet]. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2016. (Health Policy Series, No. 46.) 8. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK436892/>
- Meyer, M. H., Tertzakian, P., & Utterback, J. M. (1997). Metrics for Managing Research and Development in the Context of the Product Family. *Management Science*, 43(1), 88–111. <http://www.jstor.org/stable/2634487>.
- *See addenda on metrics development considerations, critical incident review and*

*definitions attached (Addendum E, E2 and E3)*

Development of expanded public safety model to include social workers/nurses/first responders (CAHOOTS inspired model)

**Subcommittee 3** was tasked with establishing (ready to pilot) that embeds social workers and peer specialist at the center of emergency behavioral responses. Members: *David Sant, Jonathan Jui, Pam Brown, Desiree McCue, Amela Blekic, Alisha Moreland-Capuia*

*Resources and inspiration for the development of expanded public safety model (Addendum F):*

- A 9-page literature review was completed that supports the building and maintaining of this model. (*Addendum F2*)

Development of a dashboard

**Subcommittee 4** was tasked with establishing a dashboard for the purposes of transparency, communication, and continuous quality improvement. Members: *Jane Russell, Sam Habibi, David Carsten, Anne Horgan, Harjinder Sardar, Alisha Moreland-Capuia*  
Consults to this committee: Clea McDow; Elana Zuber; Craige Mazur; Julie Rhodes

*Dashboard content, resources for the inspiration of the development of the dashboard: (Addendum G)*

- Urban Institutes' Developing dashboards document– (*Addendum G1*). In summary, this document outlined step-by-step the process, motivation, and mechanics of establishing a dashboard for improved communication and quality improvement.

*There is a process map for data dashboarding*

- Step 1 – Identifying the purpose and questions
- Step 2 – Structure the team
- Step 3 – Access and prepare the data
- Step 4 – Build a prototype
- Step 5 – Test the prototype
- Step 6 – Train and prepare the users
- Step 7 – Deploy and use the dashboard



- Weggelaar-Jansen et al. outlines the organizational phases required to develop and maintain a hospital-wide dashboard. “In phase 1, hospitals make inventories to determine the available data and focus too much on quantitative data relevant for accountability. In phase 2, hospitals develop dashboard content by translating data into meaningful indicators for different users, which is not easy due to differing demands. In phase 3, hospitals search for layouts that depict the dashboard content suited for users with different cognitive abilities and analytical skills. In phase 4, hospitals try to integrate dashboards into organizational structures to ensure that data are systematically reviewed and acted on. In phase 5, hospitals want to improve the flexibility of their dashboards to make this adaptable under differing circumstances.”

Weggelaar-Jansen, A., Broekharst, D., & de Bruijne, M. (2018). Developing a hospital-wide quality and safety dashboard: a qualitative research study. *BMJ quality & safety*, 27(12), 1000–1007. <https://doi.org/10.1136/bmjqs-2018-007784>.

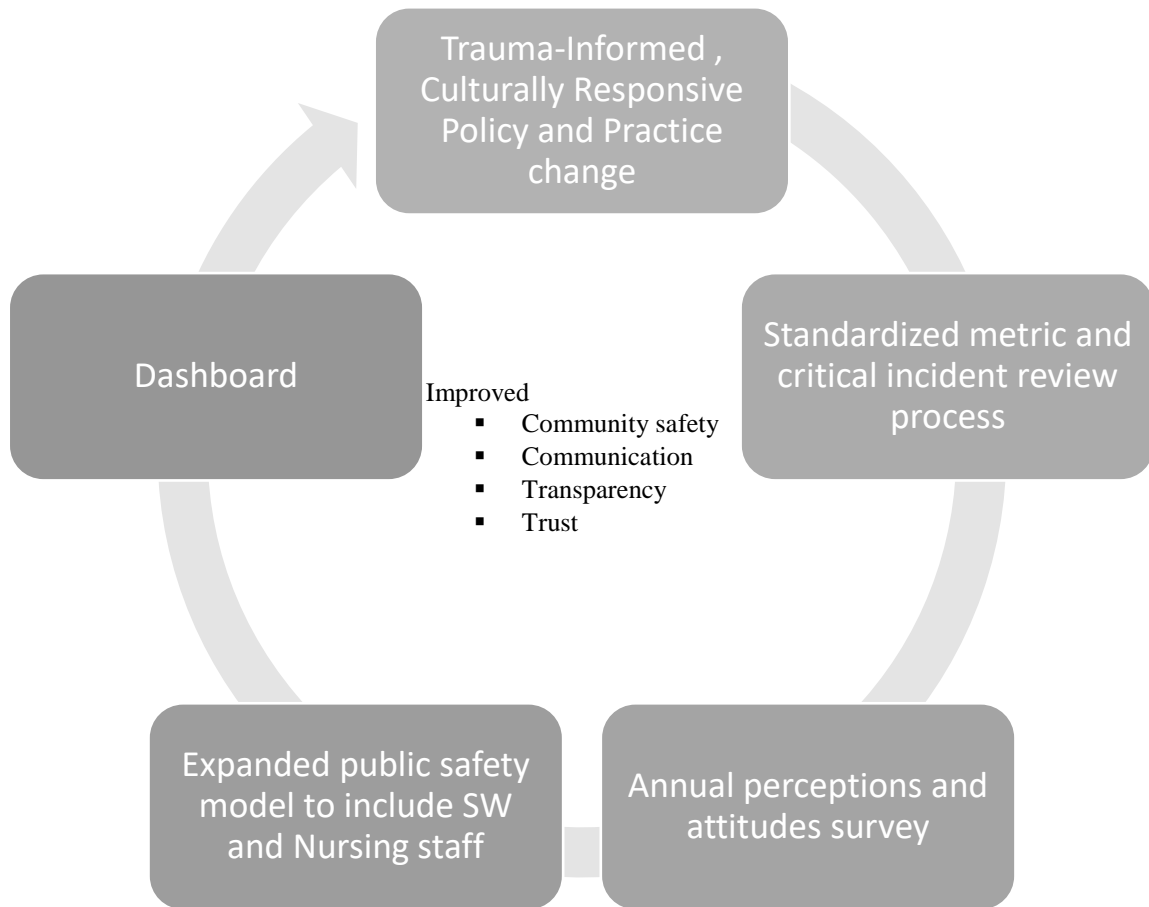
### Trauma-informed, culturally responsive policy and practice review and change

**Subcommittee 5** was tasked with integrating the totality of trauma-informed feedback into revising their nearly 400-page policy manual. Members: *Chief Heath Kula, Public Safety Department/team, Alisha Moreland-Capuia*

*Resources for the inspiration for policy and practice changes:*

- “*Training for Change: Transforming Systems to be Trauma-Informed, Culturally Responsive and Neuroscientifically Focused.*” (Moreland-Capuia, SpringerNature, 2019 pgs. 381)
- Excel spreadsheet outlining the rationale and cited sources for change is *attached as an addendum to this summary (Addendum H)*

## Quick summary: the interdependence of the 5 deliverables



- Policy and practice changes will inform dashboard data points and vice versa
- Standardized metric and critical incident review will inform the dashboard and policy and practice changes and vice versa
- The expanded public safety model and annual perceptions and attitudes survey will inform the dashboard, metrics and critical incident process and policy and practice changes

Draft OPSD Attitudes and Perception of Safety Survey

Scale: (# of items)

All items on a 5-point Likert Scale:

(1 = strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree)

**Work category within the OHSU Community**

Clinical/healthcare

administrative

research

education/teaching

other \_\_\_\_\_

**Direct Patient Care**

Yes, I spend at least 50% of my time in direct patient care

No, I do not spend at least 50% of my time in direct patient care

**Age**

Under 18 years

18 to 24 years

25 to 29 years

30 to 34 years

35 to 39 years

40 to 44 years

45 to 49 years

50 to 54 years

55 to 59 years

60 to 64 years

65 to 69 years

70 to 74 years

75 to 79 years

80 years of age or older

Prefer not to answer

**Generation**

Born before 1930

Traditionalist (born between 1930-1945)

Baby Boomer (born between 1946-1964)

Generation X (born between 1965-1981)

Millennials or Generation Y (born between 1982-2000)

New Silent Generation or Generation Z (born after 2000)

Prefer not to Answer

**Location**

On Hill

Off Hill

West Campus

Rural sites

Telework/remote

Hybrid

**Length of Service**

Less than 6

months of  
service

6 months to less  
than 1 year of  
service

1 to 5 years of  
service

6 to 10 years of  
service



10 to 15 years of  
service

16 to 25 years of  
service

More than 25  
years of service

**OHSU Position (please  
select where you spend  
50% or more of your  
time)**

Administrative Support

APP RN

Clinical Professional

Faculty

Licensed Technical

Management

Medical Assistant

Non-clinical Professional

Non-Faculty Physician

Non-Faculty Researcher

Nursing – Other

Nursing – RN

POST DOC

Resident

Researcher

Public Safety

Senior Management

Service

Skilled Maintenance

Student Worker

**Primary Responsibilities (select all that apply)**

Senior Management (vice president and above)

Management (director, manager, nurse leader, coordinator, supervisor, etc.; NOT senior management or above)

Physician

Advanced Practice Provider (Nurse Practitioner, Physician Assistant)

Nursing - RN (Registered Nurse)

Nursing - Other (LPN, Nursing Assistant)

Clinical Professional (speech/physical/occupational therapist, etc.)

Non-clinical Professional (IS analyst, accountant, communication/education specialist, etc.)

Licensed Technical (medical lab/radiation therapy technician, etc.)

Skilled Maintenance (carpenter, electrician, general maintenance, etc.)

Clerical (secretary, accounts clerk, computer/switchboard operator, etc.)

Research

Service (food/nutrition services, environmental services, laboratory aide, etc.)

Security

Teaching Faculty

Non MD Advanced Degree (Psychologist, Optometrist, Audiologist, Dentist, etc.)

Student

**Group Affiliation (select all that apply)**

AFSCME

External

Faculty

Fellow

House Officer

OHSUPA

ONA

Research

Unclassified Admin

Student

**Work Shift (select all that apply)**

Day Shift or traditional business hours

Night Shift (11 PM to 7 AM)

Evening Shift (4 PM to Midnight)

Flexible or Rotating Shift

Weekend-Only Shift

Other

**Cultural identity (select all that apply)**

My cultural identity is shaped by:

- a. race/ethnicity
- b. country of origin
- c. education level
- d. where I work
- e. faith/spiritual background
- f. sexual orientation/gender presentation/ gender identity/gender expression
- g. political orientation
- h. where I live
- i. all the above
- j. none of the above
- k. other \_\_\_\_\_

**In the last three years, I have interacted with OHSU Department of Public Safety Department (ODPS) in a call for service:**

- a. Greater than or equal to 5 times

- b. Less than five 5 times
- c. Never
- d. Other \_\_\_\_\_

Scale: (# of items)

All items on a 5-point Likert Scale:

(1 = strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree)

### **Attitudes Towards OPSD**

OPSD provides an important service to the OHSU community

OPSD contributes to an environment of safety for members of the OHSU community

OPSD treats members of the OHSU community with respect

OPSD consistently de-escalates/minimizes potentially dangerous situations/ OPSD manages potentially dangerous situations

OPSD uses an anti-racist approach to their work

OPSD is trauma-informed in their approach

OPSD is approachable and accessible

OPSD uses a community policing model

OPSD is part of the OHSU community

OPSD is transparent in providing data and statistics on their activities within the OHSU community

OPSD consistently treats all members of the OHSU community with dignity and respect

OPSD does not follow OHSU's code of conduct

OPSD arrests only people they don't like

OPSD arrests only people of lower socioeconomic status \*

OPSD unfairly targets historically disadvantaged groups\*

The more OPSD employs persons from historically disadvantaged groups, the better persons from these groups will be served/treated

OPSD is responsible for creating unsafe conditions at OHSU

I do not feel comfortable reporting safety concerns to OPSD

There is concern that OPSD will not be fair in their treatment of OHSU members

I would recommend my close contacts/child and or family member serve as member of the OPSD

Scale: (# of items)

All items on a 5-point Likert Scale:

(1 = strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree)

### **Culture of Safety at OHSU Survey**

I can report safety mistakes without fear of punishment

In my work unit/department, we discuss ways to prevent errors from happening again.

Employees will freely speak up if they see something that may negatively affect patient care.

We are actively doing things to improve patient safety.

Mistakes have led to positive changes here.

When a mistake is reported, the focus is on solving the problem, not writing up the person.

My work unit/department works well together.

Different work units/departments work well together at OHSU.

My work unit/department is adequately staffed.

Communication between work units/departments is effective at OHSU.

Senior management provides a work climate that promotes patient safety.

### **Definitions**

*Trauma-informed care* (TIC) is a practice, framework, philosophy that centers humanity and assumes that direct and or indirect human experience with trauma is common. Further, TIC acknowledges the presence of trauma symptoms and its impact on the physical, financial, and psychological impact on individuals, systems and society; centers safety; prioritizes empowerment, voice and choice; emphasizes transparency and collaboration; and highlights historical, cultural and gender considerations.



## University Police and Public Safety Survey Findings

October 2019

### Executive Summary

In Fall 2019, Penn State conducted a University-wide anonymous survey of students and employees to determine their attitudes, opinions, and experiences related to University Police and Public Safety (UPPS). Nearly 30,000 community members were invited, and 2,671 usable responses were received, yielding a nine percent response rate.

Nearly half of all respondents (46%) reported interacting with a Penn State University Police officer at their primary campus in the last two years, most commonly when they attended an event where officers were present. Among these respondents, perceptions of University Police were very positive – 89% indicated that the UPPS employee’s knowledge was sufficient to assist them and 87% indicated that the employee handled their issue professionally. Overall, 90% of respondents rated UPPS performance as “good” or “very good.”

Fifteen percent of all respondents indicated that there were places on campus where they felt unsafe, most often on campus at night, either in general (22%) or in specific locations (14%), and their primary safety concerns were crimes against people. Fear of the possibility of an active attacker came up across comments provided in relation to multiple questions.

Most respondents (71%) were aware of the emergency public phones (71%). Eighty-six percent were signed up for the PSU Alert emergency system (86%) and 68% were familiar with the University’s Timely Warnings.

While most survey respondents held very positive perceptions of UPPS, it is worth noting that the perceptions of historically marginalized groups were often less positive. Only 77% of transgender, nonbinary, and genderfluid respondents (as a group), for example, indicated that they felt comfortable contacting University Police for assistance, compared to 86% of women and 83% of men. Similar gender differences were observed in terms of respondents’ feelings of safety on campus and between minority and nonminority respondents. Likewise, historically marginalized groups less often agreed that officers were respectful to “people like me.”

### SURVEY AT A GLANCE

**Survey timing:** Fall 2019

**Target population:** students and employees at 22 campuses with University-provided police services

**Survey response rate:** 9%

**Overall perceptions:**

- 90% rate overall UPPS performance as good or very good
- 89% believe officers are professional
- 87% believe officers are courteous
- 79% believe officers are fair
- 24% find officers intimidating
- 87% believe officers are respectful to “people like me”

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## Background

In fall 2019, the Office of Planning, Assessment, and Institutional Research (PAIR) conducted an anonymous University-wide survey on behalf of University Police and Public Safety (UPPS) to gain an understanding of student and employee attitudes and opinions related to police services and programs. The results will be used to improve University Police services for all community members.

This voluntary, online survey is intended to be used as a platform for organizational learning, and by asking specific questions about the quality of policing in the community, to measure how policing in the Penn State community affects public trust. The survey was distributed via email to selected students and employees at the 22 Penn State campuses where University Police provides services. A random sample of students and employees at Penn State University Park, Abington, Altoona, Berks, Behrend, and Harrisburg, as well as all students and employees at the smaller campuses—29,713 people—were invited to complete the survey. Current and former employees of UPPS were excluded from the target population and sample, and a screening question was used to direct any current or previous employees inadvertently included in the sample out of the survey. University-wide, the survey response rate (not including those directed out of the survey) was nine percent.

The survey asked students and employees about University Police, the police department that provides services to 21 campuses<sup>1</sup>, regarding:

- overall performance;
- overall competency of agency employees;
- perception of officer attitudes and behavior;
- community concerns over safety and security within University Police’s jurisdiction; and
- recommendations and suggestions for improvements.

The findings will be used to improve services for all community members. The survey, which is part of the police department accreditation process, will be conducted biennially.

This report summarizes University-wide findings; detailed findings by campus are presented in a separate series of reports. Participant responses to the survey are confidential. Although the data were collected in an anonymous fashion, some respondents provided identifying information. For this reason, PAIR provides aggregate findings only. Reported percentages often do not add to 100% due to rounding. Many of the questions asked respondents to “select all that apply.” The findings for these responses are presented as a proportion of overall responses to that question. A summary of open-ended responses is provided where applicable.

Many of the analyses presented in this report compare the responses of demographic groups. It is important to note that some of these demographic groups (e.g., transgender, non-binary, genderfluid and LGB) contain only a relatively small number of respondents (see Additional Respondent Demographics, p. 22) that answered the relevant questions. Respondent groupings commonly used in this report include:

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<sup>1</sup> Abington, Altoona, Beaver, Behrend, Berks, Brandywine, Carlisle, DuBois, Fayette, Great Valley, Greater Allegheny, Harrisburg, Lehigh Valley, Mont Alto, New Kensington, Schuylkill, Scranton, Shenango, University Park, Wilkes-Barre, and York

- UPPS FALL 2019 SURVEY-

- Minority respondents are those that self-reported as Black or African American, Hispanic or Latinx, Native Hawaiian or other Pacific Islander, or as two or more races including any of the previous groups listed.
- LGB respondents are those that self-reported as lesbian, gay, or bisexual. The survey did not offer “Queer” as an option for sexual identity, although respondents did have the opportunity to self-identify.
- Transgender male, transgender female, nonbinary, and genderfluid individuals are reported as a single group.

## Overview of Findings

### Who were the Respondents?

The 2,671 respondents to the survey were categorized as students (60%) or employees (40%), based on their primary role at Penn State. Table 1 presents the demographics of the target population in comparison to that of the survey respondents. Representativeness of the survey respondents cannot be accurately calculated, however, due to the substantial number of respondents that chose not to provide their affiliation (29%), gender (29%), age (29%), and/or race (31%). Table 2 provides the number of respondents and response rates by primary campus location. Additional respondent demographics are available beginning on p. 22.

Table 1. Respondent demographics compared to the target population

Demographics	Target population	Survey Respondents
<b>Affiliation</b>		
Employee	20%	40%
Student	80%	60%
<b>Gender identity<sup>1</sup></b>		
Women	47%	58%
Man	53%	41%
Transgender woman	--	<1%
Transgender man	--	<1%
Nonbinary/genderfluid	--	1%
Other	--	<1%
<b>Age</b>		
Under 18	1%	2%
18—24	70%	52%
25—34	11%	10%
35—44	6%	11%
45—54	6%	14%
55—64	5%	10%
65 or older	1%	3%
<b>Race/ethnicity<sup>2</sup></b>		
American Indian or Alaska Native	<1%	<1%
Asian	6%	3%
Black or African American	5%	4%
Hispanic or Latinx	6%	2%
Native Hawaiian or other Pacific Islander	<1%	<1%
Two or more races	3%	2%
White	65%	52%
Unknown	4%	31%
International	11%	6%

<sup>1</sup> Gender identity is limited to male or female in University records.

<sup>2</sup> These categories replicate those used in Penn State's Fact Book, <https://factbook.psu.edu/Factbook/>

Table 2. Number of respondents by campus<sup>1</sup>

Campus location	Survey Respondents	Sample Size	Campus Response Rate
Abington	191	2,100	9%
Altoona	163	1,774	9%
Beaver	75	747	10%
Behrend, Erie	185	2,390	8%
Berks	134	1,448	9%
Brandywine	127	1,572	8%
Carlisle, Dickinson Law	25	319	8%
DuBois	62	677	9%
Fayette, The Eberly Campus	77	717	11%
Great Valley	52	537	10%
Greater Allegheny	73	575	13%
Harrisburg	197	2,827	7%
Hazleton	61	836	7%
Lehigh Valley	93	1,165	8%
Mont Alto	87	911	10%
New Kensington	67	676	10%
Schuylkill	69	768	9%
Scranton	100	1,148	9%
Shenango	35	496	7%
University Park	579	6,570	9%
Wilkes-Barre	37	495	7%
York	73	965	8%
Unknown	109	--	--
<b>Total</b>	<b>2,562</b>	<b>29,713</b>	<b>9%</b>

## Respondents' Interactions with Police

Nearly half (46%) of respondents reported having interacted with a Penn State University Police officer at their primary campus in the last two years. Employees more often interacted with police (69%) than did students (34%). Among respondents who had interactions with police, the most common interactions occurred while attending an event where police officers presented (20%) and calling University Police for non-emergency assistance (19%; Table 3).

*"[Officers] go out of their way for the students, faculty, and staff, and always present themselves with a smile to let us know that we are safe."*

<sup>1</sup> Because of the large disparity in campus sizes, campuses were not proportionately sampled. For more information about the sampling design, contact PAIR.

Table 3. Respondents who reported interacting with Penn State Police:  
Nature of contact(s) - check all that apply

In what ways have you had direct contact?	Employees	Students	All Respondents
Called University Police/911	4%	4%	4%
Called University police for non-emergency assistance	23%	12%	19%
Victim of a crime	<1%	1%	1%
Witnessed a crime	1%	1%	1%
Interviewed about a crime/incident	3%	2%	3%
Received warning/citation	2%	7%	4%
Pulled over	1%	3%	2%
Arrested	<1%	<1%	<1%
Involved in traffic accident	<1%	1%	1%
Required medical/crisis assistance	1%	1%	1%
Requested service/information for myself	11%	13%	11%
Request information/presentation for others	8%	3%	6%
Attended an event where officers presented	21%	20%	20%
Utilized Police service such as Victim Services	<1%	1%	<1%
Officer spoke to me	11%	13%	12%
Officer questioned me	1%	2%	1%
Other <sup>1</sup>	13%	17%	14%

Among respondents who had interacted with police, a majority agreed (somewhat or strongly) with the following statements about the employee (Figure 1).

- Knowledge was sufficient (89%)
- Was able to refer me to the appropriate resources (85%)
- Handled issue in a timely manner (86%)
- Handled issue with professionalism (87%)

In general, employees were slightly more positive in their perceptions of Police than students (Figure 2).

<sup>1</sup> The most common types of other interactions were related to parking/parking permits and interactions as part of work. Other types of interactions included: officer escorts or checking in with individuals alone in buildings, coordinating events, lost items, locked buildings, casual conversation, gun lockers, requests for investigations, wellness checks, fire alarms, car trouble, picking up deposit bags, and reporting or questioning about a person of concern.

Figure 1. Respondents' interactions with University Police officers and staff

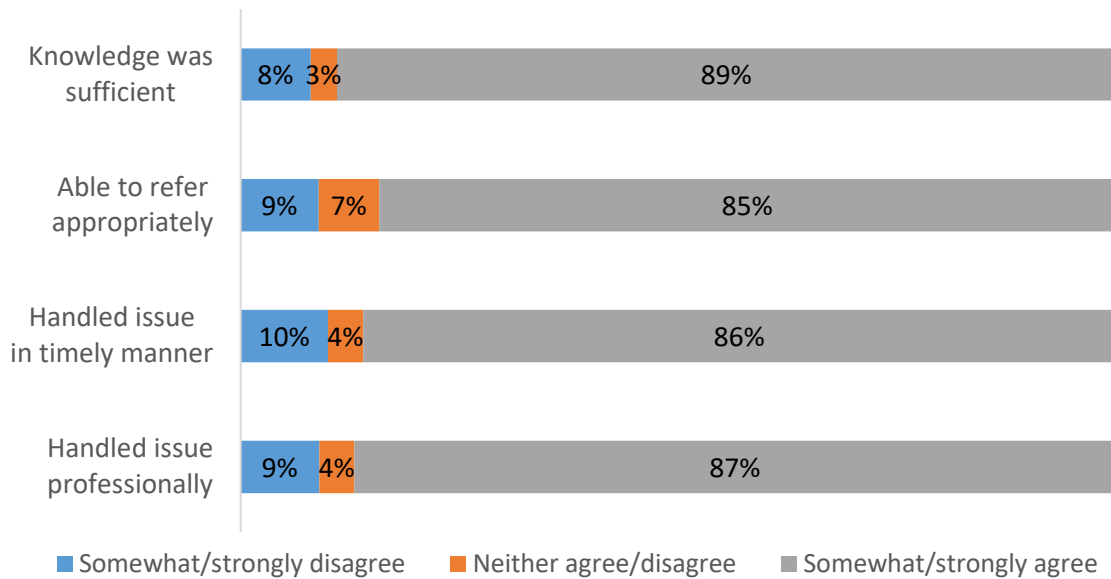
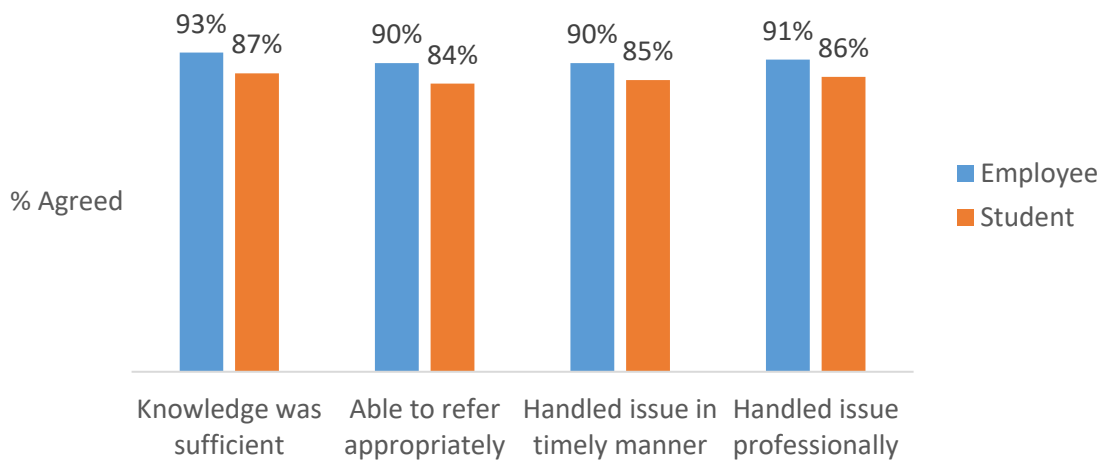


Figure 2. Comparison of percentage of employees' and students' perceptions of University Police employees



## Campus Safety

Among all respondents, 82% agreed (somewhat or strongly) with the statement, "I feel comfortable contacting University Police for assistance" and 85% agreed that "I feel a sense of safety on my campus." Women and men, nonminority respondents, and heterosexual respondents more often agreed with these statements than their transgender, nonbinary, or genderfluid; minority; and lesbian, gay, bisexual (LGB) counterparts (Figures 3—9).

Figure 3. Sense of Safety and Comfort Contacting Police

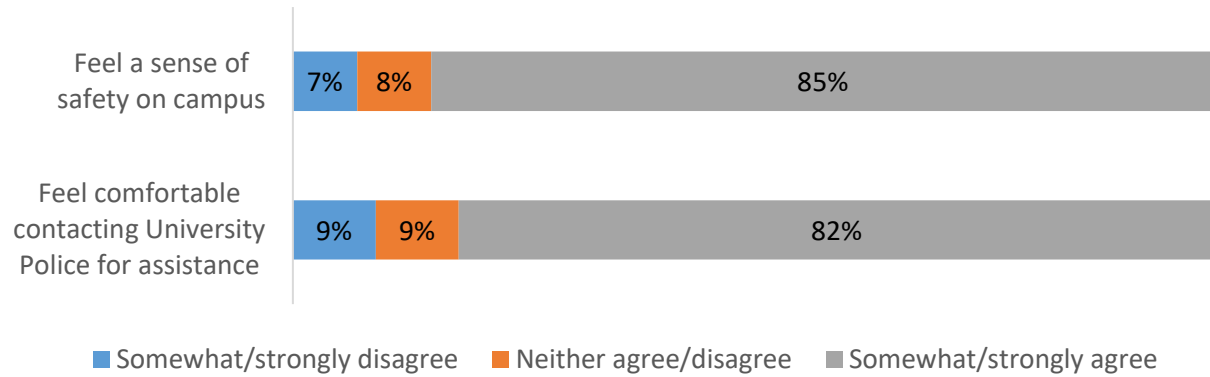


Figure 4. Comfortable contacting University Police for assistance – by gender

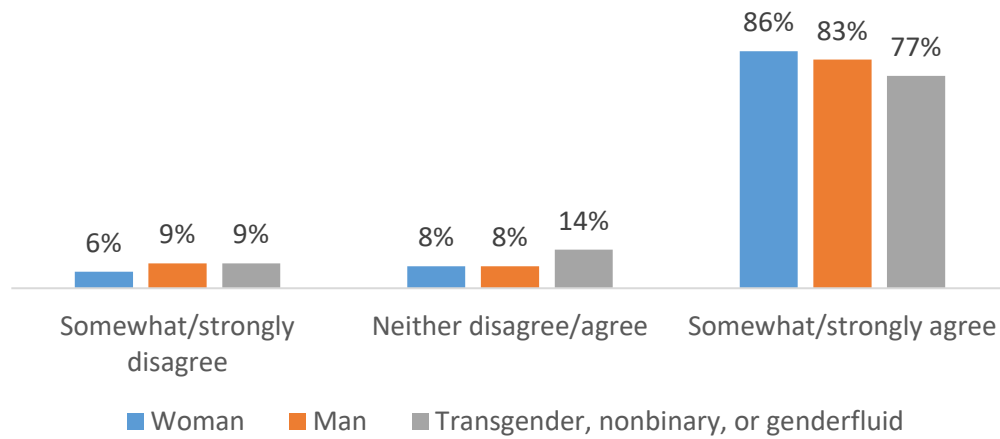


Figure 5. Comfortable contacting University Police for assistance – by minority status

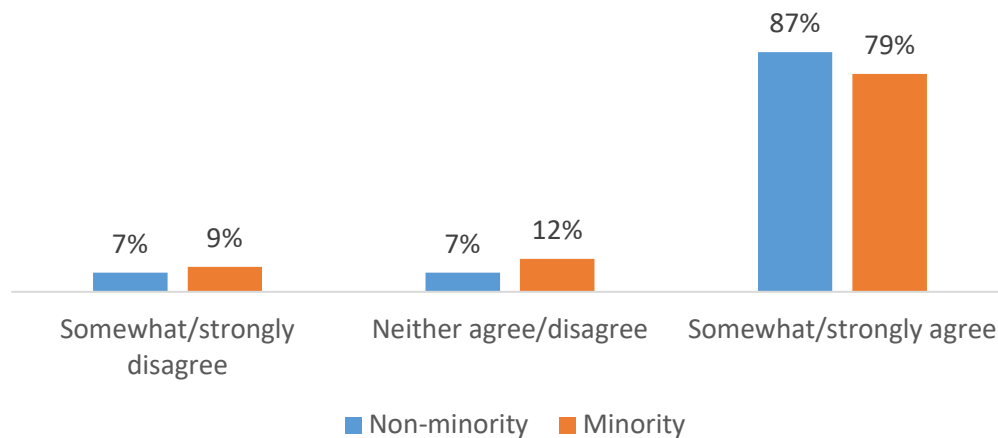


Figure 6. Feel comfortable contacting University Police for assistance – by LGB status

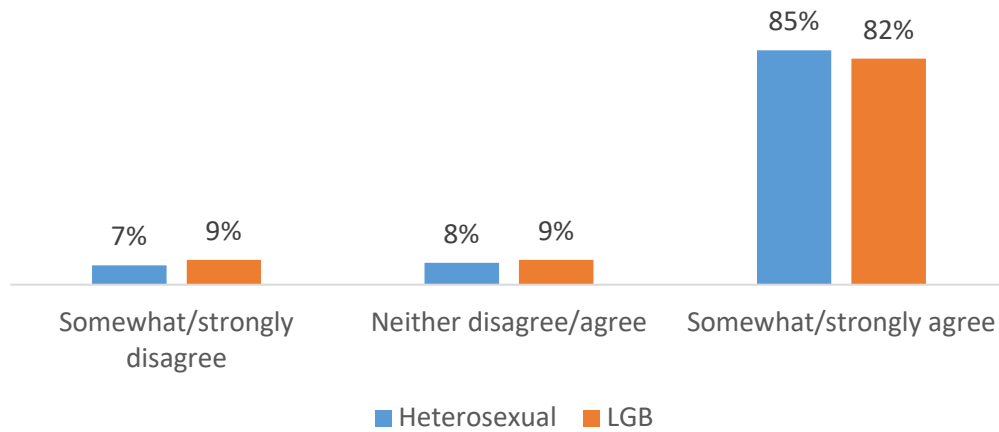


Figure 7. Feel a sense of safety on my campus – by gender

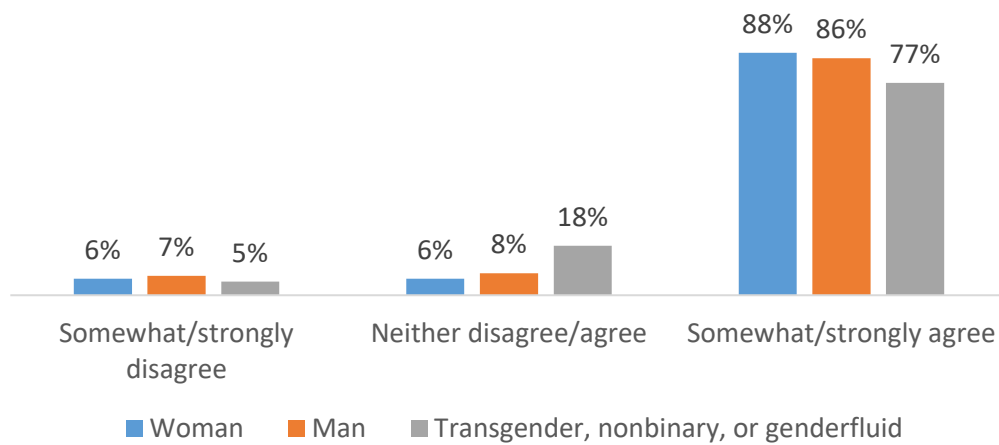


Figure 8. Feel a sense of safety on my campus – by minority status

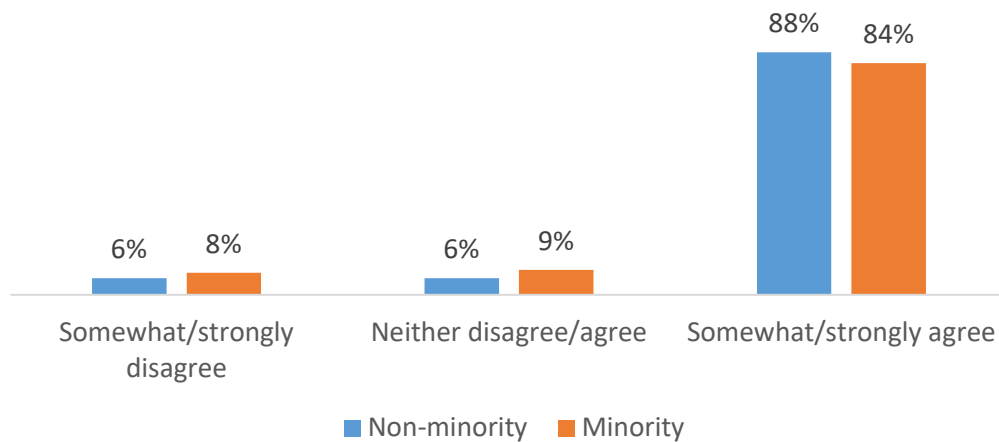
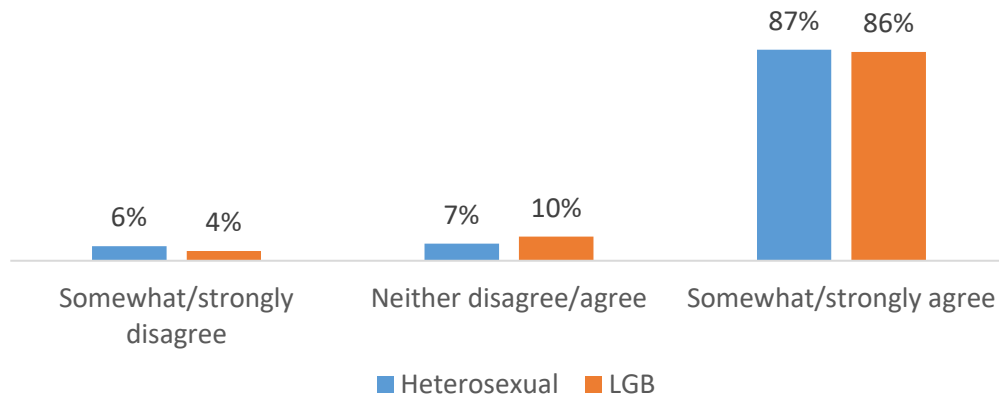




Figure 9. Feel a sense of safety on my campus – by LGB status



Among all respondents, 15% indicated that there were places on campus that they felt unsafe. The most commonly reported unsafe spaces (Table 4) were anywhere at night (22%), parking garages and decks (17%), and parking lots (15%). Specific building locations noted were most often at University Park and included outside of Willard and Katz Bldgs., the library stacks, Old Main lawn, Innovation Park, Hammond, Nittany Apartment, Hort Wood Childcare parking area, tennis courts near East Halls and crossing E. Park Ave. General locations included drunk gatherings, fraternity houses, and dark areas. Respondents' primary safety and security concerns (Table 5) were crimes against people such as an active attacker, assault, hate crimes, and robbery (20%).

*"Sometimes lights aren't working properly, and nobody is around when I arrive at work."*

*"There is no police/safety presence on campus after 11pm."*

Table 4. Respondents who reported feeling unsafe:  
Campus locations perceived as unsafe (check all that apply)

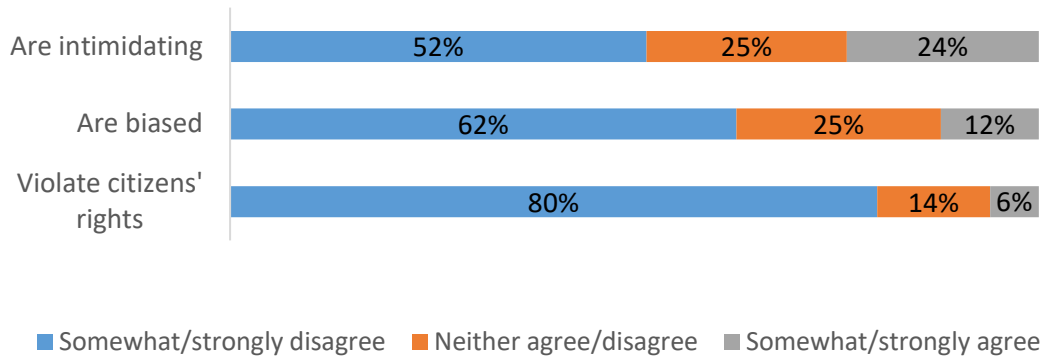
Where do you feel unsafe?	Responses
Anywhere at night	22%
At a specific location at night	14%
Academic building	3%
Athletic facility	6%
Arts/entertainment facility	1%
Dining area	1%
Library	2%
My office	1%
Parking lot	15%
Parking garage/deck	17%
Residence hall	2%
Student union center/community area	2%
University Park Airport	1%
Walking between locations on campus	14%

Table 5. Primary safety and security concerns

Which are your primary safety concerns (select up to 3)?	Responses
No concerns	20%
Alcohol violations	6%
Bicycle law violations	2%
Building design	7%
Crimes against people	20%
Crimes against property	10%
Drug violations	5%
Emergency phone access	4%
Landscaping	2%
Outdoor lighting	9%
Pedestrian law violations	4%
Traffic law violations	7%
Other <sup>1</sup>	4%

Approximately one in four respondents found officers intimidating, 12% believed them to be biased, and 6% believed that they violated citizens' rights (Figure 10). Overall, however, respondents' perceptions of police officers were very positive. A substantial majority of respondents agreed (somewhat or strongly) with a series of positive statements about University Police officers (Figure 11). A substantial majority (87%) of respondents agreed (somewhat or strongly) that University Police officers were respectful to "people like me." Transgender, minority respondents and LGB respondents, however, agreed at a lower rate than their majority counterparts (Figures 12—16).

Figure 10. Respondents' negative perceptions of University Police officers



<sup>1</sup> Other concerns included unavailability of police after hours, event traffic, parking issues, pedestrian safety, hazing and other forms of bullying/peer pressure, open spaces and buildings as a target for active shooters, motorized vehicles on sidewalks, not being taken seriously when a crime occurs, unsafe older buildings, phishing, snow/ice hazards, fear of police, careless driving, phishing, smoking violations, and rights to bear arms for self-protection.

Figure 11. Respondents' positive perceptions of University Police officers

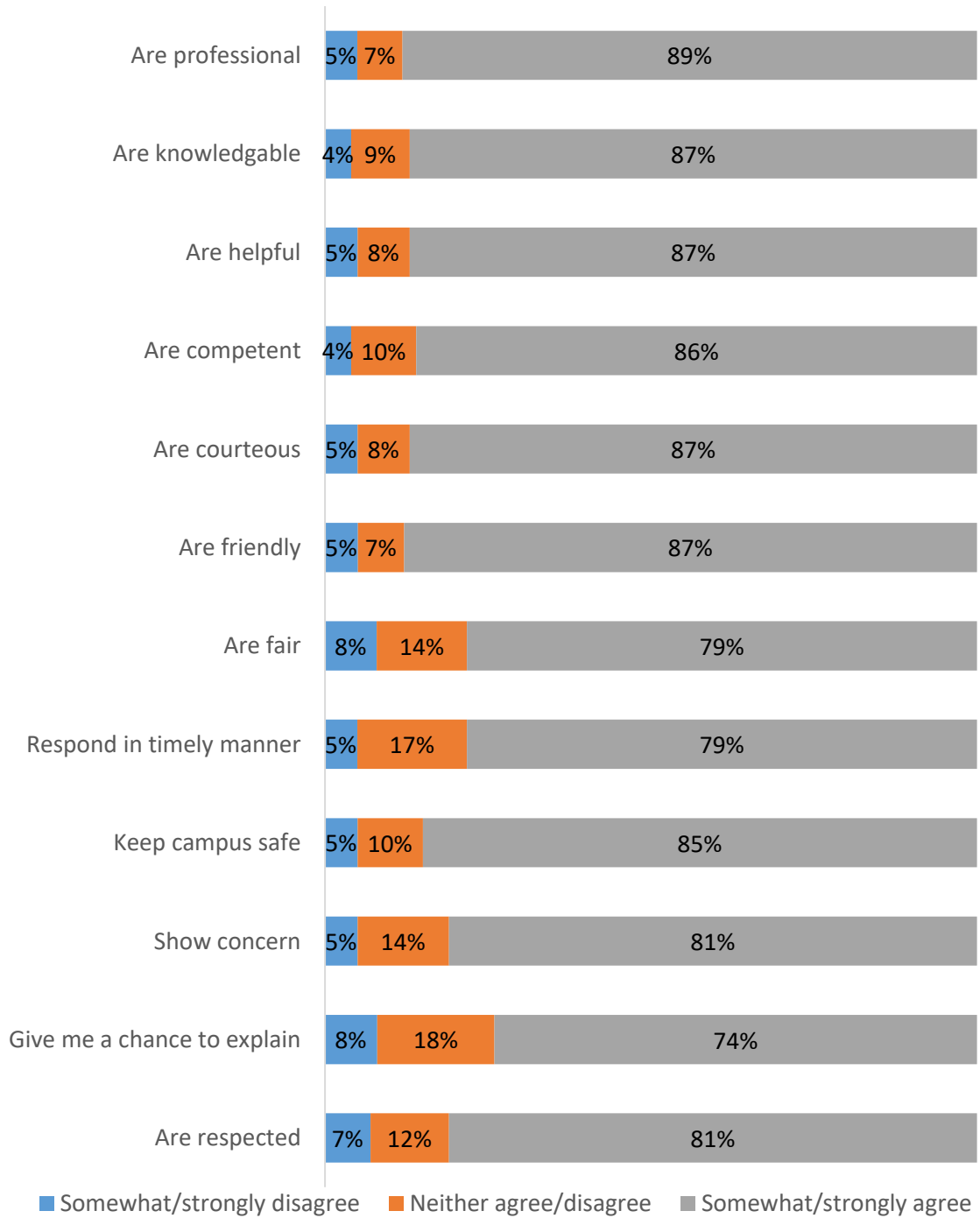


Figure 12. University Police officers are respectful to people like me - by gender

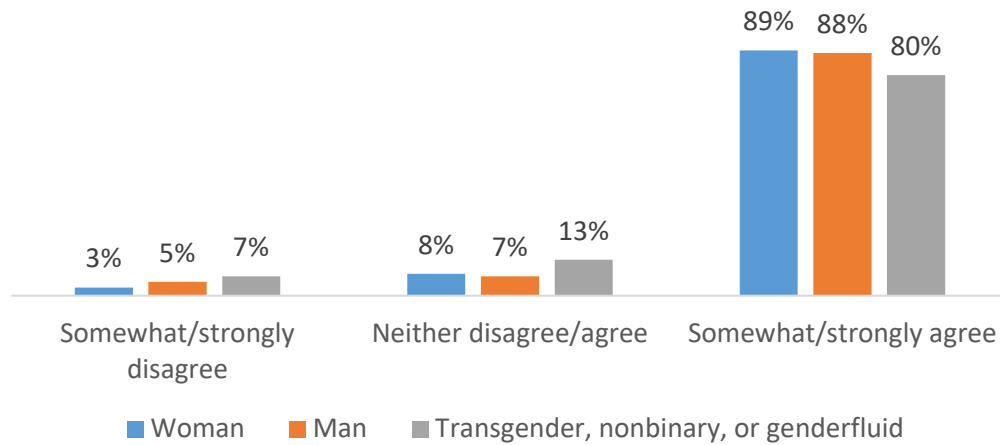


Figure 13. University Police officers are respectful to people like me – by minority status

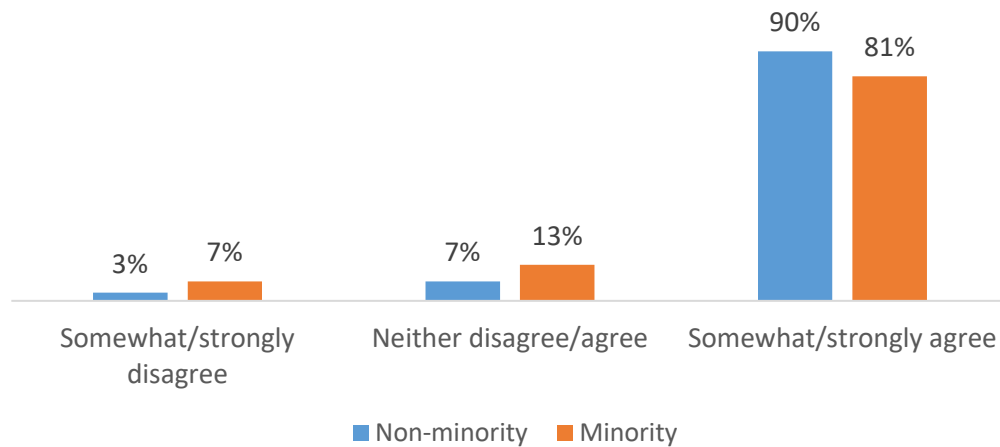


Figure 14. University Police officers are respectful to people like me - by LGB status

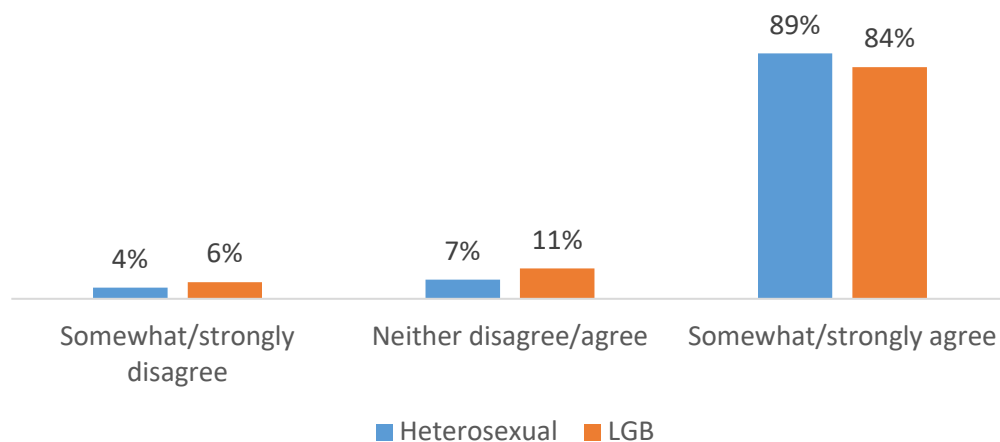


Figure 15. University Police officers are respectful to people like me - by international status

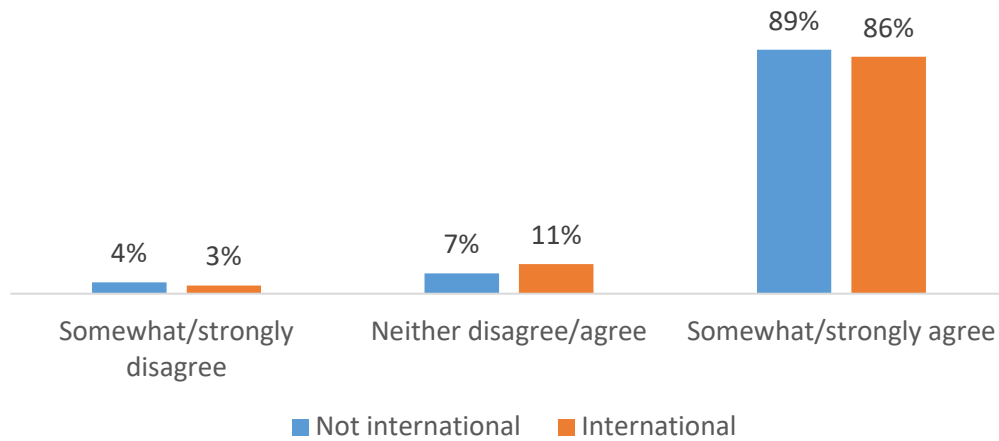
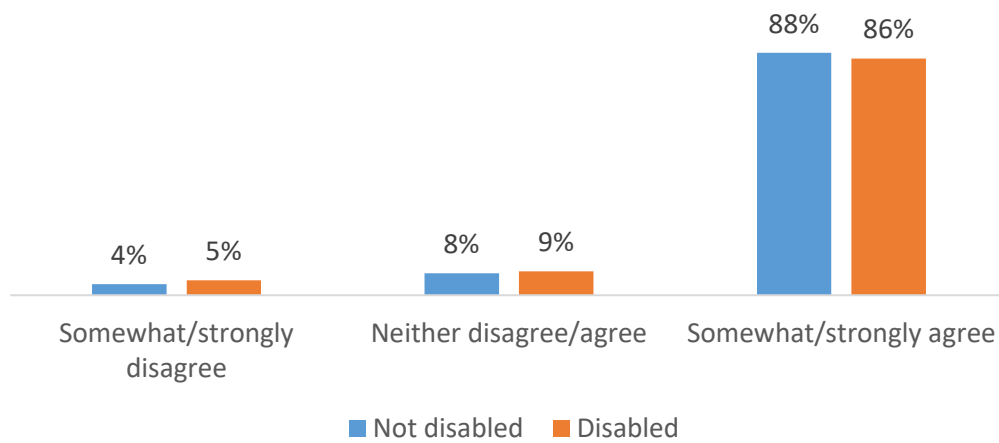


Figure 16. University Police officers are respectful to people like me - by disability status



A majority of respondents indicated that they had not personally (95%) nor did they know of anyone (83%) who had experienced being stopped, pulled over, watched or questioned by University Police when they had done nothing wrong. While comparable proportions of minority and non-minority respondents reported having had a similar type of experience (Figure 17), a greater proportion of minority respondents than non-minority respondents knew of someone who such an experience (21% compared to 15%; Figure 18).

Figure 17. I have been stopped, pulled over, watched or questioned by University Police when I had done nothing wrong

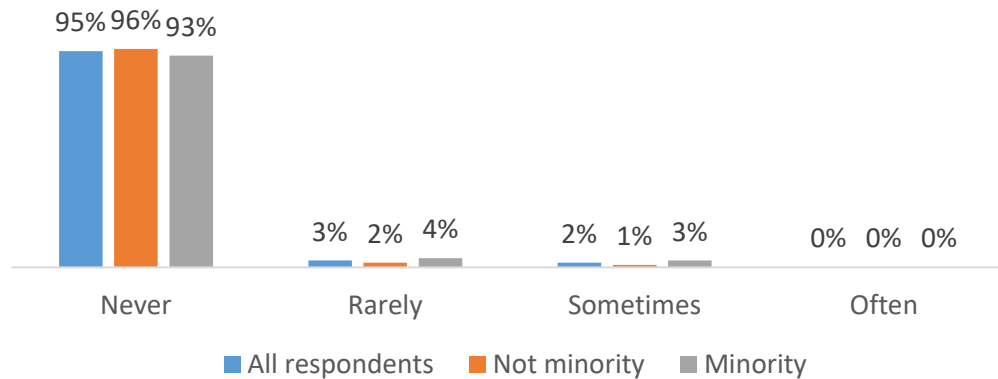
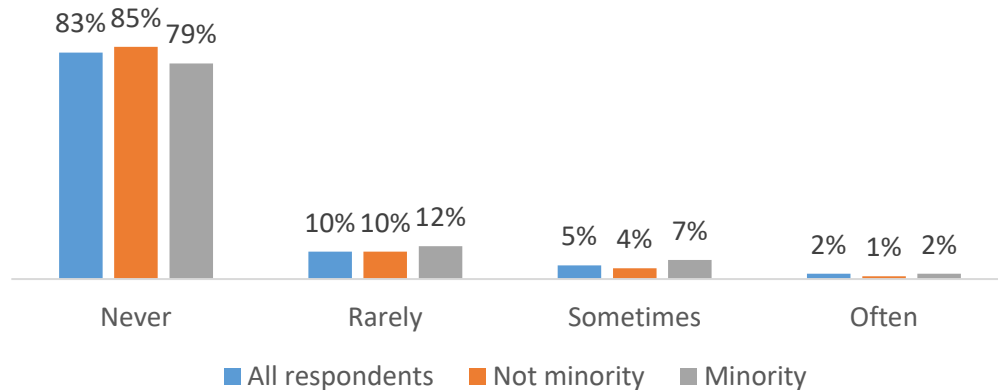


Figure 18. I know someone that has been stopped, pulled over, watched or questioned by University Police when they had done nothing wrong



Among all respondents, only one to two percent reported feeling targeted due to their gender, race/ethnicity, LGBTQ status or disability (Figure 19). Minorities, disabled, and transgender individuals particularly, however, more often felt targeted due to their identity (Figure 20). Twenty-seven percent of transgender respondents reported rarely (18%), sometimes (5%), or often (5%) having felt targeted by University Police due to their gender identity.

Figure 19. Frequency with which respondents felt targeted by police due to group membership

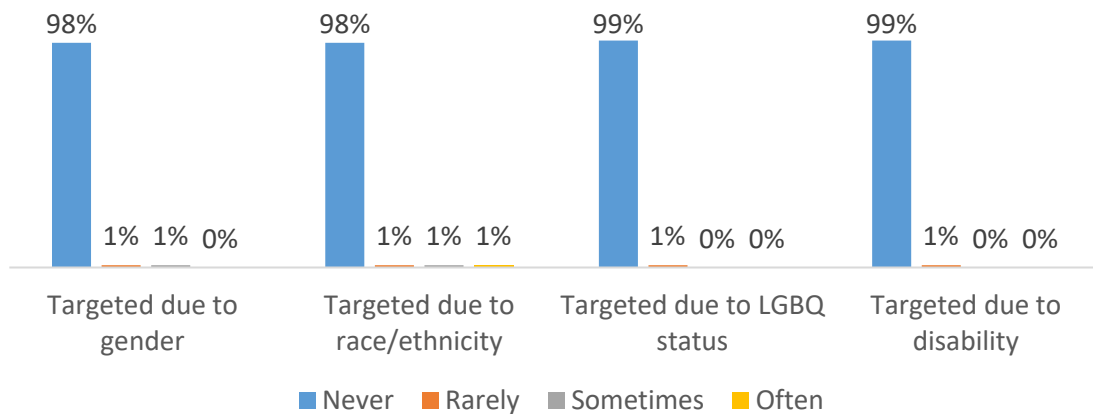
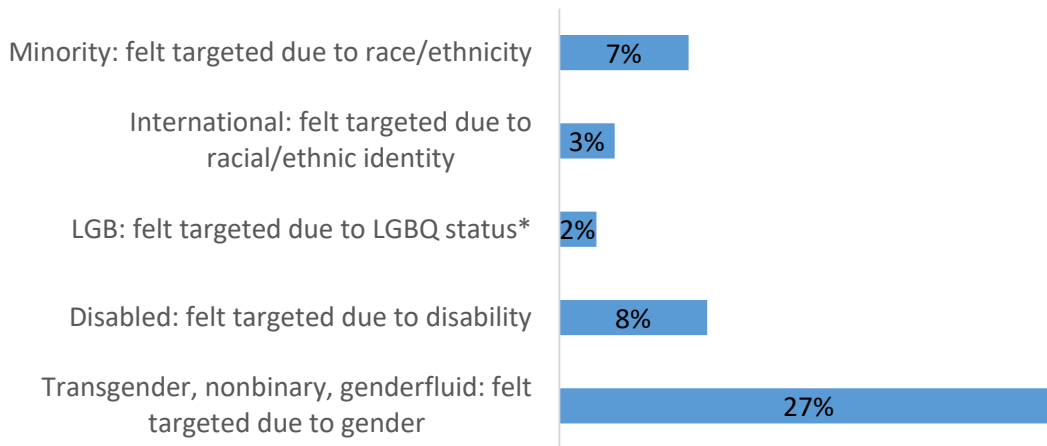


Figure 20. Percentage of potentially marginalized groups that rarely, sometimes, or often felt targeted by University Police due to their group status



\*While the survey question asked respondents if they had been targeted due to their LGBTQ (lesbian, gay, bisexual, queer) status or perceived status, "queer" was not one of the sexual identity categories provided on

## Awareness of Campus Safety Services

A set of survey questions asked respondents about the PSU Alert system and Timely Warnings. These are two different things:

- The PSU Alert system is the emergency notification system used to alert registered members of Penn State's campus communities of ongoing emergencies, campus closings and other urgent information sent via email and text message.
- Timely Warnings are notifications that go out via email and text to the University community to alert of a potential or ongoing threat or incident. For example, if a crime occurs, and police have not yet apprehended a suspect, a Timely Warning may be issued to notify the campus community. The Timely Warning is intended to inform the community so that members can protect themselves from becoming victims of similar incidents.

A majority (71%) of respondents were aware of the emergency public phones ("blue-light" phones) located on campus, but of these only one percent indicated having used them. Despite this, 76% of respondents believe that the phones are an essential part of campus security.

Eighty-six percent of respondents were signed up for the PSU Alert emergency system. Of these, 88% agreed (somewhat or strongly) that the alerts were useful and 45% agreed that they had changed plans due to an alert. Still, 12% indicated that they do not typically pay attention to the Alerts (Figure 21). Reasons given for not signing up for PSU Alerts included not knowing about them, not wanting to receive them, not using a cell phone, alerts not being relevant, and not feeling that the Alerts were useful. A small number of respondents referred to specific situations in their community (e.g., an active shooter) that were not communicated via the Alerts when they felt that they should have been.

Roughly two-thirds (68%) of respondents indicated that were familiar with the University's Timely Warnings prior to taking the survey. Of these, 78% found the Warnings useful, 35% had changed plans due to a Warning, and 16% indicated that don't pay attention to Warnings (Figure 22).

Figure 21. Perceptions of the PSU Alert system  
(only respondents that indicated they were signed up for the alerts)

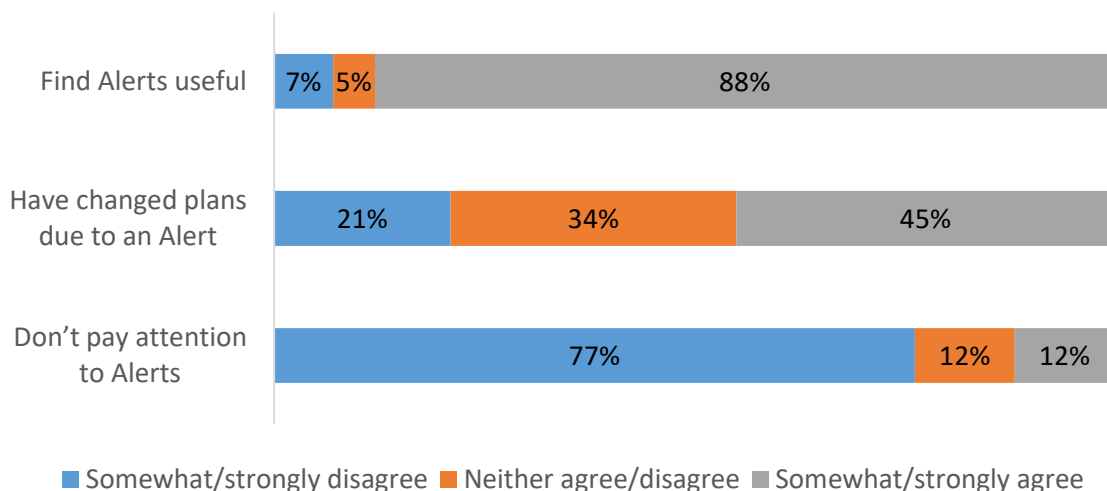
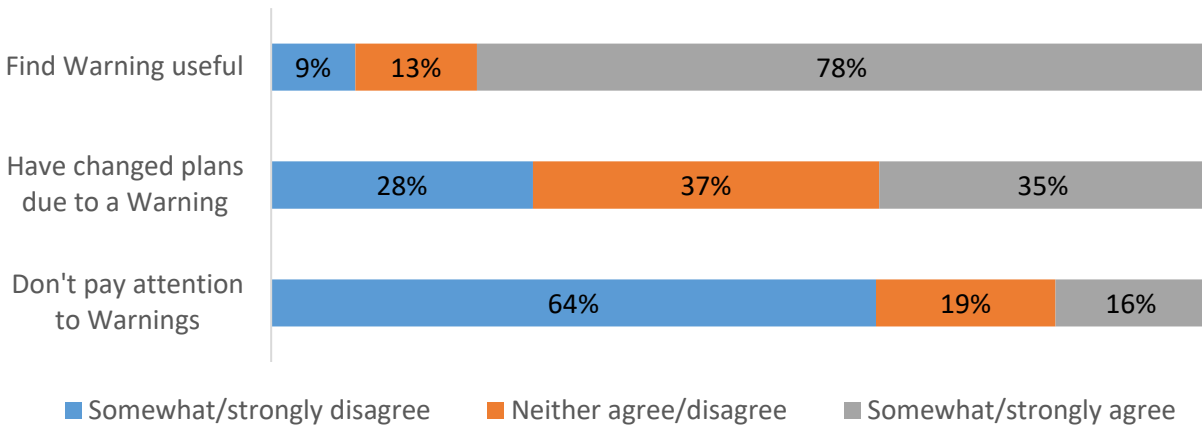




Figure 22. Perceptions of Timely Warnings  
(only respondents that indicated they were familiar with Timely Warnings)



### Overall Police Performance and Respondent Recommendations

Overall, respondents had a very positive perception of UPPS, with 90% rating performance as good or very good. Compared to law enforcement nationally, half of all respondents felt that University Police were more trustworthy, and 48% felt that they were comparable in terms of trustworthiness.

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*90% of respondents rated UPPS as "Good" or "Very Good" overall*

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Nearly one-third (31%) of all respondents offered comments related to their perceptions of University Police. These comments were analyzed using an emergent coding approach to identify common themes (Figure 23). Two-thirds (67%) of these comments focused on the professionalism, friendliness, trustworthiness, and usefulness of campus officers or on University Police as better than other police.

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*"All of the police officers I've interacted with over the years have been absolutely wonderful. They are always caring and compassionate people who have gone above and beyond to help others."*

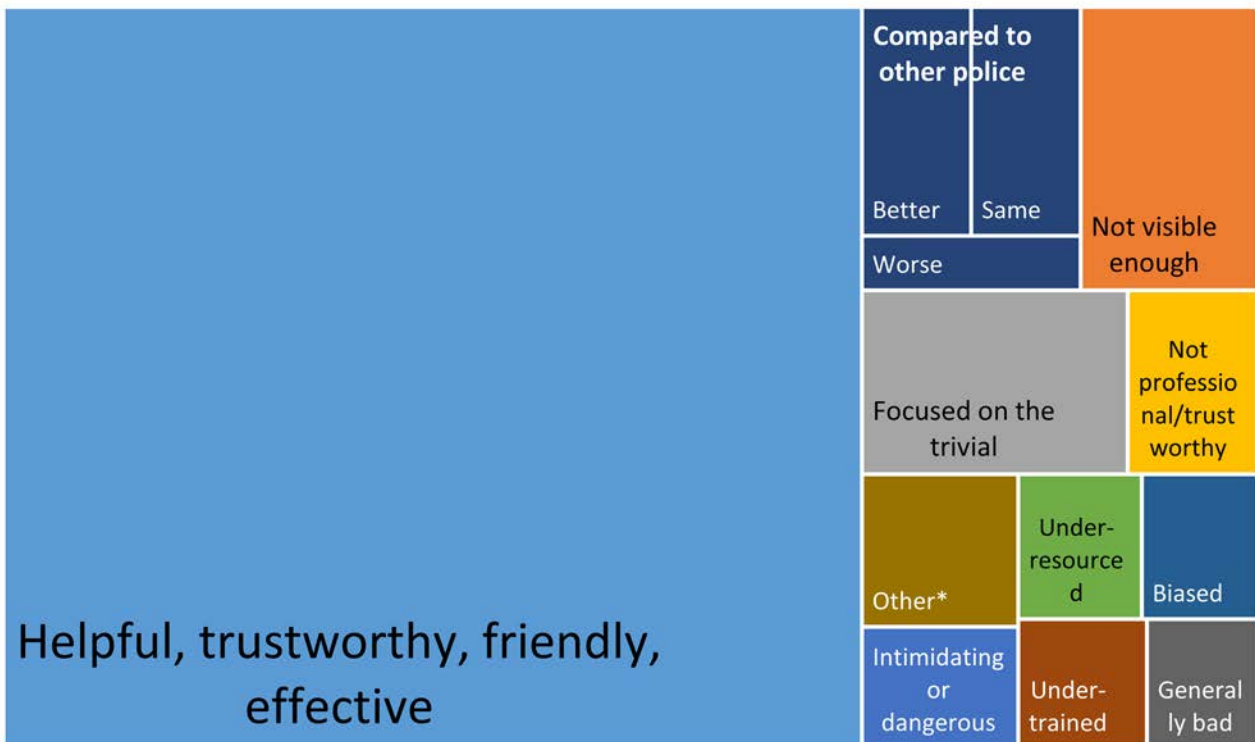
*"I feel more secure knowing they are here."*

*"They are trustworthy, and I feel I'd be able to walk up to any of the police officers on campus and ask for help...."*

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Many respondents indicated that they had no interaction with police upon which to form any perceptions and some respondents observed that officers were not very visible or available on their campus. Some respondents felt that the police focused on the trivial (e.g., parking and alcohol violations) and not enough on what they viewed as more serious crimes. Other respondents felt that police were intimidating, dangerous or untrustworthy, and some saw UPPS as under-resourced at their campus.

Figure 23. Thematic analysis of respondents' comments on their perceptions and opinions of University Police



\*Other comments included not being vigilant enough in terms of enforcement, slow to respond, not diverse, and constrained in their ability to do their jobs.

*"They don't seem like they worry about our safety and well-being, but instead just do what they have to do and catch people with drugs and alcohol."*

*"I do wish they would patrol on foot at night, especially for those walking back late and [and] for females to feel safe."*

*"...I wish they were a bit more visible on campus. I feel that if I could at least recognize one by sight, then I would feel better about going to them..."*

The most commonly attended University Police programming reported by respondents was educational programming (48%; Table 6). In terms of additional or increased programming, respondents were most interested in self-defense (14%) and active attacker response/education (12%; Table 7). Students and employees had similar preferences regarding programming. In terms of improvement, respondents most wanted to see a more visible police presence on campus (21%) and increased diversity among police officers (18%; Table 8).

Table 6. Police programming attended by respondents

Which types of University Police sponsored programming have you attended? Select all that apply.	Responses
Educational program	48%
Ride along	1%
Table event / general safety information distribution	19%
Social event hosted by police officers	29%
Other <sup>1</sup>	3%

Table 7. Programming respondents would most like to see

Type of programming	Employees	Students	All Respondents
None – no additional programming needed	6%	8%	7%
Alcohol abuse education	5%	4%	4%
Active attacker response/education	13%	11%	12%
Bike safety	3%	2%	2%
Driving safety	3%	4%	4%
Drug abuse education	5%	4%	4%
Civilians' rights education	9%	10%	10%
Pennsylvania law education	7%	9%	8%
Pedestrian safety	5%	3%	4%
Personal safety	10%	8%	9%
Scam awareness/education	8%	7%	7%
Self-defense	12%	15%	14%
Sexual assault education	8%	9%	8%
Theft awareness/education	6%	6%	6%
Other <sup>2</sup>	1%	1%	1%

<sup>1</sup> Other reported events mostly fell into the educational program category and included active shooter training, Clery Act training, Citizens' Police Academy, guest lecturers in class, informal and work-related meetings, student orientations, residence hall meetings, and various meet-and-greet activities.

<sup>2</sup> Other types of programming included active attacker, campus safety, first aid, police transparency, risk management, self-defense, and sexual assault.

Table 8. Recommendations to improve University Police

Type of programming	Responses
Alternate patrols (foot, bike, etc.)	10%
Hire more officers	10%
Increase bicycle traffic enforcement	4%
Increase crime prevention/educational presentations	6%
Increase diversity among police officers	11%
Increase engagement with the community	16%
Increase pedestrian traffic enforcement	4%
Increase vehicle traffic enforcement	6%
Be more personable/approachable	10%
Have a more visible presence on campus	18%
Other <sup>1</sup>	5%

### Additional Respondent Demographics

Table 9. Sexual identity

Sexual identity <sup>2</sup>	Survey Respondents
Straight/heterosexual	91%
Lesbian	1%
Gay	1%
Bisexual	4%
Asexual/not sexual	1%
Questioning/not sure	1%
Other	1%

Table 10. Disabled as defined by the Americans with Disabilities Act

Disability status <sup>3</sup>	Survey Respondents
Disabled	6%
Not disabled	90%
Not sure	4%

<sup>1</sup> Other recommendations included increasing police visibility, officers or police resources, increasing or decreasing parking enforcement, increasing officer training, increasing interaction with the community, increasing enforcement of various laws/policies, decreasing the police presence, diversifying the force, revising gun policies on campus, spending less time on things like parking and drinking, increasing transparency, adding infrastructure (lighting & emergency phones), and doing more related to preventing sexual assault.

<sup>2</sup> This information is not available for the population.

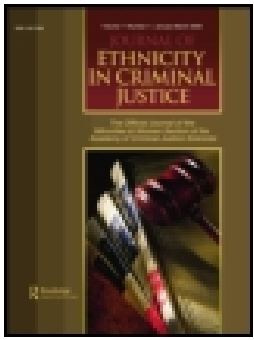
<sup>3</sup> This information is not available for the population.

Table 11. Years affiliated with Penn State in all capacities (student and employee)

Years <sup>1</sup>	Survey Respondents
0—5 years	72%
6—10 years	8%
11—15 years	6%
16—20 years	6%
21 or more years	7%

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<sup>1</sup> This information is not available for the population.



## Attitudes Toward the Police: The Significance of Race and Other Factors Among College Students

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## **Attitudes Toward the Police: The Significance of Race and Other Factors Among College Students**

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*Various factors have been identified by previous studies as predictive of citizens' attitudes toward the police, but there has not been as much effort to establish whether higher educational attainment has any effect on the gap between the various population groups that typically differ in their perception of the police. This study tests for the effect of race and other factors on the attitude of college students toward the police. Students in a mid-sized 4-year public university were presented with an instrument of 14 statements and asked to indicate the extent to which they agreed or disagreed with each of them on a 5-point Likert scale. A comparison of the mean responses was made and independent t-tests were established by race, gender, prior police encounter, and academic major. The attitudinal differences were most significant by race followed by gender, whereas the differences by prior police encounter and academic major failed to rise to statistical significance. The implications are discussed.*

**KEYTERMS** *Police–community relations, racial minorities, attitude toward police, police perception*

### **BACKGROUND**

It has never been more important than it is in the modern age of community-oriented policing and problem solving to establish and understand the factors that influence the community members' perceptions toward policing and the police. Previous studies on citizens' attitudes toward the police have

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demonstrated that different population groups express different levels of satisfaction with the police, with the more satisfied groups tending to show more positive attitudes toward the agents of law enforcement (Huebner, Schafer, & Bynum, 2004; Wu, Sun, & Triplett, 2009). Satisfaction is often based on preconceptions of the community members toward policing and preconceptions are influenced by the type of information the subject has been exposed to (Peirce, 1994). Quite often, most people obtain information that shapes their opinions regarding the justice system from the mass media (Mason, 2007; Tsoudis, 2000; Warr, 1980). But mass media productions are guided by consumer needs and most people are more attracted by sensational and emotional portrayals than a litany of facts (Tsfati, 2003). Thus, following the rational choice theory, the mass media will, justifiably, have no inclination to factual data as long as the stories they carry appeal to emotions as in portrayals of police use of excessive force, corruption scandals, and personal misconduct (Hinds, 2009; Tsfati, 2003). This background suggests that exposure to factual information regarding the operations of law enforcement presents a high likelihood of altering the perceptions a person has always had toward the agents of law enforcement (Veneziano & Brown, 1994).

This study explores the attitudes of college students toward the police, based on the fact that the research-based information gained from higher education equips the person with the knowledge required to demystify the sensational information propagated by the mass media (Kelley & Stack, 1997; Tsoudis, 2000; Veneziano & Brown, 1994). The study examines the differences in attitudes toward the police among different groups of college students.

## LITERATURE REVIEW

Police–community relations have remained an elusive phenomenon both in the United States and elsewhere (Brad, 2005; Howell, Perry, & Vile, 2004; Miller & Davis, 2008; Orr & West, 2002; Stoutland, 2001). Yet, it is very important that the public perception of the police be established and understood in order to establish a working police–community relationship. The majority of studies on public–police perceptions focus largely on the conventional members of society whose main source of information is the mass media. Little attention has been paid to the perceptions of higher educational echelon, whose opinions may have been altered by exposure to accurate data. These trends have created a need to find out whether educational achievement has any effect on the individual's attitude toward the police, holding all other factors constant.

Previous research has demonstrated that members of racial minority groups, especially African Americans, tend to give the police less favorable evaluations compared to the White racial group (Miller & Davis, 2008; Reisig



& Parks, 2000; Schuck, Rosenbaum, & Hawkins, 2008). This could be explained by the fact that minorities have more contacts with the police (see Alpert, Dunham, & Smith, 2007), which makes it more likely that they look at the police more suspiciously and view them as a threat. However, it is still not very clear whether it is differential involvement in crime between the members of racial minority groups and the White racial group, on the one hand, or selective law enforcement on the basis of racial background of the suspect, on the other, that accounts for the elevated negative contacts between the police and the racial minority groups (Mbuba, 2009). But according to Dowler and Sparks (2008), the impact of race diminishes when perceptions of quality of life are considered. This finding is not quite congruous with that of Wu et al. (2009), who assert that even a change in the social economic status does not produce any change in the trend. Wu et al. argue that African Americans in higher socioeconomic communities continue to show lower satisfaction with the police than the White residents of the same communities. It has also been found that the numerical minorities in absolute numbers tend to view the police less favorably even if the numerical minorities are Whites. In other words, in communities where the minorities have outnumbered the White population in absolute terms, there is a general tendency of the racial minority residents to manifest a higher satisfaction level with the police than the numerically fewer White citizens as was found with the Latino population in San Antonio, Texas by McCluskey, McCluskey, and Enriquez (2008).

Similarly, literature has shown that males evaluate the police much more negatively than females on various accounts and that this is true for both adults and juveniles (Denno, 1994; Hurst, Frank, & Browning, 2000; Miller & Davis, 2008). This trend is supported by the fact that men typically engage in more criminal activities than women at all ages (Mbuba, 2007; Rowe, Vazsonyi, & Flannery, 1995; Steffensmeier & Allan, 1996), and this has further been corroborated by research using time series techniques to examine trends in arrest rates for males and females for the most serious crimes that comprise the Federal Bureau of Investigation's (FBI's) Part I offenses (O'Brien, 1999). Because males commit more crimes than females, they tend to have a higher likelihood than females to have mixed feelings skewed toward mistrust of the police (Brown & Benedict, 2005; Kanazawa & Still, 2000). Even among law-abiding male citizens, the propensity to not trust the police is high especially given the fact that the majority of reported cases of use of excessive force by the police are directed toward male suspects (Crawford & Burns, 2008). Media reportages of police brutality also show disproportionate male attacks compared to female attacks.

In addition, it has been confirmed that negative police encounters produce negative attitudes toward the police, even if the experience was indirect through family members or friends (Hinds, 2009; Longan et al., 2001; Miller & Davis, 2008; Rosenbaum et al., 2005; Schuck & Rosenbaum, 2005). However, there is also a strong indication that citizens' perceptions of the

criminal justice system after an encounter are based not on the outcome of the encounter but on the perception of equity and fairness associated with the encounter (Engel, 2005). Because there are more police–citizen contacts in lower socioeconomic neighborhoods, residents of such neighborhoods have more negative attitudes toward the police than have members of upper class residential communities (Schuck et al., 2008). But literature has little to offer in relation to whether the same attitudinal differences between persons who have experienced negative police encounters and those who have not continue to exist after the subjects have been exposed to factual information that characterizes higher educational attainment.

It has been argued that criminal justice majors gain specific knowledge that puts them at a better position to evaluate how well the criminal justice system performs (see Lambert & Clarke, 2004). However, the general population, as well as the noncriminal justice majors, is likely to base their perceptions and attitudes toward the justice system on information gained from the mass media (Tsoudis, 2000). Yet, the mass media portrayals of the justice system cover only the sensational and nonconventional incidents. Accurate but seemingly dull reports are not likely to form headline news. It is assumed that after being presented with accurate information during the course of their studies, criminal justice majors will form informed opinions in their evaluation of the police, in particular, and of the entire criminal justice system, in general.

Arising from the foregoing review, this study seeks to address four main areas of inquiry: (a) to establish the differences between the White and the minority racial groups regarding their attitude toward the police, (b) to explore the differences between the males and females regarding their attitude toward the police, (c) to establish whether a negative police encounter alters the attitude toward the police among the respondents, and (d) to verify whether there is a difference in the attitudes toward the police between individuals who have taken at least one criminal justice course (criminal justice majors) and those at comparable educational levels who have not (noncriminal justice majors).

## METHODS AND SAMPLE DESCRIPTION

This study sought the views of university students toward the police and compared those views across different domains that included race, gender, previous police encounter, and criminal justice major in relation to other majors. The respondents were drawn from a 4-year mid-sized university in the Midwest. The study utilized a convenience sample, whereby a nonrandom selection of departments was made in order to ensure that students were drawn from varied academic majors. Participants were drawn from a wide array of departments that included, on one hand, criminal justice and on the

other, noncriminal justice, including geology, chemistry, dental hygiene, and visual design. From these departments, a random selection of courses was made and a 14-question survey instrument was delivered to those classes either shortly before or immediately after a class session. The selected courses ranged from introductory through upper level courses in order to include students at all academic levels.

Prior to administering the surveys, the purpose of the study was explained to the students in the classroom. It was also explained that participation in the study was purely voluntary, that responses would be treated confidentially and anonymously, and that the responses would be compiled only as aggregates. To avoid double participation, students were asked not to participate if they had already done so in another class. The surveys were then distributed to all the students in the identified classes and the students were asked to return the surveys blank if they did not wish to participate. The students were asked to indicate the extent to which they either agreed or disagreed with each of the statements on a 5-point continuum. The responses were precoded as 1 (*strongly agree*), 2 (*agree*), 3 (*neutral/undecided*), 4 (*disagree*), and 5 (*strongly disagree*). The sociodemographic characteristics linked by previous research to the various perceptions of the police (see Lambert, 2004) were also probed. These include any prior negative encounter with the police, gender, and racial background.

Although many students returned the surveys blank and some answered the questions only partially, a grand total of 365 students participated and 333 surveys were usable. The entire sample had the following characteristics: 47% were criminal justice majors and 53% noncriminal justice majors; 48% were male and 52% female; 19% were freshmen, 32% sophomore, 28% junior, and 21% senior; 14% were minorities comprising African Americans, Hispanics, Asians, and other non-White racial groups, while 86% were White. Out of the entire sample, 69% had experienced a negative encounter with the police, although most of these encounters involved only traffic violation citations or tickets. The participants' mean age was 20 years with a standard deviation of 2.3.

## ANALYSES AND RESULTS

A comparison of the mean responses and independent *t*-test values (equal variance assumed) were conducted for four different domains that have been found by existing literature to be predictive of attitude toward the police. These domains included participant's race, gender, prior negative encounter with the police, and academic major. Race was coded as White = 1; non-White (minorities) = 0. The White and non-White participants responded to all the survey items differently. Only the responses in which there was a statistically significant difference between the two racial groups are reported

**TABLE 1** The Significance of Race on Attitude Toward the Police

	Race 0 = White 1 = minority	Mean	SD	<i>t</i> -value
Police provide an important service to the community	0	1.56	.654	-3.798**
	1	2.00	1.087	
Police are too harsh on crime suspects	0	3.53	.894	4.031**
	1	2.93	1.043	
Police break the law all the time	0	3.22	.921	3.017**
	1	2.76	1.131	
Police arrest only people they don't like	0	3.91	.753	3.208**
	1	3.50	1.000	
Police unfairly target racial minorities	0	3.47	.972	4.250**
	1	2.78	1.259	
Police arrest only poor people	0	4.18	.705	2.289*
	1	3.91	.848	
Most traffic violation tickets are unfair	0	3.53	.953	.757
	1	3.41	.996	
Police are corrupt; they accept bribes	0	3.88	.813	4.254**
	1	3.31	.973	
More racial minority police officers will reduce crime	0	3.57	.830	1.577
	1	3.36	.933	
It's risky to report crime to the police; they'll turn around against you	0	4.13	.781	3.153*
	1	3.71	1.100	
Never volunteer information to the police; it's their duty to look for criminals	0	4.25	.778	2.289*
	1	3.95	.963	
Police should focus on dangerous criminals, not traffic violators	0	3.20	3.141	.570
	1	2.93	1.176	
Police are to blame for the high rate of crime	0	4.11	.730	2.031*
	1	3.86	.795	
I would recommend my child/close family member to be a police officer	0	2.84	1.042	-1.990*
	1	3.19	1.139	

\* $p \leq .05$  (two-tailed). \*\* $p \leq .01$  (two-tailed).

here. As seen in Table 1, there was a statistically significant difference, at  $p \leq .01$ , between the two groups regarding their perception on whether “police provide an important service to the community.” Although both groups were generally in agreement with this statement, the White respondents showed a stronger affirmation of the statement. This is consistent with the earlier studies’ findings that minorities have more negative contacts with the police and so they tend to view the police as more of a threat than providers of an essential service. Similarly, a significant difference was found at  $p \leq .01$  between the Whites and the minorities with respect to the statement that “police are too harsh on crime suspects.” Although the minorities’ responses to this statement edged between affirmation and remaining noncommittal, the White respondents were in categorical disagreement with the statement.

Another measurable aspect of attitude toward the police was the notion that the police break the law all the time. When presented with this statement, the minorities’ responses again were either in agreement or indecisive

compared to the White participants whose responses were in disagreement, with the difference in the mean responses between the two groups rising to statistical significant at  $p \leq .01$  (see Table 1). This finding is also in accord with previous studies that found that members of racial minority groups experience more negative police encounters than the White racial group.

Other statements about which the minority racial groups tended to disagree with the White respondents with the difference in the mean responses rising to statistical significant at  $p \leq .01$  were (a) police arrest only people they do not like, (b) police are corrupt as they accept bribes, and (c) police unfairly target racial minorities. Both groups of participants generally disagreed with the first two statements but on the third, minority respondents were either in agreement or undecided while the White participants showed a strong confutation on all three statements. When the confidence interval of the difference was lowered to 95%, the White and minority racial groups differed significantly, at  $p \leq .05$ , on the following four statements: (a) police arrest only poor people; (b) it is risky to report crime to the police as they'll turn around against you; (c) never volunteer information to the police; it's their duty to look for criminals; and (d) police are to blame for the high rate of crime. Although the two groups disagreed on all four statements, the White respondents indicated a consistently stronger refutation. When respondents were asked whether they would recommend their own child or close family member to be a police officer, the White respondents were in agreement, albeit lackadaisically, but the minority participants were more definite that they would not. The difference between their mean responses on this measure was statistical significance at  $p \leq .05$ .

The second domain that was examined with respect to its effect on attitudes toward the police is gender. This was a dummy variable coded as female = 1 and male = 0. From the original array of 14 statements, several key findings were found along the basis of gender. The mean responses to the statement that the police provide an important service to the community revealed that although both male and female respondents generally agreed, female participants were more categorical with the agreement and the difference between the two gender categories was significant at  $p \leq .05$  (see Table 2).

Similarly, the two groups disagreed with the notion that police are corrupt but female respondents showed a higher level of disagreement, with the difference between the two rising to statistical significant at  $p \leq .05$ . Regarding fear of the police as measured by participants' responses to the statement, "it's risky to report crime to the police as they'll turn around against you," both male and female respondents indicated that they found no risk but males were a little hesitant and the differences in their mean responses attained significance at  $p \leq .01$ . On the overall views of the policing career as measured by the extent to which participants would be willing to recommend the job to their own children or close family members, male

**TABLE 2** The Significance of Gender on Attitude Toward the Police

	Gender 0 = male 1 = female	Mean	SD	<i>t</i> -value
Police provide an important service to the community	0	1.69	.773	-1.892*
	1	1.54	.703	
Police are too harsh	0	3.48	.989	.562
	1	3.42	.886	
Police break the law all the time	0	3.17	1.004	.326
	1	3.14	.925	
Police arrest only people they don't like	0	3.89	.841	.800
	1	3.82	.761	
Police unfairly target racial minorities	0	3.45	1.068	1.245
	1	3.31	1.016	
Police arrest only poor people	0	4.18	.786	.798
	1	4.11	.676	
Most traffic violation tickets are unfair	0	3.51	1.078	-.049
	1	3.51	.832	
Police are corrupt; they accept bribes	0	3.71	.827	2.066*
	1	3.91	.880	
More racial minority police officers will reduce crime	0	3.47	.928	-1.447
	1	3.60	.758	
It's risky to report crime to the police; they'll turn around against you	0	3.21	.825	2.855**
	1	3.95	.840	
Never volunteer information to the police; it's their duty to look for criminals	0	4.21	.870	-.219
	1	4.22	.754	
Police should focus on dangerous criminals, not traffic violators	0	3.30	4.083	.808
	1	3.04	1.123	
Police are to blame for the high rate of crime	0	4.09	.754	.360
	1	4.06	.732	
I would recommend my child/close family member to be a police officer	0	2.69	1.146	-3.377**
	1	3.08	.934	

\* $p \leq .05$  (two-tailed). \*\* $p \leq .01$  (two-tailed).

respondents would either agree or remain noncommittal while females would more definitively not be willing to make the recommendation. The difference in the two groups' mean responses was significant at  $p \leq .05$ , but the difference on the rest of the statements failed to rise to statistical significance. In order to highlight both relative and absolute outcomes, the results in Table 2 include the findings from all the 14 original statements.

The third domain was prior negative police encounter. The participants on average agreed with the statement that the police provide an important service to the community, but the participants who had not experienced any negative police encounter were more assertive and the difference in the mean responses between them and those with such experiences did not was statistically significant at  $p \leq .05$ . In contrast, there was a general disagreement to the statement that police unfairly target racial minorities; respondents who had experienced a negative police encounter were more assertive in denying the allegation and the difference between the two groups rose to statistical

**TABLE 3** The Significance of Prior Police Encounter on Attitude Toward the Police

	Had Police Encounter 0 = no 1 = yes		Mean	SD	<i>t</i> -value
Police provide an important service to the community	0	1.50	.559	1.834*	
	1	1.65	.780		
Police are too harsh	0	3.52	.890	-.846	
	1	3.43	.946		
Police break the law all the time	0	3.24	.918	-.943	
	1	3.13	.973		
Police arrest only people they don't like	0	3.86	.792	.111	
	1	3.87	.790		
Police unfairly target racial minorities	0	3.59	.982	-2.445**	
	1	3.29	1.046		
Police arrest only poor people	0	4.13	.783	.422	
	1	4.17	.692		
Most traffic violation tickets are unfair	0	3.50	.916	.233	
	1	3.53	.975		
Police are corrupt; they accept bribes	0	3.84	.784	-.333	
	1	3.81	.865		
More racial minority police officers will reduce crime	0	3.45	.854	1.424	
	1	3.59	.837		
It's risky to report crime to the police; they'll turn around against you	0	4.08	.808	.060	
	1	4.09	.837		
Never volunteer information to the police; it's their duty to look for criminals	0	4.28	.695	-.783	
	1	4.20	.834		
Police should focus on dangerous criminals, not traffic violators	0	3.07	1.042	.386	
	1	3.21	3.492		
Police are to blame for the high rate of crime	0	4.10	.742	-.207	
	1	4.08	.714		
I would recommend my child/close family member to be a police officer	0	2.91	1.051	-.279	
	1	2.87	1.067		

\* $p \leq .05$  (two-tailed). \*\* $p \leq .01$  (two-tailed).

significance at  $p \leq .01$ . There was no significant difference between the two groups on the rest of the statements (see Table 3), but for the purpose of illuminating the relative and absolute responses, the results in Table 3 include all the findings from the entire survey instrument, notwithstanding the significance levels.

The last domain of importance to this study was the participant's academic major. Criminal justice and noncriminal justice majors did not differ remarkably in their attitude toward the police, with the exception of two statements. Both groups disagreed with the perception that "it is risky to report crime to the police as they'll turn around against you," but the criminal justice majors had a higher likelihood of disagreeing. Their differences were statistically significant at  $p \leq .05$  (see Table 4).

In contrast, although criminal justice and noncriminal justice majors generally disagreed with the notion that police should focus on dangerous criminals and not traffic violators, the noncriminal justice majors were more

**TABLE 4** The Significance of Academic Major on Attitude Toward the Police

	Major 0 = Non-CJ 1 = CJ	Mean	SD	<i>t</i> -value
Police provide an important service to the community	0 1	1.63 1.59	.677 .764	.413
Police are too harsh	0 1	3.46 3.46	.932 .919	-.061
Police break the law all the time	0 1	3.16 3.16	1.001 .927	-.045
Police arrest only people they don't like	0 1	3.93 3.80	.735 .847	1.423
Police unfairly target racial minorities	0 1	3.46 3.29	.965 1.087	1.522
Police arrest only poor people	0 1	4.20 4.09	.639 .805	1.299
Most traffic violation tickets are unfair	0 1	3.54 3.49	.905 .993	.454
Police are corrupt; they accept bribes	0 1	3.80 3.83	.814 .850	-.311
More racial minority police officers will reduce crime	0 1	3.52 3.57	.836 .861	-.484
It's risky to report crime to the police; they'll turn around against you	0 1	3.99 4.16	.839 .811	-1.831*
Never volunteer information to the police; it's their duty to look for criminals	0 1	4.20 4.24	.798 .790	-.447
Police should focus on dangerous criminals, not traffic violators	0 1	3.43 2.91	4.116 1.127	1.571*
Police are to blame for the high rate of crime	0 1	4.10 4.05	.686 .775	.528
I would recommend my child/close family member to be a police officer	0 1	2.95 2.82	.958 1.126	1.099

*Note.* CJ = criminal justice major.

\* $p \leq .05$  (two-tailed).

emphatic and the differences in the mean responses between the two groups were also statistically significant at  $p \leq .05$ . On all other statements, the differences failed to attain statistical significance.

## DISCUSSION

As already demonstrated, it is crucial that the major correlates of the community perceptions toward the police be unraveled in order to develop a sound basis of formulating working police–community relations in the age of community-oriented policing and problem solving. Although much ground is already broken in this respect, the role of higher education in improving public–police evaluations among population groups that conventionally view the police with suspicion needs more attention than it has so far received.



This study provides a preliminary foundation for such attention by making a number of important findings. Foremost, in spite of the educational attainment and holding all other factors constant, the racial background of citizens continues to be the single most significant predictor of the type of attitude a person will have toward the law enforcement. The reasons that have been adduced by previous literature in support of this outcome mainly revolve around the treatment of racial minority groups by law enforcement officials as witnessed in traffic stops, arrests, frisks, and, perhaps more compellingly, the disproportionate incarceration of the members of racial minority groups.

However, it should be emphasized that despite the margins between the mean responses of Whites and minorities on the statements that measure the role of the police in the community, there is a high proportion of minority respondents who believe that the police provide an important service to the community. This could be attributed to the higher educational level and the possible exposure to factual information compared to the general public that tends to obtain crucial data from the media, which itself is mostly skewed toward sensation and emotional appeal instead of objectivity. This, however, cannot be ascertained with the current data as the study did not use a control group of lower educational achievers. It is also pertinent that the racial minority participants in this study did not support the notion that the police are to blame for the high rate of crime, neither did they think that the police are corrupt. The minorities also disagreed, by and large, with the contentions that most traffic violation tickets are unfair and that the police arrest only poor people. It is therefore evident that the fact that minority citizens tend to give the police a negative evaluation is clear only relative to the White racial group, but in absolute terms, the minorities' mean responses to all measurable aspects of attitudes toward the police would produce a strong positive rating. It would be interesting, although outside of the bounds of the current study, to establish the intraracial factors that would predict the various responses to the same statements that gauge the public-police support and confidence.

Following the objectives of this study as envisioned in the preceding sections, the following conclusions can be made. One, attainment of higher education does not mitigate the opinions held by the White and minority racial groups with respect to the attitudes toward law enforcement as minority citizens continue to record less favorable evaluations of the police. Second, higher education does not obliterate the conventional gender differences in the attitudes toward the police, in which males evaluate the police less favorably than females. Third, the assertion by previous studies that negative police encounters render a person more critical of the police seems to be true even among community members who have higher educational backgrounds. This suggests that education does not necessarily change one's perception toward the police if and when the person experiences a negative

police encounter. Finally, criminal justice majors and nonmajors do not differ in a significant way with respect to their attitudes toward the police, although the former were more easily able to demystify the common fears that most people have in associating with police officers. Overall, out of all the statements that were used to gauge the participant's perceptions of the police, there were significant differences in the mean responses for most of the statements by race compared to the other three domains.

### SUGGESTIONS FOR FURTHER STUDY

This study has unveiled some key findings that could provide a basis for further inquiry in three main areas. First, the study has pointed to major differences in public-police attitudes between the White and minority racial groups, notwithstanding higher educational attainment of the study participants. The study also revealed that, in absolute terms, both White and minority racial groups show positive perceptions toward police work. Because this suggests existence of covert intraracial correlates of the attitudes toward the police, further inquiry is recommended to establish the within-race factors that predict negative and positive evaluation of the police. Second, male participants were found to evaluate the police less favorably than females on almost all measurable aspects, including those in which the differences in the mean responses were not statistically significant. Further inquiry into intragender predictors of the public attitudes toward the police is therefore recommended. Finally, a comparison of White and minority racial groups, males and females, and those with and without prior negative police encounters all across the various stages of educational achievement would be the ultimate revelation of the role of education in public-police perception and such a study is therefore recommended.

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# APPENDIX 1

Bivariate Correlation Matrix<sup>a</sup>

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
2	-.409**													
3	-.379**	.484*												
4	-.397**	.459**	.487**											
5	-.331**	.467**	.427**	.560**										
6	-.320**	.295*	.274**	.477**	.484*									
7	-.218**	.357**	.301**	.308**	.305**	.268**								
8	-.504**	.485**	.490**	.501**	.544**	.358**	.369**							
9	-.069	.194*	.162**	.233**	.241**	.217**	.159**	.218**						
10	-.434**	.362*	.396**	.368**	.369**	.328**	.300**	.409**	.052					
11	-.477**	.321**	.342**	.352**	.334**	.325**	.240**	.351**	.095	.439**				
12	-.148**	.177**	.226**	.071	.147**	.134*	.181**	.195**	.076	.144**	.159**			
13	-.367**	.353*	.334**	.387**	.428**	.345**	.258**	.456**	.227**	.278**	.433**	.162**		
14	.285**	-.309**	-.268**	-.249**	-.248**	-.144**	-.048	-.312**	-.023	-.283**	-.234**	-.142*	-.207**	
15	.207**	-.219**	-.165**	-.176**	-.230**	-.126*	-.042	-.230**	-.087	-.173**	-.127**	-.032	-.112*	.111*

\* $p \leq .05$  (two-tailed). \*\* $p \leq .01$  (two-tailed).

<sup>a</sup>Numerals on the first column and top row represent the variables in the original survey in the following order:

Variable 1 = Police provide an important service to the community.

Variable 2 = Police are too harsh.

Variable 3 = Police break the law all the time.

Variable 4 = Police arrest only people they don't like.

Variable 5 = Police unfairly target racial minorities.

Variable 6 = Police arrest only poor people.

Variable 7 = Most traffic violation tickets are unfair.

Variable 8 = Police are corrupt; they accept bribes.

Variable 9 = More racial minority police officers will reduce crime.

Variable 10 = It's risky to report crime to the police; they'll turn around against you.




















Variable 11 = Never volunteer information to the police; it's their duty to look for criminals.

Variable 12 = Police should focus on dangerous criminals, not traffic violators.

Variable 13 = Police are to blame for the high rate of crime.

Variable 14 = I would recommend my child/close family member to be a police officer.

Variable 15 = Racial background (White = 0; minority = 1).

		OSHU Overall				
Category	Question	2014	2016	2018	2019	Trend
Prevention & Reporting	I can report patient safety mistakes without fear of punishment	3.27	3.30	4.16	4.18	
	In my work unit/department, we discuss ways to prevent errors from happening again.	3.86	3.83	4.19	4.17	
	Employees will freely speak up if they see something that may negatively affect patient care.	3.88	3.91	4.10	4.13	
	We are actively doing things to improve patient safety.	4.05	3.99	4.18	4.15	
	Mistakes have led to positive changes here.	3.64	3.58	3.95	4.00	
	When a mistake is reported, the focus is on solving the problem, not writing up the person.	3.27	3.30	3.87	3.91	
	Employees and management work together to ensure the safest possible working conditions			4.00	3.98	
	I feel free to raise workplace safety concerns			4.14	4.15	
Resources & Teamwork	My work unit/department works well together.	4.20	4.21	4.07	4.02	
	Different work units/departments work well together at OHSU.	3.59	3.58	3.51	3.46	
	My work unit/department is adequately staffed.	3.16	2.91	3.07	3.08	
	Communication between work units/departments is effective at OHSU.	3.04	3.07	3.28	3.26	
	There is effective teamwork between physicians and nurses at this hospital			3.85	3.83	
	The amount of job stress I feel is reasonable			3.37	3.32	
	Communicaiton between physicians, nurses and other medical personnel is good at OHSU			3.66	3.58	
Pride & Reputation	Senior management provides a work climate that promotes patient safety.	3.68	3.62	3.81	3.76	
	OHSU provides high quality care and service			4.20	4.16	
	I would recommend OHSU to family and friends who need care			4.15	4.08	
	OHSU makes every effort to deliver safe, error-free care			4.10	4.04	

## Developing a metric to evaluate the impact of policy changes (one pager)

What is the objective?

- Show the policy has been impactful through measuring short-term, intermediate, and long-term outcomes
- Can you link changes in outcomes to a policy change?
- Determine the relative costs benefit/effectiveness of a policy change

### Focusing on outcomes:

- What are the impacts (short-term, intermediate, long-term)?
- What are the outcomes?
- What are the indicators of change? (specific, observable, measurable changes that demonstrate progress toward an impact or outcome)
- Focus on changes in target behavior, awareness, attitudes or knowledge.
- Outcomes are objective, quantitative measure of change
- Impacts are qualitative measures of change to include stories and experiences
- Important considerations:
- Can the policy changes be compared to other departments within and or outside of the hospital?
- What are the costs versus savings associated with policy implementation?

### Process

Identify the concern (areas of change) → analyze the existing policies (or the absence thereof) → establish new policy → make the policy (get permission to change the policy) → implement the policy (move it from concept to practice) → set a time frame and mechanism for evaluating impacts and outcomes

### Example of outcome and impact changes

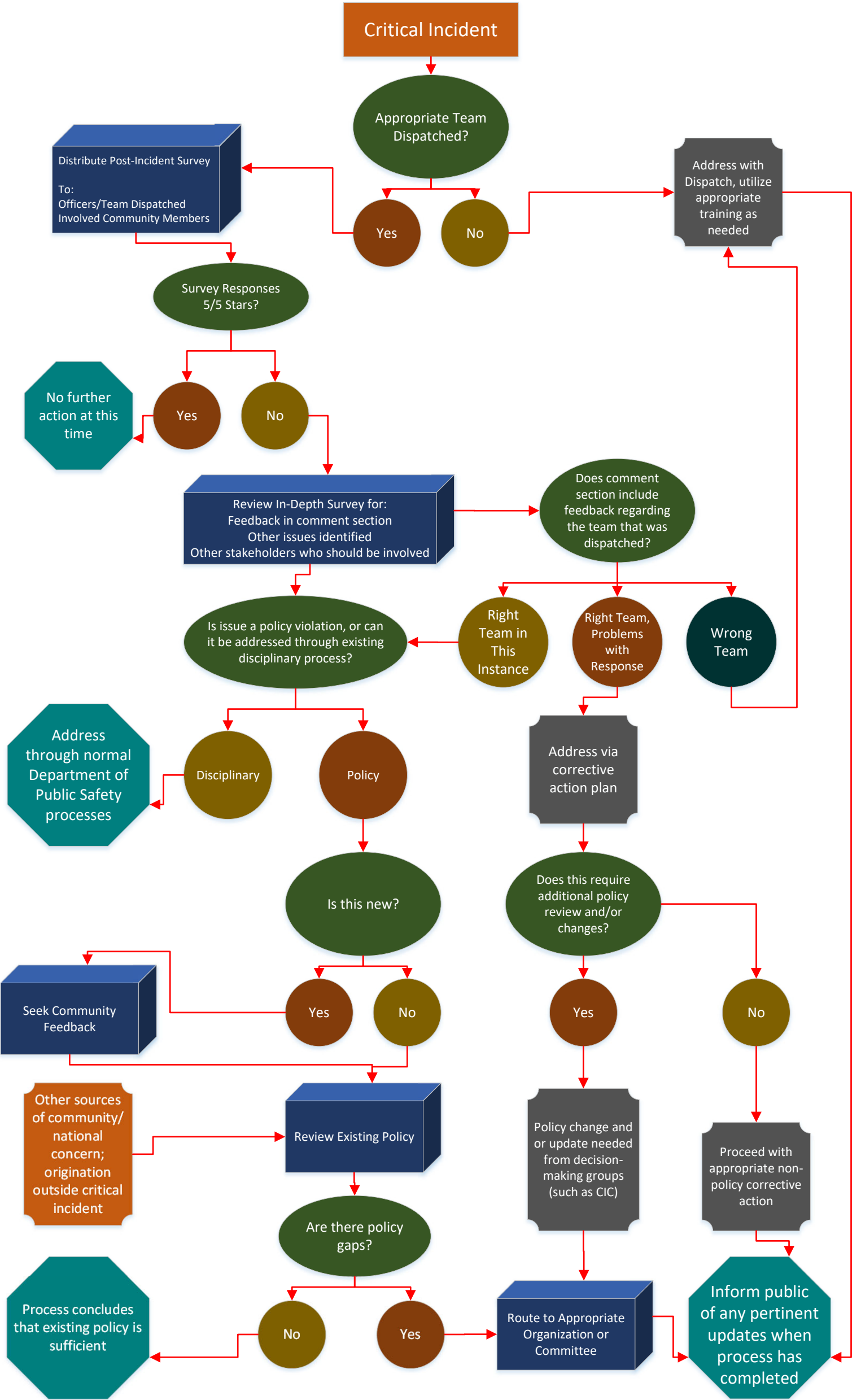
For example - concern: disparities in arrests stratified by education level, high school = more arrests

- Short-term outcome = increasing awareness about the disparities
- Intermediate outcome = reduction in arrests in persons with high school education
- Long-term impacts = persons with high school education feel seen, valued and included

### Finally, consider:

- Challenges
- Solutions
- Unintended consequences

# OHSU Critical Incident & Policy Review Process





## Memorandum on Policy Review Determination Process

To Whom It May Concern,

Attached is the current working draft of a decision tree that has been developed by the Metrics Committee of the OHSU Campus Safety Review Task Force. A few pieces of information may require additional clarification. Please refer to this document for definitions and notes.

### **Purpose**

This is to serve as a policy review standard, to be employed in our response to any critical incidents at OHSU.

### **Metrics of Successful Trauma-Informed Policy Interventions**

1. Improved dispatch of the appropriate risk mitigation services to incidents.
2. Improved community engagement with policy review and enactment process, via:
  - A. Post incident community surveys
  - B. OHSU Public Safety Dashboard
3. Decrease (over time) in the number of incidents resolved with the use of force

### **Definition of Terms**

<b>Critical Incident:</b>	Issue for which OHSU's Department of Public Safety has been contacted and which resulted in some form of escalation and/or use of force.
<b>Appropriate Team:</b>	Police Officers, Social Workers, Crisis Response Units, or other such entities which should be deployed based upon the information provided to DPS' Dispatchers when assistance is requested.
<b>Post-Incident Survey:</b>	A proposed means of gathering feedback after the Critical Incident has been sufficiently resolved, intended for OHSU community members and the Department of Public Safety to share information which will further the development and improvement of relevant policies. This survey has yet to be developed. However, models such as post-visit surveys for patients may inform this process.
<b>Other Sources:</b>	Issues which do not pertain to a Critical Incident may also prompt a policy review, such as current events outside of OHSU, internal communication and training of employees at OHSU, changing norms in trauma-informed approaches, or other such miscellaneous sources.
<b>Decision-Making Groups:</b>	OHSU has committees, task forces, and other groups which may be the most appropriate to handle a policy review and updates; one such body is the Critical Incident Committee (CIC) which has an established process for determining and implementing policy changes.
<b>Inform the Public:</b>	Utilizing a dashboard with relevant data, internal communications, and potentially other effective resources, when an issue has been identified, there should be every effort made to inform the OHSU community and those who interact with it about any pertinent details and resulting changes which are implemented as a result of this process. These tools are currently in development stages, and are also within the scope of this task force.

This committee welcomes and appreciates any feedback.

## Establishment of a Crisis Response Team at OHSU

One recommendation from the OHSU Campus Safety Review Taskforce Final Report is for OHSU to:

*7. Build on the ongoing collaboration between the Department of Public Safety and the Department of Emergency Medicine and other clinical units to evaluate the costs and benefits from a security perspective of developing a program modeled after the Portland Street Response in which unarmed social workers or other staff respond to certain call types. Consult with other OHSU experts and external partners on this process, as needed.*

A subcommittee of the next phase of the Taskforce has thoughtfully discussed the recommendation and has proposed the formation of an expanded public safety Crisis Response Team (CRT) consisting of a social worker and a psychiatric registered nurse trained in trauma-informed de-escalation and harm reduction techniques **as per the Department of Public Safety's Strategic Disengagement Policy**.

The **Crisis Intervention Social Worker (CISW)** uses advanced clinical and/or healthcare operational subject matter expertise combined with systems and workflow knowledge to manage and assist in compassionate trauma-informed, culturally responsive interventions to patients with complex psychosocial needs who discharge from OHSU Emergency Department and hospital. The CISW prioritizes clients with limited connections to outpatient services and frequent ED encounters. This population is growing in numbers, cost and complexity. This work requires unique skill set, flexibility, and vast network of community partners to be able to effectively offer care. Job responsibilities include identifying enrollees, conducting needs assessments, identifying appropriate resources, and facilitating service engagement via face-to-face outreach and phone contact. Assessments and services are offered in the ED, hospital, on the streets and in homeless camps, in patient homes, outpatient clinics, and other community settings. The CISW coordinates treatment efforts with other OHSU departments, partners, community partners and affiliates to advocate for client needs. Interventions aim to reduce unnecessary hospital and ED visits by improving access to medical care, substance use disorder treatment, mental health services and housing. While assisting clients in accessing services, the CISW identifies client strengths, models problem-solving skills, encourages mutual participation, and enhances self-advocacy abilities. The CISW participates in data collection for program evaluation purposes and partners with other team members to ensure effective implementation of services. The CISW's values and care delivery are consistent with the NASW code of ethics.

The OHSU registered nurse (RN) provides compassionate, evidence-based, trauma-informed, culturally responsive, and efficient care to individuals, families, communities, and patient populations. The RN's care delivery is consistent with the Oregon Nurse Practice Act, the ANA Scope and Standards of Practice, and the ANA Code of Ethics and meets the standards/expectations of a Professional Practice Model. In that model, the RN demonstrates the professional role obligations of scientist, leader, practitioner, and knowledge transferor. Professional accountability enriches the RN's engagement as a leader in promoting an inter-

professional culture of collaborative decision-making, innovation, life-long learning, and teamwork.

The team would be led by OHSU Social Work in collaboration with Public Safety, Psychiatry and Emergency Medicine leadership and would:

- Respond to behavioral/mental health crises and other current Public Safety calls for service both within the clinical setting and on OHSU's Marquam Hill (SWF?) that would benefit from a unarmed, non-sworn CRT
  - CRT could respond to calls for service involving persons in behavioral health crisis or in need of medical attention and include, but is not be limited to, welfare checks, persons reporting injury, conflict resolution, substance use, requests for assistance, persons considering self-harm, and calls related to homelessness.
- Work collaboratively with Public Safety services including potentially responding to calls for service with police officers that may benefit from the assistance of the CRT
  - CRT could assist Public Safety response on calls for service including, but not limited to, welfare checks, persons considering self-harm, persons in behavioral health crisis, Code Greens, patient escalation, patient elopement, domestic disputes and violence, and potential overdose and calls related to substance use.
- Work collaboratively with the Psychiatric Consult Service to add psychiatric nursing and social work expertise to care teams treating patients exhibiting the potential for escalation based on behavioral health issues or trauma
  - Psychiatric nursing and social work expertise made available to care teams to provide consultation, assessment and recommendations directed minimizing behavioral escalations and improving patient care and experience. This would also include building behavioral health plans to guide care teams in providing trauma informed treatment to patients.
  - CRT could be utilized to de-escalate and meet the needs of such patients before escalations occur, including Code Greens
  - CRT could be utilized during a Code Green to assist the staff present in de-escalating the patient who is the focus of the Code Green
  - CRT could be utilized after Code Greens to consult with the care team to alter the care plan or other circumstances in order to minimize the risk of a reoccurrence of a Code Green
- Assist Emergency Department staff with patients exhibiting the potential for escalation based on behavioral health issues or trauma, particularly in the interview rooms and/or patients on medical or mental health holds.

The CRT proposed funding:

- (1) FTE Social Work Manager
- (5) FTE social work and (5) FTE Psychiatric Nurse
  - 24/7 CRT Coverage

Our expected outcomes for this team being established are:

- Vastly improved patient care and outcomes
- Decreased length of stay for vulnerable patients
- Decreased Public Safety interaction with patients,
- Trauma informed experience for patients
- Reputational improvement surrounding best practice in care for vulnerable patients
- Reduced liability
- Improved staff safety, engagement, wellness and retention
- An identifiable step in the OHSU progression to become an anti-racist, trauma informed, culturally and need-responsive institution

DRAFT: Justification for police departments urgent requirement to move toward community intervention and away from enforcement only

### *Introduction/context*

Many members of society have shifting definitions of what “police and policing” means. The nature of “the police” varies between communities. Policing is a process, and the police is an organization. Policing has been defined in literature as the process of preventing and or detecting crime, maintaining order and engages multiple entities to include members of the public, private sector, and locally based organizations like neighborhood watch (Newburn and Jones, 2008; Mawby, 2008)

According to Newburn and Jones, the police is described as an institution responsible for many other services that are tenuously related to keeping order and preventing crime. (Newburn and Jones, 2008) Each police system/institution is distinguished in terms of legitimacy, structure, and function. (Mawby, 1999; Mawby, 1990; Wilson 1950) Legitimacy involves police having special authority by persons in power – power in these cases include but is not limited to the elite within a society, an occupying force and or the community.

Mawby distinguishes control-dominated systems from community-oriented systems. (Mawby, 2008) A control dominated system is one where the main function of the police is to keep order; where the population generally fails to recognize legitimacy of the state and its agents, the police. Under such conditions, the police may hold several administrative tasks on behalf of the state, but seldomly provide a public service that addresses the welfare of the community. The police have traditionally been organized and managed centrally and influenced by para militaristic qualities. (Mawby, 2008; Mawby, 1999)

A community-oriented system is one where the core focus of police and policing is to provide a public service that addresses the wider needs of the community. Keeping order is important, however, the accent is more on crime as a symptom of community, structural inequities and an opposed to enforcement only. A community-oriented system assumes that the police are given legitimacy by the community – there is relationship and meaningful bi-directional exchange.

In the late 1980’s, author Simon Holdaway, a former police officer-turned-researcher wrote about the natural intersection of social work and policing and references “The Barclay Report” which advocated for a closer working partnership between social workers and citizens. (Holdaway, 1986; Social Workers (Barclay), 1982) Government policies place considerable emphasis on inter-agency work involving the police and the social services. Holdaway contends that cooperative partnerships are feasible and preferred in the social services and in the police. When these partnerships exist, both systems are better. (Holdaway, 1986)

According to “Social Workers: Their Role and Tasks,” if social needs of citizens are to be met, the personal social services must establish a close working partnership with citizens focusing closely on the community and its strengths. (Social Workers (Barclay), 1982)

According to Lamin, Teboh and Chamberlain, there is a noted history of social workers and police departments partnering for effective prevention, intervention and stabilization. Of note, social services have mostly worked with survivors and victims of crimes – so the move to more fully integrate social workers into policing departments is not unfamiliar. (Lamin, Teboh, Chamberlain, 2016)

Early policing in the US encompassed an “all-purpose municipal service. Quick history is that social workers in police departments have traditionally been co-located providing social and community service. Urban police departments in some areas hired specially trained social workers that were funded by the Federal Law Enforcement Assistance Administration (LEAA) in the late 1960’s. Funding lapsed which limited the participation of social workers in the early 1980’s. (Lamin, Teboh, Chamberlain, 2016)

An early example of community policing is observed in the Minneapolis Domestic Violence Experiment of 1981–1982 where it was shown that arrests in domestic violent calls were more efficacious than advising or sending the suspect away for eight hours in a bid to reduce the tension that may have led to the violence. (Kappeler & Gaines, 2015)

In a lengthy publication entitled “Disaggregating the Police Function”, Dr. Friedman writes about the intended versus the evolved function of the police and makes the argument that mismatch between intended and evolved function is a major contributor to the growing dysfunction. (Friedman, 2021)

Friedman writes: “we call police crime fighters”; we train them in using force and enforcing the law” and ask them to go out do what they have been trained to do. He points out the lack of irony in getting force from an entity that has been trained to employ force. The use of force does not match what officers face on a daily basis to include but not limited to homelessness, substance use, mental illness – these social conditions have been treated like crimes. This is a powerful argument for shifting narrative, policies, and procedures to match the kind of engagement a community anticipates and needs from police. (Friedman, 2021)

Friedman poses thoughtful questions like what are the core functions of the police? When police are called to duty, their actions should be met with this question, “are force and the law the appropriate responses, and if not, what are?” The meta question involves determining if police action serves the needs of the public.

***The overarching goal of policing in society is to uphold public safety.***

Public safety is public health as it involves prevention of trauma and pain and moves towards healing. Friedman writes that public safety means (paraphrased):

- prioritizing the safety of individuals from the government
- promoting and ensuring safety in school and neighborhoods
- the ability to know when there is a public health issue versus an issue that is not (i.e., one that involves a breach of the law)

- that even when there is a response to breaches in the law, officers understand the important task of preventing re-traumatization (they are trauma-informed in their approach)
- going beyond mitigating “collateral harm” of policing through training – it requires subcultural shifts

*There is a distinction between policing and public safety*

If the true mission is to ensure public safety, then states and jurisdictions must seriously consider disaggregating police function. In other words, the issues of public health and social welfare are prominent yet the training and expectations of policing do not match the needs of the public and or community.

In the US, there are 18,000 police departments. These police departments are operated by state and local jurisdictions with minimal federal oversight. There is an opportunity to more clearly define and re-define and or clarify the role of policing as an institution. Local, statewide and national statistics point to an increasing population of individuals and communities with mental illness, substance use and homelessness. These same statistics are consistent in emergency departments and hospitals. Current literature and research point to this sentiment: public safety is public health, which means that the approach to policing must shift to match this truth. There are multiple examples of policing institutions shifting to meet the expectations of history, the moment and the public.

*New Haven, CT and Chicago Alternative Police Strategy demonstrate the positive impact of police non-enforcement*

A study by Peyton et al. conducted a randomized trial with a robust urban police department in New Haven, CT. The study revealed that single positive non-enforcement contact between police and public resulted in substantial improvement in public attitudes toward police to include legitimacy and trust. Further, these effects last for nearly a month. The study shows positive nonenforcement contact can improve public attitudes toward police and suggests that police departments would benefit from an increased focus on strategies that promote positive police–public interactions. (Peyton et al., 2019)

Chicago Alternative Policing Strategy is one of the more robust community policing programs in the United States. A 2010 study by Lombardo et al. employed sophisticated statistics to analyze community surveys assessing the satisfaction of the changes made by the Chicago Community Policing Program. The analysis revealed that persons living in the areas with community policing had more positive perceptions of the police, which held consistent with prior studies that demonstrated positive non-enforcement interactions improved police rapport with community and the public. (Lombardo et al., 2010)

*Social work practice within police departments is not a new practice.*

- According to report by a 2020 report by SAMHSA, several jurisdictions are moving toward a social work embedded policing model. The report also highlights a few jurisdictions that have demonstrated success with the model. In Illinois, there are *more than fifty departments* that employ a police social worker and or mental health professional on staff. The focus is on intervention versus enforcement. Mount Vernon Police Department has had a social worker embedded in place since around 2017 and partnership with a social worker was deemed “transformational.” It has cut down the number of social service-related calls for police officers has reduced considerably. (SAMHSA Executive Order Safe Policing for Safe Communities, 2020)
- Missouri police department works closely with mental health providers and leveraged a network of coordinating councils centered on the crisis intervention training curriculum. (Compton et al., 2008) In partnership, they established a statewide curriculum that every jurisdiction could use. Part of the training for and mentoring of officers is done by mental health professionals named community mental health liaisons – liaison positions are funded by the state and work with every department in Missouri. (Compton et al. 2008) It is a coordinated co-responder model that has worked reasonably well for the state.
- Boston Police Department partners with the Boston Boys and Girls Club to provide a community-policing program. The program supports youth and families impacted by violence and with psychosocial stressors. Officers have a ready referral source to make certain that children and families who have needs that are social in nature get met. According to a US Department of Justice report, this program “has greatly alleviated frustration and stress felt by officers in their dealings with youth, further empowering officers to address community concerns, and strengthening the relationship between police and community.” The program employs Licensed Clinical Social Workers (LCSW’s) who work in 8 of the 11 neighborhood-based police stations across the city. Police officers make direct referrals to the social workers. The referral process involves the following steps: 1) intake and assessment, 2) short-term clinical case management and, 3) on-going clinical services. This program has been highlighted as a best practice. (US Department of Justice Programs. Boston Strategy to Prevent Youth Violence, 2001)

*Models that include social workers and police departments moving to include social workers*

A recent article by Coleman titled: “When Cities Replace Police with Social Workers,” 2020 highlights the following: (Coleman, 2020)

- Seattle diverts low level drug possession and sex worker cases to case workers.
- New Orleans uses private auto company to manage minor traffic incidents
- Denver Alliance for Street Health Response – alternative to police. For the last 5 years, Denver has two models to include a co-responder model, police team up with a behavioral health member and responds to calls related to mental health crisis and is piloting the Support Team Assisted Response (STAR) consisting of a paramedic and social worker responding to mental health and substance use related calls. Early results of



the STAR have demonstrated a level of safety, community building, healing and help that communities have been in search of and a desire to expand and maintain the model.

- Los Angeles, Portland, Oregon, Minneapolis, San Francisco and Harrisburg, Pennsylvania police departments have moved to alternative public safety models marked by community partnerships and employing social workers.

*An example of the growing trend and demonstration of the fierce urgency for police departments across the country to re-imagine the institution/organization of policing*

According to the Albuquerque Journal, the Albuquerque Police department, under the direction of Mayor Tim Keller, established a civilian-led department to manage 911 calls for individuals with psychosocial stressors to include substance use, mental health crisis, homelessness. Instead of sending the police to these calls, they send social workers, housing specialists and violence prevention specialist.

The Albuquerque Community Safety Department, or ACS, will respond to mental or behavioral health related calls starting in September. Community Safety responders may have backgrounds as social workers, clinicians, counselors or similar fields. ACS is estimating they will respond to 3,000 calls a month and that his officers are “relieved” by the creation of the new department, which would help lighten officers' workload, and called it a "solution" to police departments that are overwhelmed with calls and cases. (Joseph, 2021)

*A prominent example of Police departments partnering to meet the needs of persons with mental illness and substance use disorders: Memphis Crisis Intervention (CIT)*

Crisis Intervention Training (CIT), established in Memphis, TN in response to a fatal 1988 shooting of person in mental health crisis, is a best practice and has been successfully used by law enforcement agencies across the country. (Watson & Fulambarker, 2012; Dupont and Cochran, 2007; Dupont, 2000) The goal of CIT is to strengthen an officer's capacity for safe intervention (less enforcement) in helping meet the needs of the community – help get members of the public attached to the appropriate services (mental health, substance use etcetera) and move away from arrests as needed. Of important note, CIT was developed by a community task force that included mental health and addiction professionals and advocates and law enforcement. CIT highlights the reality that police departments cannot go it alone and to optimize police officers' ability to ensure public safety, partnerships are required. (Watson & Fulambarker, 2012)

The impacts of CIT in police departments as outlined by studies: (Watson & Fulambarker, 2012; Dupont and Cochran, 2007)

- resulted in reduction in arrests
- increase in referrals to mental health and other social services
- lower arrest rates of persons with mental illness and or in mental health crisis
- increase in CIT officers in transports to hospital for psychiatric evaluations
- increased mental health service utilization in persons with serious mental illness
- decreased use of Special Weapons and Tactics (SWAT) teams
- decrease in use of force

- officer observed improvements in attitudes and knowledge about mental illness (Compton et al., 2006)
- improvement in officer's confidence in identifying and responding appropriately to mental health related calls (Wells and Schafer, 2006; Borum, Deane, Steadman and Morrissey, 1998)

*The most successful community policing model can be found in Eugene, Oregon: Crisis Assistance Helping Out on the Streets (CAHOOTS)*

The most successful community policing model is Crisis Assistance Helping Out on the Streets (CAHOOTS) in Eugene, Oregon which has been in operation for over 30 years and employs medics, crisis experts and peers to respond to mental health crisis calls.

CAHOOTS manages nearly 1/5<sup>th</sup> of all 911 calls, the program saves Eugene nearly 9 million per year and is a model for governments and local municipalities across the country. CAHOOTS is operated through a community clinic – the police department partners with a community agency of experts as defined by the earlier 1986's reference about community policing. (Climer and Gicker, 2021)

According the Eugene Department of Police analysis on the effectiveness of CAHOOTS comparing 2014 data to 2019 data: CAHOOTS services has increased significantly: (Eugene Department of Police, 2019)

- **2014:** CAHOOTS handled 9,646 calls for service
- **2019:** CAHOOTS handled 18,583 calls for service

In 2019, EPD received 105,403 public initiated calls for service and had 31,685 self-initiated calls for service. CAHOOTS diverted nearly 6% of calls from police and it was determined that the public was optimally served through meeting social needs.

*The unique opportunity for campus safety and policing as outlined by the University of Cincinnati Police Division (UCPD)*

UCPD has 72 sworn public safety officers that serve the University of Cincinnati (UC) community. The UC community consists of nearly 70,000 students and employees (nearly six times the population of the OHSU community) + university owned and operated buildings + has a community agreement with City of Cincinnati to patrol and carry out police activities in city neighborhoods adjacent to the University. (Engel et al., 2020; Exiger et al., 2019; Isaza et al., 2017) UC enjoyed very few critical incidents (in 2018, there was less than 4 incidents of use of force) until it experienced a dramatic and traumatic incident involving the shooting of DuBose-Tensing. This fatal shooting was deemed most unfortunate and described as a “single police citizen interaction” gone awry.

The UC community *reacted* by changing leadership which included establishing a high-level position responsible for safety and reform to spearhead public safety reform within the institution; adding a director of public safety and police community engagement; organizational changes in policies, procedures, accountability (external and internal). There was a focus on adding and fortifying: (Engel et al., 2020)

- Body-worn cameras
- Use-of-force/de-escalation policies and training
- Implicit bias training
- Implementation of early intervention systems (EIS), also referred to as early warning systems. EIS are data-driven administrative systems used to detect officer misconduct. EIS generally consist of four components: performance indicators, procedures for officer identification, intervention, and postintervention monitoring. Typically framed as a nonpunitive approach, these systems often operate external to a law enforcement agency's disciplinary processes, providing the opportunity for officer retraining, counseling, or other interventions (Worden et al. 2018).
- Civilian oversight

The UC reform effort is deemed in literature and practice as “best practice.”

In conclusion, more outcome studies are needed to assess the efficacy of police social work interventions, however, embedding social workers in police departments is deemed an emerging best practice.

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## Position Description

Action Requested:	New position <u>  x  </u> Revised position <u>      </u>	Date completed:	11/2/21
Prepared by:	David Sant, LCSW	Phone:	503-260-3207

*Note: Employees must be able to perform the essential functions of the job with or without reasonable accommodations. All individuals with disabilities are encouraged to seek reasonable accommodation.*

1. GENERAL POSITION INFORMATION:			
CLASSIFICATION/JOB TITLE		CLASSIFICATION/JOB	
Crisis Intervention Social Worker			
WORKING TITLE (IF OTHER THAN CLASS TITLE)		EMPLOYEE GROUP	
Crisis Intervention Social Worker		AFSCME	
POSITION NUMBER		FTE	
		1.0	
EMPLOYEE NAME		DEPARTMENT NAME/ORG NUMBER	
		Care Management/37902001	
MISSION GROUP		SUPERVISOR & TITLE	
Hospitals and Clinics		David Sant,MSW, LCSW, LICSW	
MANAGER/DIRECTOR & TITLE			
Jenn Leitch, MSN			
Interim Care Management Director			

2. POSITION SUMMARY: <i>Provide descriptive statements which outline the purpose of the position.</i>
The Crisis Intervention Social Worker, in partnership with Public Safety has the primary responsibility for crisis response, risk assessment, safety assessment and recommendations for clinicians, providers and family members. They use advanced clinical expertise and workflow knowledge to manage and assist in compassionate, trauma informed, culturally responsive interventions. Efforts are directed at reducing incidents of Public Safety involvement with distressed patients and families through a trauma informed lens. The department has corresponding teaching and research functions related to health and healthcare delivery. The Crisis Intervention Social Worker provides intervention with children, adolescents, adults, older adults, their families and the larger hospital. The Crisis Intervention Social Worker is expected to practice in accordance with performance standards, NASW code of ethics, and with a commitment to service.

3. KEY RESPONSIBILITIES: <i>Essential functions indicate those key responsibilities that meet one or more of the following descriptors: (1) the position exists to perform the function, (2) the number of employees available to perform the function is limited, (3) the function is so highly specialized that the person is hired for his/her expertise or ability to perform the function. The percentage of duties must equal 100%</i>		
Key Responsibilities & Performance Standards	% Of duties	Essential Function (Yes/No)
A. Conducts crisis evaluations for patients/families who are at elevated risk of public safety involvement. The evaluations include but are not limited to: risk of violence, suicidality, homicidal ideation, threats of violence, psychiatric destabilization and psychosocial distress.	40%	YES
B. Provides solution focused therapy, motivational interviewing and trauma informed de-escalation techniques to patients, their families and staff.	30%	YES
C. Provides advocacy to patients and their families and other involved parties related to psychosocial barriers to care.	20%	YES



## Position Description

D. Maintains accurate and timely documentation of patient care per departmental policies. Participates in Care management and assigned service meetings. Conducts ongoing learning through the management of CEU's related to crisis response work. Meets in regularly scheduled supervisory sessions. Complete all OHSU mandatory education requirements and activities within established timelines.	10%	YES
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### 4. SUPERVISORY RESPONSIBILITIES:

	Direct	Indirect
Number of employees this position supervises:	0	0
Job titles of employees supervised:		

**FISCAL RESPONSIBILITIES:** Select the item below that most closely matches the level of supervisory and fiscal responsibility:

	Monitors expenditures against departmental budget; prepares necessary documentation for supervisor review/approval; tabulates budgetary data, calculates figures, and checks for accuracy.
	Analyzes departmental budgetary data, verifies figures, and develops budget proposals; recommends allocation of budgetary funds.
	Has full responsibility for departmental planning, forecasting and final approval of budget. Indicate estimated budget amount: \$
x	None of the above.

### 5. QUALIFICATIONS:

**As part of the qualifications requirement, the following Core Competencies are expected of all OHSU employees regardless of their position within the organization.**

<b>Inclusion, Collaboration and Teamwork:</b>	<b>Every person matters.</b> We benefit from the rich variety of ideas, skills and perspectives that emerge when we work together. Our collaboration fuels innovation, better solutions to complex problems, and a sense of community. Cultivating a climate of inclusion and respect enables us to partner with those who can help OHSU achieve its vision.
<b>Organizational Perspective:</b>	<b>We are all connected.</b> Whether our role is caring for patients, inspiring students, advancing scientific knowledge, or supporting those endeavors, each person's work impacts another's. When we understand how our actions and decisions affect the whole, we can better align the needs of our workgroup with the best interests of OHSU. We have a common purpose that guides what we do and why.
<b>Performance Results:</b>	<b>We work hard to make great things happen.</b> We hold ourselves and our colleagues to high standards of performance that are focused on results. We pursue excellence by giving and receiving feedback openly and directly. We continually seek to improve ourselves and our work by setting goals, measuring outcomes and developing our knowledge and skills. We exceed expectations in pursuit of our vision.
<b>Personal Effectiveness:</b>	<b>We are strong in character.</b> As individuals, we value integrity and inspire trust. We meet obstacles with calm resolve, and can adapt quickly to



## Position Description

	change. We continue to move forward, even when the way is unclear. Each of us aspires to be our best self, accountable for the work we do and dedicated to the purpose of OHSU.
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Qualifications	Required	Preferred
<b>Education &amp; Experience:</b>	Masters in Social Work. 3+ years of professional experience diagnosing, treating and advocating for adults with mental illness and co-occurring substance abuse disorders in medical or community mental health settings. Experience working within the Portland social service community and extensive knowledge of community resources.	5+ years of professional experience diagnosing, treating and advocating for adults with mental illness and co-occurring substance abuse disorders in medical or community mental health settings. Experience working within the Portland social service community and extensive knowledge of community resources.
<b>Job Related Knowledge, Skills and Abilities (Competencies):</b>	Experience working with underserved people across the lifespan who have experienced mental illness, substance abuse, chronic illness, and systemic oppression. Strong Communication (written and verbal) and organizational skills.	Experience working within the criminal justice system or with individuals at high risk for criminal justice involvement.
<b>Registrations, Certifications and/or Licenses:</b>	LCSW in the State of Oregon	Board certified to provide clinical supervision
<b>Compliance:</b>	<ul style="list-style-type: none"> <li>- Code of conduct</li> <li>- Respect in the workplace</li> <li>- Applicable policies, procedures and agreements related to position, department or OHSU as a whole</li> <li>- National Association of Social Workers Code of Ethics</li> <li>- Oregon Board of Clinical Social Workers</li> </ul>	

**7. WORKING CONDITIONS:** *This may include such items as work schedule, work location, travel and environmental exposures such as noise, human tissues/fluids or radiation.*

Requires prioritization..

Frequent interruptions in an environment of frequent change and fluctuations.

May be at risk of harm due to escalated behaviors.

Accepts accountability and responsibility.

May be exposed to body fluids, tissue, possible radiation exposure, and infectious processes.

Subject to computer work for several hours, as needed.

Able to utilize office equipment within work area.

**8. PHYSICAL DEMANDS & EQUIPMENT USAGE:** *This describes the physical requirements necessary to perform the essential functions of this position. Example: Ability to carry and lift up to 50 pounds. Ability to stand for four continuous hours a day.*





**Position Description**

Standing: On concrete, vinyl, or carpeting up to 4 hours per day and intermittently.  
Sitting: Chair or stool continuous up to 8 hours per day and intermittently.  
Changing Position: Intermittently, as needed.  
Walking: Intermittently up to 4 hours per day on concrete, vinyl, and carpeting.  
Bending: From the waist and knees, frequently throughout the day.  
Reaching/Handling: Fine manipulation, repetitive, gross motor requiring full ROM in upper extremities, including overhead reaching.  
Twisting: All ROM required, intermittent periods, throughout the day.  
Climbing: Staircase, intermittently throughout the day.

**9. SIGNATURES/APPROVALS:**

**My signature denotes that this position description is an accurate and correct statement of the essential functions, responsibilities and requirements assigned to this position.**

	Type Name	Signature	Date
EMPLOYEE			
MANAGER/SUPERVISOR			

*Please attach a current organizational chart if available.*

Forward the electronic copy of the Position Description to Compensation and retain the signed copy at the departmental level.

## Annotated dashboard components/action plan

**Personnel and budget impact:** 0.5 FTE Data analyst (or graduate student support) – responsible for pulling data from multiple sources as indicated below, consolidating, and updating the dashboard with ITG support every 4 weeks at minimum.

**Key:** Recommend looking at Smartsheet as the tool for dashboard creation due to multiple data inputs and manual updates.

### Policy changes that may emerge from:

- Critical Incident Committee
- Annual perception/attitudes of safety survey
- Community feedback

How is this data captured? (minutes from CIC meeting?) – **to be determined in consultation with data analyst.**

Is community feedback coming from surveys or feedback on the website where community members can submit comments? **Yes.**

**Frequency of change:** Low

### Training (internal and external) stats kept by DPS:

- State Peace Officer training requirements – **available**
- OHSU required Peace Officer enhanced training – **available**
- New training requirements that stem from community and survey feedback – **not available now.** Could be part of external website feedback?

**Frequency of change:** Ask Tom Forsythe (training officer) - Sam

### Use of Force stats kept by DPS:

- Use of Force (*no tools/no firearms used*) w/ race/ethnicity breakdown – **available**
- Use of Force (*firearms*) w/ race and ethnicity breakdown – **available**
- Use of Force (*taser*) w/ race and ethnicity breakdown – **available**
- De-escalation – **not available now.** Discussed using a clearance code when documenting event. **De-escalation is already defined in policy.**
- Decrease in the number of incidents resolved by use of force – **Would need to start trending this data.**

**Frequency:** monthly

### Number of arrests stats kept by DPS:

- Race/ethnicity breakdown - **available**
- Trespass arrests and warnings with race and ethnicity breakdown - **available**
- *Arrests by Portland Police that was originally a DPS case – (specifically looking for data on # of persons treated at OHSU with warrants that ended up managed by/arrested by the Portland Police)*

**Frequency:** monthly

### Number of stops, stats kept by DPS:

- Race/ethnicity breakdown - **available**
- Reason for stop – currently free text, could this be a coded item? (Examples: believe a crime has been committed, traffic stop criminal investigation, theft)
- Documentation of interaction/resolution – could be a wide range of things? Coded?

**Frequency:** monthly

### Complaints against officers:

- Critical Incident Committee – **not currently discussed in CIC.** Share specific cases and if concerns arise, DPS handles with officer. **At base, there is working knowledge of a complaint in CIC.**
- Disposition of complaint
- #of policy and practice changes inspired by complaint
- Communication with community – Could track number of complaints & resolutions. Is this sufficient? **Yes, this is sufficient.**

**Frequency:** monthly – needs further discussion

### Improved dispatch of appropriate services:

- # of calls handled by enhanced public safety social work team vs. public safety officers – **needs to be coordinated with CAHOOTS team**
- Improved community engagement measured by:  
-Increased feedback from community in surveys; increased engagement with the dashboard (analytics, e-foot traffic); increased community town hall involvement for DPS

**Updates on this data will be based on frequency of town hall meetings, to be determined by DPS and community.**

**Frequency:** semi-annual or yearly

### Resource support via DPS:

- # of bus passes provided to clients: not currently tracking
- # of referrals for shelter and other basic needs services
- # of times food was provided
- # of times water was given

**Tie this to de-escalation? Examples:**

De-escalation occurred because we provided the person food, water, shelter. Currently do not track.

Is this data intended to share with our community how we approached a situation in a more holistic manner? **Yes, it is.**

**Frequency:** monthly



# Developing Data Dashboards to Drive Criminal Justice Decisions

**An Innovation Fund Case Study from Allegheny County, Pennsylvania, and San Francisco, California**

*Megan Russo, Jesse Jannetta, and Marina Duane*

*October 2018*

Jurisdictions across the country are seeking ways to better understand their justice-involved populations and guide their decisions with data. Justice system processes span independent agencies, such as police departments, courts, prosecutor's and defender's offices, and sheriff's departments. As a result, data need to be integrated to examine big-picture questions about the criminal justice system, such as who is in jail and why. Data integration requires commitment from leadership, technical and analytic expertise, and stakeholder support. Even after successful integration, shifting the culture to data-driven decisionmaking can be difficult. To tackle this challenge, many jurisdictions are producing criminal justice system data dashboards, which can effectively communicate data to decisionmakers (see box 2). Dashboards have two purposes: to guide high-level decisions across agencies, and to support program and line staff in their daily responsibilities.

This case study, part of a series highlighting work supported by the Safety and Justice Challenge Innovation Fund, examines the experiences of Allegheny County, Pennsylvania, and the City and County of San Francisco, California, as they integrated data across numerous criminal justice decision points and other nonjustice systems. Urban Institute researchers conducted four semistructured small-group or individual interviews and three group interviews in Allegheny County and seven semistructured small-group or individual interviews in San Francisco with stakeholders who helped design and execute dashboards, as well as leaders and end users who ultimately rely on dashboards in their decisions. Transcripts of the 45- to 60-minute interviews were analyzed to identify common themes and recommendations from all stakeholders. Urban researchers also drew from regular calls

with each county's project team, written program material, and performance measurement reports. With the increased interest in using dashboards across the country, the experiences of Allegheny County and the City and County of San Francisco can offer lessons on what it takes to design, deploy, and effectively use dashboards.

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#### BOX 1

##### **The Safety and Justice Challenge Innovation Fund**

The John D. and Catherine T. MacArthur Foundation launched the Safety and Justice Challenge Network in 2015 to create fairer, more effective local justice systems. Twenty competitively selected jurisdictions received financial and technical support to rethink justice systems and implement data-driven strategies to safely reduce their jail populations. In 2016, MacArthur partnered with the Urban Institute to expand this network by establishing the Innovation Fund to test bold and innovative ideas on how to safely reduce the jail population while maintaining or enhancing public safety. Innovation Fund jurisdictions received small grant awards, light touch technical assistance, and access to the Challenge's peer learning network.

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## Why Data Integration and Dashboarding

The impetus for creating dashboards in both counties came from a long history of relying on data to make better decisions. Key stakeholders in each county shared a desire to better identify drivers of their jail population and a recognition that system change requires a collaborative, cross-agency approach.

Allegheny County's history of relying on data to inform decisions is demonstrated by its Department of Human Services' [Data Warehouse](#). A repository of person-specific information, the Data Warehouse integrates data from 29 sources across the county such as the police department, courts, jail, behavioral health and child welfare agencies, and school districts. The Data Warehouse puts "the power of integrated data into the hands of staff and providers" (Allegheny County Analytics 2018, 3). Allegheny County also has experience translating data to the public through [Allegheny County Analytics'](#) visuals, reports, and datasets. Building upon their history of using data, Allegheny County sought to dive deeper into the data to better understand their jail drivers. In 2015, the county executive commissioned the Institute of Politics (IOP) at the University of Pittsburgh to analyze the criminal justice system in depth. Through a Criminal Justice Task Force that included 40 regional leaders, the IOP examined how to make Allegheny County's criminal justice system more fair and less costly while still prioritizing public safety (IOP 2016). This process led to several priority recommendations, one of which was the need for up-to-date data and analysis to better understand the system at all decision points and to regularly track key performance metrics.

San Francisco has been similarly engaged in ongoing processes to better understand its criminal justice system. Participation in the Justice Reinvestment Initiative spurred conversations around

challenges facing San Francisco's justice reform efforts, notably the disparate impacts on people of color at every justice system stage and the limited availability of data to answer key questions about the system (Burns Institute 2016). San Francisco needed to more deeply understand the dynamics of the justice-involved population to ensure better outcomes for the community and safely reduce the number of people in jail.

The Safety and Justice Challenge Innovation Fund grant came at an opportune time, allowing both Allegheny County and San Francisco to enhance their capacity to make data-driven decisions on local justice practices. Their Innovation Fund-supported dashboarding projects built on several years of prior efforts to better understand their jail populations and preestablished access to reliable data in electronic format. According to stakeholders, the 15-month grant period introduced a useful time pressure to complete the work, and it was a feasible time frame given the already strong foundation of available data and experience making data-driven decisions.

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*We were talking about [creating dashboards] for a very long time and we wanted to do it. We had a representative group of folks getting together, but I don't think absent the grant...it would have happened at the same level.*

*—San Francisco stakeholder*

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## BOX 2

### Defining a Data Dashboard

A data dashboard is an information management tool that presents real-time data and pulls together key metrics into a visual format. Dashboards connect large amounts of data in the form of tables, charts, and graphs, and they provide a central location for hosting key information about a system. The data visualization simplifies complex datasets to help users better comprehend what the data mean in practice, trends in the data, and outcomes. Data dashboards vary in their appearance and can be created using a variety of data analysis and visualization programs. Further, they are user friendly and can be actively manipulated into multiple visualizations to better understand key metrics.

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## Designing Data Dashboards: The Process

Though the process of creating data dashboards unfolded differently in Allegheny County and San Francisco, it was broadly similar in ways that can be summarized in seven steps (figure 1). We elaborate upon each step below, illustrating them with the specifics of how Allegheny County and San Francisco approached the work.

FIGURE 1

**Process Map for Data Dashboarding**



**Step 1: Identify the Purpose and Questions**

The first step is to identify the purpose and questions to be answered through a dashboard. Allegheny County wanted to monitor key decision points within the criminal justice system and use this information to inform day-to-day operations and systemwide policy decisions. San Francisco had a narrower goal: understanding recidivism outcomes for local justice-involved populations to make informed policy decisions.

Allegheny County created both operational and system-level dashboards. Operational dashboards provide a detailed view of a specific program or operations within an agency, to help staff make better day-to-day decisions. For example, figure 2 shows the dashboard on participation in the county's reentry program. This dashboard allows stakeholders and reentry program staff to effectively monitor the program in real time. This includes monitoring how well the program is meeting its goal of serving only medium- and high-risk people leaving jail, examining entries and exits to estimate how many resources are needed to serve the population, and understanding the demographic makeup of participants.

**FIGURE 2**  
**Allegheny County Jail Collaborative Reentry Dashboard**



**Source:** Allegheny County Department of Human Services.

Systemwide dashboards, in contrast, show high-level data trends and point-in-time information to guide multiagency working groups and agency leadership in making policy decisions. For example, figure 3 shows an overview by the number of people detained in the jail by Allegheny County Adult Probation on any given day. This dashboard also examines trends and allows stakeholders to identify changes to detention patterns in real time. Criminal justice stakeholders regularly monitor this information, including adult probation leadership, criminal court judges, and the county manager.

FIGURE 3

## Detainer Overview Dashboard

### Probation Reports

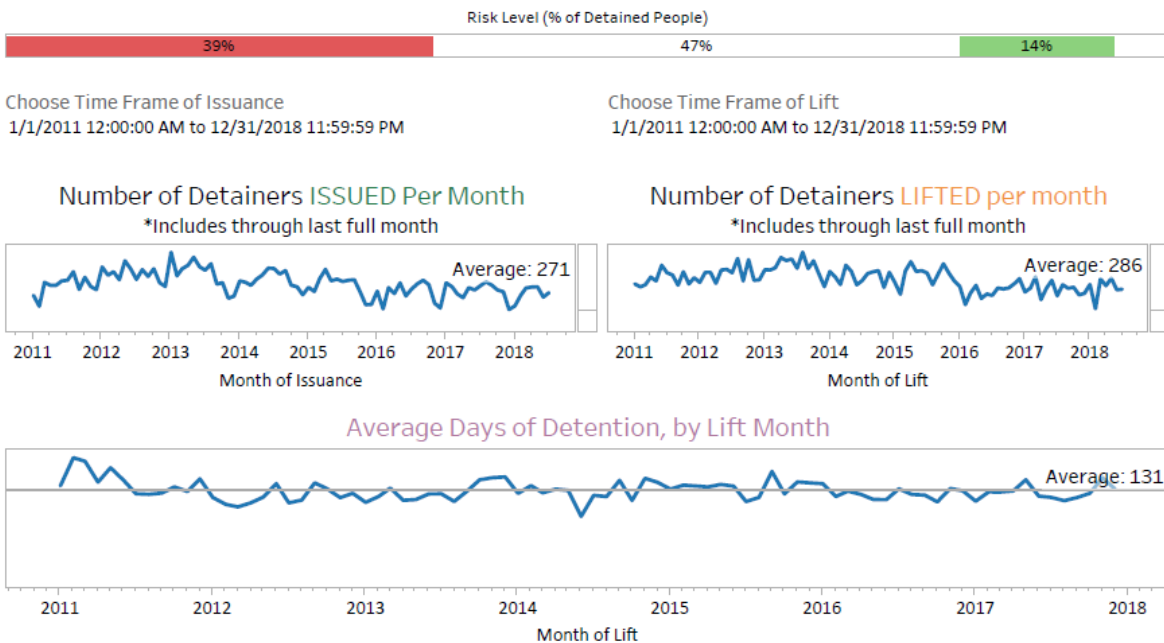
#### Dashboard 1: Detainers

Benchmark: Detain only for public safety concerns

Choose Detainer Location  
Multiple values

Reasons  
All

There are **1,045** people detained, which is a **-1%** change from 1 month ago and a **-5%** change from 1 year ago



Source: Allegheny County Department of Human Services.

Through conversations with key stakeholders, San Francisco identified the goal of better understanding recidivism to pinpoint issue areas that require further analysis, identify opportunities to explore policy modifications, and establish a baseline. Though recidivism can be understood generally as offending or misconduct after a justice system encounter (prior arrest, incarceration, etc.), establishing and operationalizing a clear jurisdiction-level definition of recidivism can be difficult. San Francisco invested significant time at the outset to identify key points of subsequent criminal justice contact critical to understanding policy and operations. The Justice Dashboard measures the rate of rearrest, re-arraignment, and reconviction on a new criminal charge for people convicted to local custody or supervision in calendar years 2013 and 2014. Applying a common definition of subsequent criminal justice contact to all adults in the local cohort provides insight on how outcomes differed by individual characteristics and justice system responses.



## Step 2: Structure the Team

The second step is to create a team that covers all the roles and responsibilities to successfully execute the work involved in creating a dashboard. This includes four key components: (1) the lead agency, which ensures the work moves forward; (2) a core team overseeing the details of the work; (3) people with analytical skills; and (4) a broader collaborative entity providing high-level oversight and support. As shown in figure 1, this process often occurs simultaneously with step 1, as it did in both Allegheny County and San Francisco. Both places had a collaborative body in place when they began identifying the questions they sought to answer with the dashboards, and they filled out their project teams as work progressed.

Different types of agencies served as the dashboard lead in each place. Allegheny County's CountyStat program led the county's dashboard project, in collaboration with the county's Department of Human Services and criminal court, and the San Francisco District Attorney's Office (SFDA). Within each agency, a few key individuals took ownership of the project and were the seeds of the core teams responsible for reporting back to their agencies and justice collaborative bodies, securing support from other partners as necessary, designing the dashboards, and adhering to the project timeline. San Francisco formalized its core project team, designating a subgroup of its Sentencing Commission—the Recidivism Work Group (RWG)—to come up with a definition of and metrics for recidivism, and to ultimately guide the creation of the Justice Dashboard. In addition to representatives from the SFDA, the RWG included policy and research staff from the Sheriff's Department (SFSD), Public Defender's Office, Adult Probation Department, Department of Public Health, Police Department, and community stakeholders at the Ella Baker Center and Public Policy Institute. Creating the right core team, staffed with strong analysts and supported by leadership, was important for both counties.

Analysts with in-depth understanding of data systems, knowledge of key program and jail operations, and data visualization skills are critical members of a core team. Allegheny County had analysts within the Department of Human Services, the jail, and the courts who regularly worked with various datasets and created reports. This existing capacity allowed Allegheny County to accelerate the initial stages of establishing the requirements to integrate data. Allegheny County also had an established contract with an IT provider, Deloitte, which fulfilled the technical requirements necessary to integrate data.

San Francisco did not have a dedicated team of analysts at the outset, and their data systems were not integrated across multiple agencies, necessitating more work in the initial steps of the design process. To provide the project with the needed analytical capacity, San Francisco hired a fellow whose sole responsibility was to coordinate the dashboard project and who had the skills necessary to develop the dashboard when they reached the prototype-building stage. The fellow oversaw the RWG meetings, the preparation and integration of multiple datasets, and the development and execution of the dashboard. Additional analytical expertise came from Sentencing Commission member Dr. Steven Raphael, an economist and professor of public policy at the University of California, Berkeley, Goldman School of Public Policy. Dr. Raphael worked closely with the fellow throughout the process, especially at the initial stages to troubleshoot data issues. To further instill confidence in the process, San Francisco

hired a consultant (a well-known, trusted expert on San Francisco’s criminal justice data) to validate the data cleaning and analysis by checking a random sample of 50 cases in the cohort.

Outside the lead agency and core team, both counties had stakeholders from across their system who regularly provided input at during dashboard development and design. These stakeholders gave input at regular working group meetings or individual meetings while examining prototypes relevant to their respective job functions. In Allegheny County, stakeholders convened regularly as part of the Criminal Justice Task Force and as part of a Jail Collaborative. San Francisco created its Sentencing Commission—led by the SFDA and composed of key stakeholders from across the system—in 2012 before engaging in this work to analyze local sentencing patterns and explore opportunities for reform. Stakeholders included the courts, jail administrators, public defender’s office, and community leaders. The Sentencing Commission, like Allegheny County’s Task Force, responded to the dashboard process and provided critical feedback.

### **Step 3: Access and Prepare the Data**

Once the team is established and the goals for creating a dashboard are clearly understood, the third step is to establish the technical requirements to integrate data. This stage of the process is multitiered and can be particularly time intensive for jurisdictions that do not have already integrated data systems.

Accessing and preparing the data for integration and presentation via dashboards begins with clearly identifying what data points are needed from each participating agency. The process for doing so will differ somewhat by dashboard type. For operational dashboards, analysts should work closely with the data-providing agency to understand the measurement parameters specific to the operational area of focus. For instance, when creating an operational dashboard for probation, Allegheny County analysts worked directly with the probation department to ensure they understood the data and its implications, as well as what would be most useful to display through the dashboards. For systemwide dashboards, this process can be more time intensive because it involves developing a common set of definitions and metrics that multiple agencies will use consistently and understanding the different ways agencies use the data—before integrating the data.

Obtaining the data for integration can be a lengthy process requiring the establishment of data sharing agreements that create protections for sensitive information and procedures for providing information. Strong working relationships across agencies are important at this stage because they allow for greater trust and quicker facilitation of agreements. Allegheny County was able to expedite this process because it had existing relationships and policies around data sharing and integration. Allegheny County analysts could pull data directly from the Data Warehouse and were embedded within county criminal justice agencies. As a result, dashboards could be shared without creating data sharing agreements. County leaders in Allegheny recognized that, while client data are sensitive and should be protected, all county agencies are part of one system and have countywide data governance policies that make it easy to share data across county agencies without data-sharing agreements (ACA 2018, 2).

San Francisco took a more traditional approach to accessing and integrating its data, as it had not established data integration infrastructure like Allegheny County's Data Warehouse. The SFDA had to create data sharing agreements with several different county agencies to receive their data. This process was lengthy, but agencies were cooperative because of what county stakeholders identified as a shared agreement about the importance of sharing and receiving data to better understand the system.

A final phase of preparing the data for integration and use is cleaning them. Cleaning data is the process of identifying inaccurate, corrupt, or missing data in a dataset and taking steps to correct for or account for this missing or inaccurate information. Cleaning data can be time intensive. Allegheny County worked closely with identified end-users (i.e., jail staff and other criminal justice system decisionmakers) to better understand what they saw as missing or inaccurate in the data. San Francisco, on the other hand, was in earlier stages of integrating its data. After executing data sharing agreements and accessing agency level datasets, the SFDA fellow and Dr. Raphael integrated and cleaned the datasets. Because San Francisco had limited internal data analysis capacity, it needed to have a research partner to help with data cleaning to provide additional expert advice and guidance. As the fellow worked through the various datasets, she brought questions and concerns back to the RWG to discuss implications and definitions. This was an iterative and time-consuming process that required attention to detail, feedback from stakeholders, and support through their research-practitioner partnership. This stage can uncover unexpected challenges or concerns, such as inconsistencies in how or whether Latinx identity is recorded (box 3).

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### BOX 3

#### **Determining Latinx Identity in San Francisco**

An important goal of creating the Justice Dashboard was to better understand and mitigate racial and ethnic disparities in San Francisco's justice system. However, the SFSD was the only justice agency that tracked ethnicity consistently and was able to provide data. While other agencies were looking to update their data systems to align with the SFSD in this arena, the RWG took interim steps to provide the best estimate of Latinx ethnicity for the Justice Dashboard, so it would not have to wait to examine questions of disparity for Latinx San Franciscans. First, the RWJ used the ethnicity listed in the Jail Management System (JMS) and attached it to the case number, thus placing the person in the recidivism cohort. If JMS did not have an ethnicity listed for someone, often because that person did not have a subsequent booking, Census data were used to impute Latinx ethnicity for people with surnames for which the proportion of the Census respondents that self-identify as Latinx is 85 percent or higher.

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## **Step 4: Build a Prototype**

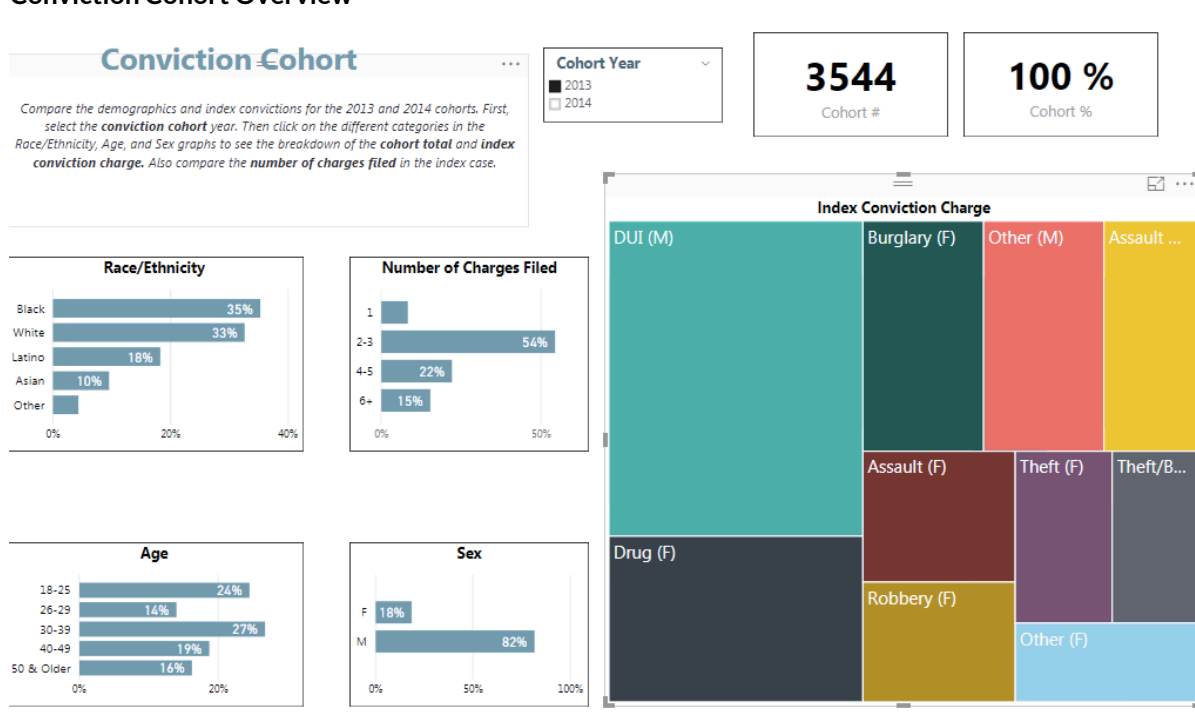
Once data were defined, cleaned, and ready to be presented in a visual format, both sites built an initial prototype. The prototypes were vehicles to elicit direct responses from key stakeholders. The prototypes were shared with key stakeholders—including policymakers and practitioners—to vet the

results and respond to the visual presentation of the data. Subsequent rounds of prototyping can be required when new data are identified as necessary or important to incorporate into the dashboard.

Both counties invested significant time in designing the visual presentation of their data, and both enlisted help from outside entities. Allegheny County built its prototypes in house with assistance from Deloitte, a contracted IT provider, and analytics staff. San Francisco partnered with a UC Berkeley professor to use her data visualization course to host a “Design Sprint.” The Design Sprint was a culminating event for the course where students presented their final project mock-ups of criminal justice data dashboard designs for San Francisco. The students were provided with a “dummy” dataset that did not contain actual system data but was structured in the same way, to allow them to design visualizations that would fit the real data. The SFDA, SFSD, and Adult Probation all sent representatives to judge the students’ work. The projects allowed San Francisco partners to see multiple strategies for data visualization and they incorporated aspects from several projects into their final dashboard design.

In creating the dashboard, Allegheny County chose to use [Tableau](#) and San Francisco chose to use [Microsoft PowerBI](#), two software applications that allow end users to filter, customize, and automate data. Allegheny County built 16 dashboards, a combination of operational and systemwide dashboards for a spectrum of touch points in the justice system. San Francisco developed a single dashboard with multiple tabs that focused on a cohort of people who were convicted in 2013 and 2014. San Francisco’s dashboard allows for examination of subsequent criminal justice contact for this cohort based on select demographic factors, index conviction charge, and criminal history as demonstrated in figure 4.

**FIGURE 4**  
**Conviction Cohort Overview**



Source: Illustrative data from San Francisco District Attorney’s Office.

## Step 5: Test the Prototype

Dashboard creation is iterative; incorporating multiple opportunities for partners to review and provide feedback helps surface and mitigate concerns about the data and enhance support. It was critical for both San Francisco and Allegheny County to present the initial prototype to key stakeholders, including county leadership and agency level practitioners, receive feedback, revise the dashboard based on feedback and present the revised version back to stakeholders. This process can repeat as many times as necessary to generate consensus that the data are accurate, presents the right information, and is displayed in a way the clarifies what is happening. Different stakeholders will need to review the dashboard prototypes for system-wide dashboards and operational dashboards. Allegheny County worked with program staff to address data quality issues and improve visuals for its operational dashboards. For systemwide dashboards, the county worked with multiple agencies across the system to better understand the data and data visualizations.

Through this process, feedback in both San Francisco and Allegheny County tended to be around requests for additional information that appeared to be missing from the dashboard but would be useful; questions around data quality, sources, and accuracy; concerns around implications of the dashboard; and requests for modifications to better address needs. Both counties received feedback reflecting concerns that the dashboard could be used to show underperformance of a specific agency. These types of concerns can be common in data transparency efforts, and they are likely to surface at the prototype review stage and subsequent stages as the dashboards become more real, giving a visual for direct response. Such apprehension can be alleviated through engaging end users early in the design stage. Emphasize that the purpose of the dashboards is not to measure performance of one specific agency, but to emphasize a systems framework and understand what role each agency plays as a part of the whole.

For Allegheny County, this process composed much of its grant period and spurred the creation of many more dashboards than originally planned because the initial prototype generated interest at multiple levels to receive more information presented in a similar way. Once San Francisco had the prototype nearly complete, the core team took it on a “road show” where they visited staff at multiple agencies and presented the dashboard. They used the opportunity to engage stakeholders outside of the Sentencing Commission and generate feedback from as many practitioners as possible. For both jurisdictions, it was critical to not only incorporate feedback into each iteration, but to provide a direct response to feedback even if the feedback did not lead to a change in the dashboards. Actively responding to feedback solidified stakeholder buy-in and ensures use in the next stages of the process.

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*One of the reasons we have a lot of dashboards is that this administration wanted to make data driven decisions. [...] We also always try to measure things so we can see what we're doing well and not so well.*

*—Allegheny County stakeholder*

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## **Step 6: Train and Prepare End Users**

Once key stakeholders sign off on the final prototype, analysts need to dedicate time to train and prepare the users of the dashboard on its intended purpose, how to access and use the dashboard, and how to interpret the information and communicate it to other decisionmakers. This helps ensure dashboard sustainability and utility, particularly if they are a new tool as was the case in both San Francisco and Allegheny County.

Despite a recognition of the importance of data, using dashboards was a shift in practice for both places, and such shifts can take time to integrate into routine use. For example, jail staff in Allegheny County initially had trouble finding the information quickly, but they worked with analysts to overcome this challenge and are now incorporating the dashboards into their daily routine. San Francisco's RWG was continually apprised in detail of the structure and meaning of the data in the Justice Dashboard, developing informed parties in all participating agencies. Once a live version of the dashboard was ready, the RWG walked the entire Sentencing Commission through how it worked and how it could be used.

## **Step 7: Deploy and Use the Dashboard**

The last step in the process is to finalize the dashboards, with an eye toward ensuring sustainability and incorporating them into regular decisionmaking. Sustainability can be ensured by a decisionmaking body regularly reviewing dashboards, tasking one entity to provide maintenance to the dashboards, and by increasing transparency by publicly sharing the dashboards.

It is important to automate the data input while providing maintenance as data systems update and change to ensure dashboards remain useful and current. Ideally, one agency or entity would be tasked with ongoing maintenance and wrap this into their regular responsibilities. Technology is rapidly changing, and new systems are frequently introduced. If these systems are not integrated into the dashboards, the data represented will quickly become out of date and ultimately no longer useful. Dashboards are only useful if their data are accurate, reliable, and updated.

Sustainability is also supported when transparency is increased through the presentation of data to the public. When the public has access to key trends in the criminal justice system, it fosters additional conversation and advocacy around reform, potentially leading to future policy change. Publishing

dashboards publicly requires additional upfront work to ensure client confidentiality, however, both Allegheny County and San Francisco identified this as a goal of the dashboards.

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*Seeing the change in the way the decisionmakers think when they have the ability to interact with their data—it's revolutionary.*

*—San Francisco stakeholder*

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Dashboards are most likely to be sustained when integrated into regular decisionmaking structures, so they become vital to a deeper understanding of a criminal justice system. In Allegheny County before the dashboards, the courts did not recognize how the practice of putting people on detainer for violations of probation had an impact on the jail population. Once the data were presented through dashboards, the probation office created a new procedure to only recommend detention when the person is a public safety risk and to conduct monthly reviews of detainees with each criminal court judge. San Francisco also identified previously unknown trends through its dashboard and is considering developing several new programs that could help target specific populations. For instance, the dashboard revealed high rates of subsequent criminal justice contact for transitional-age youth ages 18–25 and adults ages 30–39, but not for people ages 25 to 30. The county is now engaged in several conversations around filling the program gap in services and strategies for individuals ages 18–25 and 30–39.

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*What's refreshing with these dashboards is that before no one understood the basis of their efforts or the impact of their efforts. No one knew how their decisions impacted the jail population, and now we do.*

*—Allegheny County stakeholder*

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## Lessons Learned

Practitioners interested in implementing similar efforts can take several lessons from the experiences of Allegheny County and the City and County of San Francisco.

**Collaboration is key.** A strong collaborative body and a history of collaboration provide a useful foundation for data dashboarding. Without the support of various agencies, it can be difficult to identify

the right questions to ask, acquire and understand data, develop a useful dashboard, and integrate the dashboard into decisionmaking.

**Consult stakeholders continuously throughout the process.** Engaging key stakeholders from both justice and nonjustice agencies who touch the criminal justice system was critical for both counties. Allegheny County and San Francisco found that engaging stakeholders at every single step in the process ensured support of the project and the creation of a useful tool.

**Dashboard creation is iterative.** While there are seven key steps in the dashboard design process, each step often occurs in conjunction with other steps, and the process is not linear. Both counties began at different points in the process and frequently went back to earlier steps.

**Data integration requires strong analytic support.** Data integration requires strong analytic capacity, a clear understanding of current systems, and an ongoing relationship with IT. Both counties solicited the help of outside parties, but both counties also established in-house capacity to engage in this work.

**University-practitioner partnerships can be useful tools.** San Francisco partnered with university faculty and students, to assist with troubleshooting data issues and to access multiple design ideas through the Design Sprint. Both partnerships provided helpful supplements to the capacity that government agencies brought to the table. Establishing mutually beneficial relationships not only benefits the county and the academics, but also the community.

**Dashboards help expose inconsistencies in the data.** Dashboards can reveal issues with record keeping and data entry that often can be addressed by an individual agency or change in policy.

**Dashboards reveal unexpected and difficult realities.** When data are incorporated into a visual format, they can reveal trends in a system that were previously undiscovered and require urgent attention.

**Dashboards should be automated and provide real-time data.** For dashboards to be useful without adding a burdensome task to one agency, they must be automated to regularly incorporate real-time data from across the system. While it is best for one agency to maintain a dashboard and update data systems as time progresses, the agency should not have to regularly pull data manually.

**Communication and education help ensure support.** Dashboard creation requires active communication and education to quell potential fears that the dashboard will be used as a punitive tool. This requires support from county leadership to reiterate and refrain from using a dashboard for purposes other than discovery and decisionmaking.

## Conclusion

As technology develops and jurisdictions across the country endeavor to use technology to better understand and create a fairer and more effective justice system, data dashboards are becoming increasingly prevalent. The creation of dashboards is an iterative process that requires continuous cultivation of stakeholder support. Allegheny County and the City and County of San Francisco both



sought to understand their criminal justice system more clearly and incorporate in-depth data and current trends into routine decisionmaking. Allegheny County created system level and operational level dashboards that are routinely used by program level staff and leadership. San Francisco created a system level dashboard that looks at a specific conviction cohort as a starting point for understanding the breakdown of individuals in their criminal justice system.

Creating data dashboards is challenging, particularly at the data integration and data cleaning stages, but ultimately rewarding. San Francisco provides a test case for jurisdictions at the outset who are looking to undergo this process without already integrated data systems, and Allegheny County provides an example of dashboards being integrated across the system at every level to inform change. Even within a 15-month timeline, Allegheny County and San Francisco were able to create user-friendly dashboards that in the early stages of deployment provided new insights suggesting meaningful changes to their justice systems.

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## Annotated dashboard components/action plan

**Personnel and budget impact:** 0.5 FTE Data analyst (or graduate student support) – responsible for pulling data from multiple sources as indicated below, consolidating, and updating the dashboard with ITG support every 4 weeks at minimum.

**Key:** Recommend looking at Smartsheet as the tool for dashboard creation due to multiple data inputs and manual updates.

### Policy changes that may emerge from:

- Critical Incident Committee
- Annual perception/attitudes of safety survey
- Community feedback

How is this data captured? (minutes from CIC meeting?) – **to be determined in consultation with data analyst.**

Is community feedback coming from surveys or feedback on the website where community members can submit comments? **Yes.**

**Frequency of change:** Low

### Training (internal and external) stats kept by DPS:

- State Peace Officer training requirements – **available**
- OHSU required Peace Officer enhanced training – **available**
- New training requirements that stem from community and survey feedback – **not available now.** Could be part of external website feedback?

**Frequency of change:** Ask Tom Forsythe (training officer) - Sam

### Use of Force stats kept by DPS:

- Use of Force (*no tools/no firearms used*) w/ race/ethnicity breakdown – **available**
- Use of Force (*firearms*) w/ race and ethnicity breakdown – **available**
- Use of Force (*taser*) w/ race and ethnicity breakdown – **available**
- De-escalation – **not available now.** Discussed using a clearance code when documenting event. **De-escalation is already defined in policy.**
- Decrease in the number of incidents resolved by use of force – **Would need to start trending this data.**

**Frequency:** monthly

### Number of arrests stats kept by DPS:

- Race/ethnicity breakdown - **available**
- Trespass arrests and warnings with race and ethnicity breakdown - **available**
- *Arrests by Portland Police that was originally a DPS case – (specifically looking for data on # of persons treated at OHSU with warrants that ended up managed by/arrested by the Portland Police)*

**Frequency:** monthly

### Number of stops, stats kept by DPS:

- Race/ethnicity breakdown - **available**
- Reason for stop – currently free text, could this be a coded item? (Examples: believe a crime has been committed, traffic stop criminal investigation, theft)
- Documentation of interaction/resolution – could be a wide range of things? Coded?

**Frequency:** monthly

### Complaints against officers:

- Critical Incident Committee – **not currently discussed in CIC.** Share specific cases and if concerns arise, DPS handles with officer. **At base, there is working knowledge of a complaint in CIC.**
- Disposition of complaint
- #of policy and practice changes inspired by complaint
- Communication with community – Could track number of complaints & resolutions. Is this sufficient? **Yes, this is sufficient.**

**Frequency:** monthly – needs further discussion

### Improved dispatch of appropriate services:

- # of calls handled by enhanced public safety social work team vs. public safety officers – **needs to be coordinated with CAHOOTS team**
- Improved community engagement measured by:  
-Increased feedback from community in surveys; increased engagement with the dashboard (analytics, e-foot traffic); increased community town hall involvement for DPS

**Updates on this data will be based on frequency of town hall meetings, to be determined by DPS and community.**

**Frequency:** semi-annual or yearly

### Resource support via DPS:

- # of bus passes provided to clients: **not currently tracking**
- # of referrals for shelter and other basic needs services
- # of times food was provided
- # of times water was given

**Tie this to de-escalation? Examples:**

De-escalation occurred because we provided the person food, water, shelter. Currently do not track.

Is this data intended to share with our community how we approached a situation in a more holistic manner? **Yes, it is.**

**Frequency:** monthly

ATTACHMENT 10

OHSU Public Safety Policy Review/Trauma-informed feedback

**\*Reviewed the entirety of OHSU Public Safety Policy manual. This review only includes policies where there were questions and or critical opportunities to re-evaluate language and practice.**

Policy name and number	Observations	Comments/Questions/Suggestions/Recommendations	Public Safety Comments	Status
Page 1 – Chief's message	"I appreciate that that the very first line speaks to safety". Safety is the central theme in being "trauma-informed".	Might be important to further define safety (psychological, physical etcetera). On the OHSU website – the message from the Chief should be the first thing that people see when they visit.		Implement/Proceed/Accept
Page 1 – Chief's message	Liked as written: "My expectation is that our members adapt their service to uniquely support our missions and excel at meeting our community's expectations for providing safety on campus."	This was beautifully written. I am wondering how this statement has been actualized and how the community might appreciate this sentiment? <b>Recommendation:</b> Daily reminders in the form of e-mail and meetings of what their core mission is. Does this happen already?		Implement/Proceed/Accept
Law Enforcement Code of Ethics – page 1	Part of the oath reads: "I will never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions."	There are clear elements written in the code of ethics that speak to being mindful of bias – which is great. My question is how often do officers revisit this document? Can they recall this important element on the spot? <b>Recommendation:</b> Officers be required to review the code of ethics on a monthly basis. Studies show that when individuals are reminded of the mission consistently, mission drift is averted. <i>Citation:</i> Cornforth, C. (2014), "Understanding and combating mission drift in social enterprises", <i>Social Enterprise Journal</i> , Vol. 10 No. 1, pp. 3-20. <a href="https://doi.org/10.1108/SEJ-09-2013-0036">https://doi.org/10.1108/SEJ-09-2013-0036</a>		Implement/Proceed/Accept
OHSU Police Officer Oath of Office – page 2	Part of the oath reads: "That I will endeavor to preserve life And to maintain all human rights,I will faithfully preform these duties to the best of my ability...."	How often do officers review their oath office? Can they cite it on the spot? What happens or what is the process for evaluating when abilities change and or are compromised? <b>Recommendations:</b> Officers be required to review the oath on a monthly basis. Studies show that when individuals are reminded of the mission consistently, mission drift is averted. Might change the policy to read: "OHSU Peace Officer Oath of Office" – by statute, officers are "peace officers" right?		Implement/Proceed/Accept
Policy 100. 4 definitions	Definition of Adult: Any person 18 years of age or older.	While this may be a working legal definition, the science on brain development and potential threats to normal development (i.e. trauma, substance use etcetera) should be taken into consideration when engaging with persons 18-25.  One working example: Citation: HYPERLINK " <a href="https://courts.illinois.gov/Opinions/Appellate/Court/2020/2ndDistrict/2170632.pdf">https://courts.illinois.gov/Opinions/Appellate/Court/2020/2ndDistrict/2170632.pdf</a> "People v. Suggs, 2020 IL App (2d) 170632 Summary: Defendant Montago E. Suggs was sentenced to 110 years in prison in 2007 after being found guilty of first-degree murder, attempted murder, and attempted armed robbery in the state of Illinois. Suggs was 23 years old at the time he committed his crimes. The defendant filed for post- conviction relief in the trial court on the grounds his sentence violated the 8th amendment of the U.S. Constitution. In a 2012 court case, Miller v Alabama, the Supreme Court ruled that even juveniles convicted of homicide cannot be automatically sentenced to life without the possibility of parole. Suggs argued that because emerging brain science suggests that the brain continues developing until someone's mid-twenties, Miller should also be applied to Suggs' case. The trial court denied his application, and on this appeal, the Illinois Appellate Court affirmed the denial, holding that Suggs did not "exhibit signature qualities of youth that require juveniles to be treated differently from adults" and, therefore, upheld Sugg's sentence	Suggest add: While members are to be aware of the legal definition, when engaging with any person members will rely on their training to choose de-escalation tactics and force options that take into account that legally adult persons may, either temporarily or at baseline, be impacted by trauma, controlled substances and alcohol, mental health issues and/or any form of behavioral health crisis.	Implement/Proceed/Accept
Section 100.5 Issuing the Policy Manual	Each member shall acknowledge that he/she has been provided access to, and has had the opportunity to review the Policy Manual and Directives. Members shall seek clarification as needed from an appropriate supervisor for any provisions that they do not fully understand.	Beyond acknowledging access to the policy, is there a working expectation that members of Public safety actually read the policy and demonstrate understanding of what they have read?	Yes, our policy system requires all members to electronically acknowledge that they have read and understand all policies (including edits), and substantive edits are reviewed at in-service. Key provisions are also reviewed regularly in training, such as de-escalation and use of force.	Implement/Proceed/Accept
Section 101.2 Peace Officer Powers	Sworn members of this department are peace officers pursuant to ORS 161.015. Peace officer authority extends to any place in the State of Oregon. 101.2.1 AUTHORITY TO ARREST Pursuant to ORS 133.235: (a) A peace officer may arrest	Love the fact that according to Oregon Statute, OHSU Public Safety Officers are deemed "Peace Officers" - from a narrative and trauma-informed perspective, this is worthy of highlighting more.		Implement/Proceed/Accept

Section 102.2 Police Offices	Police officers are required to be certified by the Oregon Department of Public Safety Standards and Training (DPSST) either through the Basic Police Course	Questions that may arise include does DPSST training complement the additional training that OHSU Public Safety Officers are getting in terms of cultural responsivity, implicit bias and trauma-informed practices and approaches?	<p>Current curriculum found here:</p> <p><a href="https://www.oregon.gov/dpsst/CJ/pages/basictraining.aspx">https://www.oregon.gov/dpsst/CJ/pages/basictraining.aspx</a></p> <p>We should likely formalize our review of DPSST training and ensure we are filling gaps as well as ensuring the training received aligns with our policy/training.</p> <p>By my count:</p> <p>8 hours Emotional Intelligence 4 hours Legitimacy and Procedural Justice 6 hours Implicit Bias 8 hours Ethics</p>	Implement/Proceed/Accept
Section 102.5 Maintenance of Certification	Police Officers who hold supervisory, mid- management or executive certifications must complete Department approved Leadership/Professional training every three years, as part of the ongoing training required for all Police Officers. Officer certifications, ongoing training requirements, and supervisor certifications	Where can the list of required trainings be found?	<p>The actual trainings are not specified but the criteria for the certifications and description of the required trainings are set and published by DPSST.</p> <p><a href="https://www.oregon.gov/dpsst/CJ/Pages/UpperCerts.aspx">https://www.oregon.gov/dpsst/CJ/Pages/UpperCerts.aspx</a></p>	Implement/Proceed/Accept
Section 106.3 Trespass and Exclusion Criteria	Criteria for Trespass: An individual's meets criteria for a trespass warning if their behavior or conduct threatens or interferes with the safety and security of any member of the OHSU community or environment...	OHSU's trespass data in the past year was as follows: 370 trespass related calls (which was the highest of all calls, Code Green came in second with 366 according to the data set sent to me). Is there demographic data available for the trespass related calls?	No, currently our Computer Aided Dispatch does not have this information available, it would only become available to incidents rising to the level of a crime, arrest, or other event.	Discussion - Taskforce Recommend refer to Critical Incident Committee
Section 205.2 Training	Whenever possible, the Department will use courses certified by the Oregon Department of Public Safety Standards and Training (DPSST).	Understand the need to be judicious with resources and make budget neutral training decisions and avoid duplicating effort. And ... given the larger societal concerns around how officers are trained and subcultural that is training, it might be necessary to clearly (crystal) lay out how much of the DPSST training is mandated by statute and determine the spaces where OHSU Public Safety might be able to conduct training independent of DPSST (a decoupling, if you will). More to come...	<p>Recommend edit this section and replace with:</p> <p>Whenever possible, the Department will seek certification of internal training courses by the Oregon Department of Public Safety Standards and Training (DPSST). In addition to training required by DPSST, the Department will seek out and provide training that customizes OHSU's approach to public safety to the healthcare, research and academic environments and is consistent with OHSU community values and expectations.</p>	Implement/Proceed/Accept
Section 205.4 Training Committee	Training Committee	Who is currently on the training committee? How often do you meet and adjust training based on feedback? Where can one find information on the training committee?	During the transition to a police department, and to inform the arming process, a training committee was established (along with policy) to review the training creation and edits necessary for those transitions. Since that time, the committee is internal and mainly consists of command staff determining training needs based on internal and external feedback (and incidents). We would recommend an annual (or semiannual) group inform that process moving forward. Potentially the next iteration of this Taskforce in a future state.	Implement/Proceed/Accept
Section 300.1 Use of Force Purpose and Scope	While there is no way to specify the exact amount or type of reasonable force....	"While there is no way to specify the exact amount or type of reasonable force..." This is too ambiguous and equivocal. Trauma-informed lens applied here would acknowledge in the policy that bias may be present, and bias can impact threat assessment.	Taskforce input on edits	Discussion - Taskforce Recommend refer to Critical Incident Committee
300.1.1 Use of Force DEFINITIONS		Again, because of the equivocal nature of these definitions, might we consider adding caveats that indicate opportunities to check for potential bias and consider that patients are physically and medically vulnerable? This also might be a place where I state that I have been thinking about whether we ask public safety officers to operate like clinicians versus hiring a few clinicians to be a part of the public safety team.	Taskforce input on edits, may be relevant this policy is superseded by the clinical force policy that speaks to gathering information related to patient condition prior to force decision making, prioritizing patient's clinical needs, assessing intervention based on patient interest and safety (line 26 below), and post force pause for patient assessment.	Discussion - Taskforce Recommend include edits
300.2 Use of Force	"overcoming resistance"	How is resistance being defined in this policy?	<p>This is not currently defined and we find most agency force policies do not. If the group believes it would be improvement, we would recommend:</p> <p>Refusal to comply with an officer's verbal orders when possible and/or conduct that prevents, slows, or impedes an officer's action, control or compliance with verbal orders. This includes any physical resistance to a verbal order, attempt at control or action of the officer.</p>	Implement with recommended edit
Section 300.3 Use of Force	Officers are expected to utilize sound decision making, training, time, tactics, resources, and deescalation Techniques...	What training do officers get outside of CIT and ECIT to help with managing their fear in the moment?	Most of this type of stress inoculation comes from scenario training where stress is placed on the officers in similar circumstances to the situation or concept being instructed in a controlled environment. Repetition is also used to manage fear along with breathing and mindfulness techniques.	Implement/Proceed/Accept
Section 300.3 - fourth paragraph	Given that no policy can realistically predict every possible situation an officer might encounter, officers are entrusted to use well-reasoned discretion in determining the appropriate use of force in each incident.	Can we acknowledge uncertainty and fear may play a role in decision making and when it does, the department is willing to acknowledge it and do better?	<p>Recommend edit this section and add to the next section:</p> <p><i>Members are trained and required by this policy to explicitly apply their trauma informed care and implicit bias training whenever possible in the assessment of when and how much force is reasonable under the circumstances. The Department will include in its force review process determination whether fear or bias played a role in decision making and determine what steps are necessary for both individual and Department improvement.</i></p> <p>Members will make force decisions consistent with Department training when feasible. It is also recognized that circumstances may arise in which officers reasonably believe that it would be impractical or ineffective to use any of the tools, weapons, or methods provided by this department. Officers may find it more effective or reasonable to improvise their response to rapidly unfolding conditions that they are confronting. In such circumstances, the use of any improvised device or method must nonetheless be reasonable and utilized only to the degree that reasonably appears necessary to accomplish a legitimate law enforcement purpose.</p>	Implement/Proceed/Accept
300.3.4	ALTERNATIVE TACTICS - DE-ESCALATION	Why is de-escalation listed as an alternative tactic? Shouldn't it be the first go to?	<p>Recommend moving to section prior to force standards and replace title with:</p> <p>Primary Tactic - De-escalation</p>	Implement/Proceed/Accept
300.6 Medical Considerations	Individuals who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain (sometimes called "excited delirium")	This is great. I would argue that it should be considered as early as possible in the interaction between officers and patients (as alluded to in an earlier comment).	<p>Recommend:</p> <p><i>As soon as</i> is reasonably safe <i>and practicable</i> to do so (<i>including staging medical in advance of contact</i>) , medical assistance shall be obtained for any person who exhibits signs of physical distress, has sustained visible injury, expresses a complaint of injury or continuing pain, or was rendered unconscious. Any individual exhibiting signs of physical distress after an encounter should be continuously monitored until he/she can be medically assessed. Individuals should not be placed on their stomachs for an extended period, as this could impair their ability to breathe.</p> <p>This matches language later in the policy for excited delirium:</p> <p>Officers who reasonably suspect a medical emergency should request medical assistance as soon as practicable and have medical personnel stage away.</p>	Implement/Proceed/Accept

300.7 Training	Officers will receive periodic training on this policy and demonstrate their knowledge and understanding.	Great. How often does this happen in real-time? Quarterly? Annually?	Formally every reporting cycle (three years) but in practice has been at least annually when considered with formal in-service training, event reviews, email updates, etc. We can formalize.	Implement/Proceed/Accept
300.8 Use of Force Analysis	Analysis	This is the data that I had access to. Is this accurate: <i>Actions constituting deadly force under Oregon law or OHSU policy</i> 2014 – June 2020: 0 incidents	Correct	Implement/Proceed/Accept
301.4 CLINICAL REQUESTS FOR PUBLIC SAFETY INTERVENTION	When possible, two critical questions must be discussed between clinical staff and Officers before Officers initiate an intervention. • Is a forced intervention in the best interest of the patient’s clinical care and safety? • If a forced intervention is delayed, is the safety risk greater or less than the inherent risk of a forced intervention? (Risks include potential injury to the patient, officers, staff, or bystanders.)	This is good and models the collaborative tenor that this entire use of force policy might more robustly reflect. Pause, space and time to collaborate for greater safety for all parties involved.		Implement/Proceed/Accept
302.7 USE OF FORCE REVIEW WORKGROUP	A Use of Force Review Workgroup, comprised of members designated by the Chief of Police or designee, may convene quarterly.	I realize that you give a list of who the board could potentially include, but who has it included in the past? Same questions for the Use of Force Review Board.	The workgroup concept has not been utilized since the workgroup stood up during the arming process, it was contemplated as a response to a specific event, or events, such as concern over Taser usage, presentation of handguns, etc. or to consider changes in policy or options (likely one will be stood up to consider less lethal tools or rifle program).  The last Use of Force Review Board (2019) consisted of: Susan Yoder, Patient Advocate Pam Brown, Quality Dana Director, Academic / Research Missions Cassandra Forbess, Risk Management Darryl Walker, Legal Hollie Hemenway, HR Gregory Moawad, Campus Safety Leighton Nordquist Training Instructor Heath Kula, Public Safety Thomas Forsyth, Public Safety Sam Habibi, Public Safety	Implement/Proceed/Accept
302.8.2 RESPONSIBILITIES OF THE BOARD	The board does not have the authority to recommend discipline.	Is this by statute or by choice? If the board does not have the authority to recommend discipline, then what is the point?	This section is to clearly purpose the board towards recommending whether the force event is in or out of policy, but leaves the amount of discipline to impose up to Department management (in other words, they assess and determine a recommendation that the force is out of policy or excessive, but not how many days off, termination, level of discipline imposed as those things are assessed not just the immediate incident reviewed by the board but previous discipline as well. This is also likely required so as not to be in violation of the association contract. In the future, this will likely be controlled under a new state law that requires a grid approach informed by a state committee and the association.	Discussion - Implement under new Oregon law
302 Use of Force Review	The board shall make one of the following recommended findings: (a) The employee's actions were within department policy and procedure. (b) The employee's actions were in violation of department policy and procedure. A recommended finding requires a majority vote of the board.	The only challenge with this is that if the policy by which behavior is being measured does not meet trauma-informed standards. In other words, what has happened in the past, if Review Board members had questions about the policies to which they were being asked to compare behavior to? The potential mismatch.	There is an additional section that allows as follows:  The board may also recommend additional investigations or reviews, such as disciplinary investigations, training reviews to consider whether training should be developed or revised, and policy reviews, as may be appropriate.  In the instant analysis, if the board perceives a mismatch between what the policy requires and what the board believes should be required (by policy or training), they may recommend those changes. However, the section is written so that the officer in the incident being reviewed is only judged by the current policy and training, rather than with 20/20 hindsight. Unless of course, the decision making violates another policy or established training such as decision-making, professionalism, force usage, etc.	Implement/Proceed/Accept
Handcuffing and Restraints		When a public safety officer is called to a clinical situation, is there standard information given or that you require? If so, what does it include?	This would likely be the applicable section currently:  301.2 Critical Information Agency Content  When OHSU clinical staff, in the course of treating or managing patients, request assistance from the Department, Officers will ask clinical staff, absent extreme situations (described in Section 301.6), for information in an attempt to tailor the Department’s response to the specific needs of the situation, including the following: -Type of Assist Requested by OHSU Clinical Staff – Stand by, escort, behavioral management, physical control, restraints/seclusion -Urgency of Situation – Routine, Urgent, Emergency -Knowledge of Violence or Threats – None, verbal, noncompliance, aggressive, violent, weapons -Medical Issues Relevant to Use of Force (in order to determine if a particular force option would be dangerous or inappropriate)– No, Yes (Details) -Psychiatric Issues Related to Use of Force – No, Yes (Details)  Once Officers begin an intervention for healthcare purposes, clinical staff may continue to advise Officers regarding the patient. Absent extreme situations, clinical staff and Officers should also discuss tactics and use of force options prior to use. However, even if force is authorized by clinical staff, the decision whether to use force on a patient, the tactics and use of force options used to accomplish the intervention shall ultimately be determined by Officers until they determine the patient and situation are under control, at which time authority is returned to the clinical staff. Any force used by Officers at the request of clinical staff must be reasonable and comply with the clinical staff’s requests to the maximum extent possible. Except in extreme situations, Officers shall not initiate an intervention unless and until a clinical staff member makes an explicit request for the Department to do so.  When possible, two critical questions must be discussed between clinical staff and Officers before Officers initiate an intervention.  Is a forced intervention in the best interest of the patient’s clinical care and safety? If a forced intervention is delayed, is the safety risk greater or less than the inherent risk of a forced intervention? (Risks include potential injury to the patient, officers, staff, or bystanders.)	Implement/Proceed/Accept



304.2 Control Devices and Techniques	In order to control subjects who are violent or who demonstrate the intent to be violent, the OHSU Department of Public Safety authorizes officers to use control devices in accordance with the guidelines in this policy and the Use of Force Policy. The Chief of Police may also authorize other positions or individual Department members to use specific control devices.	How is violent or intent for violent behavior defined in this policy? To highlight the importance of de-escalation first, should this policy be adjusted to include the expectation for de-escalation and use of control devices should be a last resort? The more consistent the communication, the more likely individuals will adhere to the message.	Violence and intent for violent behavior is likely best described in training rather than by specific definition here. There are a fair amount of hours that go into the use of force training as determined by federal case law for what constitutes a threat to officers, others and the subject themselves in a variety of situations and as modified by other factors, mostly 9th Circuit court of appeals and Supreme Court interpretation of Graham vs. Connor.  That being said, we would support including the importance of de-escalation as the primary tactic consistent with the edit make above in the use of force policy.	Implement with recommended edit
304.6 OLEORESIN CAPSICUM (OC) GUIDELINES		Do you have ready data on the use of Oleoresin Capsicum and electronic devices?	Yes:  OC - 0 uses 2014-2020 (and none in 2021 I am aware of yet) Taser - 7 deployments 2014-2020 (and 1 I am aware of 2021)	Implement/Proceed/Accept
304.8.2 DEPLOYMENT CONSIDERATIONS	Before discharging projectiles, the officer should consider such factors as:	Again, is there an opportunity to mention the desire for de-escalation? To prioritize and emphasize de-escalation?	Agreed	Implement/Proceed/Accept
310 Public Alerts		The goal of trauma-informed communication is to avoid and minimize the use of language and narrative that might re-traumatize. The recommendation is to apply a trauma-informed lens to public alerts as it is a critical aspect of communication with the wider OHSU community.	Agreed, will take similar approach to Timely Warnings below	Implement/Proceed/Accept
313 Timely Warnings (Clery Act)	<b>Section 313.2</b> reads: Determination should be determined on a case-by-case basis and considering all the facts surrounding a crime. The Clery Act requires the campus community to be alerted in a manner that is timely and will aid in the prevention of similar crimes. Timely Warnings may also apply when a crime has occurred on non-OHSU property, but may impact the safety and security of the OHSU community. Timely Warnings can be issued for threats to the property as well as for the threats to persons, and it is irrelevant whether the victim or perpetrators are members of the campus community.  313.5 If a Timely Warning is required to be issued, the highest- ranking officer on duty or designee should create the Timely Warning and must include the following information: • Description of the incident, including location, date and time. • Physical description or suspect(s), including a photo or composite if available. • Any apparent connection to previous incidents. • Appropriate crime prevention information that promotes safety and would aid in prevention of similar crimes.	The goal of trauma-informed communication is to avoid and minimize the use of language and narrative that might re-traumatize. The recommendation is to apply a trauma-informed lens to timely warnings as it is a critical aspect of communication with the wider OHSU community. There have been concerns in the past about these warnings and what information was included. Recommend using the CIC as a reviewing body/sounding board around putting out information as mandated by the Clery Act. In specific, to consider whether the person might be a patient (confidentiality), to consider the use of adjectives and descriptors once you have included race/ethnicity – these things are critical. What we talk about is just as important as how we talk about it.	Agreed with the need for more eyes but considering a new / differing group than CIC in order to put more eyes / varied lens on communications based on a previous engagement.	Implement with recommended edit
402 – Bias based policing	402.2 section of the policy reads: The OHSU Department of Public Safety is committed to providing law enforcement services to the community with due regard for the racial, cultural or other differences of those served. It is the policy of this department to provide law enforcement services and to enforce the law equally, fairly, objectively and without discrimination toward any individual or group. Policy affirms the OHSU Department of Public Safety’s commitment to policing that is fair and objective (ORS 131.920). Addresses profiling as defined by ORS 131.915 In an effort to prevent perceptions of racial or biased based profiling, members will when safe and reasonable: o Be courteous, polite and professional o Provide an introduction and explain to the subject the reason for the stop or detention o Answer any questions the subject may have, including explaining options for the o disposition of the arrest, citation or how to file a complaint with the Department o Provide the Officer’s Last Name and DPSST number when requested	Where is data collected on reports of bias-policing? Is there a dashboard that the OHSU community can review to learn of such incidents?	Data is collected and provided to the Law Enforcement Contacts Committee (LECC) of the Oregon Criminal Justice Commission annually on a state form. Information on the groups, data submitted and forms found here:  <a href="https://www.oregon.gov/cjc/stop/Pages/default.aspx">https://www.oregon.gov/cjc/stop/Pages/default.aspx</a>  We can certainly add this to our dashboard (and likely our reporting of data in the Clery Annual Security Report that began last year and is continuing this year).	Implement/Proceed/Accept



404 Strategic Disengagement	404.2 section reads: It is the policy of the Department to continually evaluate the need for law enforcement contact with persons with due regard for the preservation of life, the potential risk of injury to any person and OHSU institutional values and interests. This policy is based on the knowledge that lawenforcement intervention into the lives of persons is not always in the best interest of OHSU, the community, members or the person being contacted.When assessing whether or not to make or continue a contact with any person, members should weigh the following factors:(a) The nature of the call they are responding to, including the severity and nature of any behavior attributed to the person by initial reporters;(b) The necessity to apprehend the person to avoid harm to any person, including the need to administer emergency medical aid to any person;(c) The resources available to the member to safely intervene;(d) The member's perception of the person's level of distress;(e) The response (verbal, physical or emotional) of the person to any contact (visual,verbal, physical) with members;(f) The person's expressed intent to harm themselves or others as a result of the contact;(g) The person's response to communication efforts by any other person;(h) The member's knowledge as to the identifying information of the individual to enable subsequent apprehension or assistance, if needed; and,(i) Any other information known by the member about the circumstances of the person.	This is a good policy and would be deemed a best practice. The recognition and codification of the fact that officers may not need to be involved in everything is next level. This policy may be strengthened by considering strategic internal partnerships with social workers and nursing staff.		Implement/Proceed/Accept
424 Homeless Persons policy	Makes mention of "community policing"	Did not appreciate the use of the term community policing used consistently in all policies. Why not?	Will review policy language for opportunities to integrate this language.	Implement/Proceed/Accept
601 Hate Crimes	601.5 TRAINING All members of this department should receive training on hate crime recognition and investigation.	Noted the use of the word "should". My question is do OHSU Public Safety Officers get this training? If they don't, I would recommend the training.	They receive this training in the basic academy, but likely could be refreshed in inservice, particularly with best practice being a determination between bias crimes vs bias incidents and the differing approaches to be taken in each situation.	Implement/Proceed/Accept
608 Victim and Witness Assistance		Might consider changing the heading for this policy to "Survivor and Witness Assistance"? This is a more trauma-informed description. I do understand that statutes still employ the word "victim", however, there has got to be a way for OHSU as an institution to reconcile this.	Recommend Definition for Survivor that includes legal protections and rights as conferred via Oregon Constitution and statutes to victims, allowance for use of alternative terms based on environment (reporting party until report made, victim when referring to statutory and constitutional matters such as victim's statement at sentencing, reporting party in Title IX and AAEO context, etc.).	Implement with recommended edit



OHSU Campus Safety Review Task Force [Committee]  
(OCSRTF-C), Phase II  
First Meeting  
6.24.2021

◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ Anjali Rameshbabu	◆ Anne Horgan	◆ Dana Bjarnason
◆ David Carsten	◆ Dede Montgomery	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola	◆ Pam Brown
◆ Phil Gordon	◆ Sam Habibi	◆ Steven Shea	◆ Violet Trammel	◆ W. Kent Anger	◆ Attendee ◆ Absent

### Brief Mindfulness Exercise and Introductions

- 60 second mindful moment, take a deep breath before jumping into the agenda!
- Introductions, everyone in attendance discusses their position and interest in this committee. All present are indicated on attendee list at top of minutes. Some returning members, some new members; all are motivated by the importance and purpose of this committee!
- Dr. Moreland introduces some trends on this subject, and the interactions between public safety and public health.

### Review of Charter, Purpose, and Mission

#### Charter: D. Bjarnason

- Final version on display, however, chairs are open to any updates or changes as needed.
- This is a follow-up group to the task force which was begun in 2020 and issued recommendations to Dr. Jacobs a few months ago.
- This advisory group is the second phase, to provide recommendations. Deliverables listed on the Charter; however, key points are to gather information and implement program work to help guide OHSU, and revise the OHSU Public Safety Manual.
- Committee meets monthly until November; other committees will be established and meet monthly as well. (Those appointments are forthcoming.)
- Regular updates will be provided as they were during the first phase; reports will be presented to the President's Cabinet.
- Dr. Moreland emphasizes that our time is valuable and the committee will honor that, and all work should be completed within the context of the two meetings per month. The working expectation is that there will be no additional work outside of these meetings.
- Questions: none at this time.

#### Purpose/Mission: Dr. Moreland

- Review of recommendations from the first phase in 2020. Task force was established during a period of significant racial tension and traumatizing events in the news. This brought forth a question of what safety really means, how to feel safe, and how to provide equal access to safety.
- Phase I: What is happening? What should be adjusted or changed? Reviewed data and reports for a thorough investigation of these questions, and decisions are presented in this slideshow. Slideshow will not be distributed; please contact Dr. Moreland for questions on what was presented if minutes are unclear.
- Determined several areas requiring changes, and also areas requiring fortification/strengthening. These items are presented in this phase in order to move the mission forward.



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- Smaller group for this phase; intent is to be very thoughtful and deliberate with focus for this portion of the work and gathering individuals with the expertise in order to accomplish the desired outcomes.
- The charge of this portion is to implement and operationalize the recommendations from the first phase and will present to the President and Board of Directors.
- Six deliverables listed; some are now consolidated or added to. This will be discussed further.
- There are perception differences as it relates to the purpose of public safety; survey conducted by this committee will be a component of improving that.
- Looking for a means of clearly identifying changes and measuring what the impact of those changes are.
- Conversations in Emergency Department about integrating social work and crisis management; expand those conversations to formalize how that could look within the work of this committee.
- There is a mismatch between public's impression of what Public Safety does and what they actually do. Working on socializing what work is accomplished is a key step toward improving transparency (utilizing dashboard).
- Policy changes for the Public Safety Manual will be done: November.
- OHSU will eventually be a hub for learning and information for greater changes which may be implemented on a larger scale.
- Committee meetings will begin on time and will end on time, if not early.
- These meetings will be the 2<sup>nd</sup> and 4<sup>th</sup> Thursday from June to November.
- 2<sup>nd</sup> and 4<sup>th</sup> meetings will be focused on the work.
- First 30 minutes of meetings will be for larger updates/questions, latter 60 minutes is for committee work/small groups.
  - All of these factors are suggestions; can be modified if needed.
- Meeting minutes will be distributed.
- Meetings will be recorded (note: this initial meeting has not been recorded).
- Minutes will be loaded onto website for review later.
- Final report will be presented to Dr. Jacobs/Board of Directors no later than November.

### **Committee Discussions, Finalizations**

#### Sub-Committees:

- 1) Develop and disseminate survey to assess attitudes of OHSU community members on Public Safety
  - 2) Develop metrics for trauma-informed, anti-racist policy and procedure changes
  - 3) Develop a clear, concise roadmap for re-constructing OHSU Public Safety crisis response unit (see link for CAHOOTS model in Eugene: <https://www.eugene-or.gov/4508/CAHOOTS>)
  - 4) Develop Public Safety dashboard data and dissemination; communications strategy
- In progress: apply all trauma-informed recommended changes to OHSU Public Safety Manual
  - This committee will operate with trauma-informed principles and a respect for the people who are involved in this collaborative work.
  - Meetings will be sent soon; agendas will be sent closer to the meeting date.

### **Discussion on Presented Materials/Committee Preferences, and Upcoming Plans**

#### General Discussion/Committee Preferences

- A. Blekic: no preference, would trust Dr. Moreland's preference for which committee to join



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- V. Trammel: curious to see where others would like her to direct her expertise, and Police's role on committee as a whole
- J. Russell: no specific thought on that question, but suggesting that if there are several people from a discipline on this committee, might be most effective to disperse their committee membership
- D. Bjarnason: appreciate that idea; for Violet's question, thoughts on othering, calling people in when othering, and a need for respectful conversations around that come to mind
- P. Brown: important to have Police on committee as they will do the work based on committee recommendations; would like to be on the 3<sup>rd</sup> sub-committee
- O. Akingbola: no preference, please assign where most effective
- A. Moreland: want people to enjoy this work and coming to these meetings, hence the choice with committee assignments, other thoughts/reflections?
- P. Gordon: looks like we have five nurses on this committee, makes for great representation around these groups
- H. Schuckers: have access to scientific data on safety practices/workplace, etc., self-selecting into the 1<sup>st</sup> sub-committee. Link on safety climate lab: <https://www.ohsu.edu/oregon-institute-occupational-health-sciences/dr-emily-yueng-hsiang-huangs-safety-climate-lab>
- O. Akingbola: can we change committees if preferences changes?
- A. Moreland: yes, absolutely, we can switch to where we will work optimally
- Next meeting: will focus on committee assignments and do breakout rooms when we have those breakout committees
- L. Williams: feel would be most effective in 1<sup>st</sup> committee group
- A. Moreland: will try to connect with J. Jui after this meeting to brief on materials discussed during first hour
- P. Gordon: preference for metrics committee
- H. Sardar: flexible on committee assignment
- Please contact Dr. Moreland if any changes are needed after this meeting
- D. Carsten: flexible for committee assignment
- J. Jui: expertise would work best for 3<sup>rd</sup> committee

Agenda for Next Meeting

- Will be sent out day before or day of, to orient the conversation
- Begin with a mindfulness breather (at each meeting)
- Committee assignments confirmed
- Spend 30 minutes working as a larger group
- Then break into smaller groups for about 50 minutes
- Close meeting with larger group
- Any questions can go into chat, or sent directly to K. Welch and/or Dr. Moreland to include them in meeting minutes



OHSU Campus Safety Review Task Force [Committee]  
(OCSRTF-C), Phase II  
7.7.2021

◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ Anne Horgan	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Attendee ◆ Absent

### Brief Mindfulness Exercise, Review of Charter

- Reminder of the purpose of the group and the charter
- In wake of 2020 events, at the direction of Dr. Jacobs, reimagining how groups do their work
- This task force is an effort to adjust Public Safety's work with detail toward best practices
- The deliverables of this committee are the areas of focus from the initial review process
- Take the recommendations from original committee and implement, see sub-committee areas for those goals
- All work is intended to be undertaken during the committee meetings themselves

### Review of Committee Assignments

<b>Committee 1: Develop Survey</b> <ul style="list-style-type: none"> <li>• Helen Schuckers</li> <li>• Larry Williams</li> <li>• Dana Bjarnason</li> <li>• Amanda Macy</li> </ul>	<b>Committee 2: Develop Metrics/Policy changes</b> <ul style="list-style-type: none"> <li>• Phil Gordon</li> <li>• Kelly Welch</li> <li>• Violet Trammel</li> <li>• Olabisi Akingbola</li> </ul>
<b>Committee 3: Crisis Response Unit</b> <ul style="list-style-type: none"> <li>• Jonathan Jui</li> <li>• Pam Brown</li> <li>• Desiree McCue</li> <li>• Anne Horgan</li> <li>• Amela Blekic</li> </ul>	<b>Committee 4: Dashboard</b> <ul style="list-style-type: none"> <li>• Jane Russell</li> <li>• Sam Habibi</li> <li>• David Carsten</li> <li>• Anne Horgan</li> <li>• Harjinder Sardar</li> </ul>

- Dr. Moreland will work with each committee as a resource
- Committee report-out goals
  - Progress made in committee
  - Are there additional resources and/or information needed to make the committee work go smoother?
- H. Kula is a committee unto himself – can move about as he sees fit
- Pause for questions
- H. Sardar confirming meeting assignments – Dr. Moreland will join that group today due to some absences
- If groups are missing members due to vacations, will just start conversations today
- H. Kula will join Committee 3 today for same reason
- Review of the purpose/objective of each of the four committees prior to breakout sessions
  - Review of survey examples and the intention of what data should be collected and how it can be used
  - Asking if there is an anti-racism policy at OHSU; how to develop one as it appears maybe there is not
  - Development of the CAHOOTs model which is already in discussion; practical implications



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- Dashboard composition, what data points are most useful, who updates, and when?
- Report-outs from our committees will be critical for discovering what steps need to be taken, where resources need to be developed, and those will be discussed at the start of each meeting
- J. Jui asks if this pertains to all of OHSU, or just hospital spaces. Dr. Moreland clarifies this is intended for OHSU-wide approaches to Public Safety and has access to the updated data that will result from committee work.
- Further discussion about our three main campuses; for CAHOOTS model, even if it starts at Marquam Hill, it could be scalable to other areas served by OHSU and DPS.
- O. Akingbola: question about CAHOOTS and piloting on Marquam Hill, should all committees focus on a pilot approach first (e.g. just the ED first) before scaling up to all of OHSU?
- Dr. Moreland thinks it works well for CAHOOTS, but things like the attitudes survey do work better looking at an OHSU-wide approach. Dashboard would benefit as well – all members of OHSU should be able to see the data/reports.
- Also with policy changes/metrics – applying those may be done on a small scale initially, but the changes themselves should be developed around a generic/holistic standpoint for all of OHSU as it interacts with Public Safety.
- Dr. Moreland will send out an article as we break out

**Break Up into Small Groups**

**Reconvene as Group/Give Follow-Up Items for Next Meeting**

**(Notes as provided by committees themselves unless otherwise noted; some notes edited for clarity)**

**Committee 1: Develop and disseminate survey to assess attitudes of OHSU community members on Public Safety**

- Determine the content and length of survey
  - Look at previous results and surveys that OHSU has conducted. It would be helpful to get access to these surveys.
  - Build on previous OHSU employee surveys, can we expand on that?
  - Avoid asking the same/repetitive questions as previous surveys
  - Find out contact who has developed accessibility to this information
  - Committee at OHSU to initiate survey (strategic communication?)
- What are the most important things to query the OHSU community on with regards to Public Safety? We have some of these answers from the public feedback in Phase I
  - Committee to pull notes from previous meeting, Meeting 6 of OHSU Safety Review Taskforce from 03/08/21. See pdf attached (*\*will be sent out with minutes – KRW*)
- Explore themes to include but not limited to perceptions of safety; patrolling versus protecting; attitudes toward public safety/law enforcement/police
  - Identify the themes collectively as a group once we have a better baseline understanding around previous OHSU public safety survey/questions
- Who else should be recruited to the table to assist with the construction of this survey?



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- People who have qualitative research backgrounds
- Someone who has developed OHSU public safety, safety perception, and climate surveys in the past
- Do we want other representatives from public safety, ITG, clinical, university setting, school of nursing, provost office, OCTRI, Dr. Emily Huang OccHealthSci safety climate researcher, etc.?
- Someone to recruit can be from school of nursing, where the faculty and staff work and support multiple/across campuses, are researchers, teach, and are also in the clinical setting to help inform survey development
- Other considerations:
  - What is the budget for these efforts? Will there be additional personnel support? How will we sustain survey efforts overtime (i.e. re surveying the ohsu community is a critical piece for long-term change)?
  - Some people do not have access to email, computers on their shift, etc. We will need to consider paper form available to community
  - What about remote campuses?
  - Survey should be made available in multiple language. Is this something we can contract with OHSU language translation services?
  - Collecting qualitative data that is not a survey. Other modes of information gathering such as focus groups and conversations with different OHSU employees groups on these topics. These in person focus group will have a facilitator, note taker, and the conversations would be transcribed and/or recorded. This could be a great project opportunity for a graduate student.
- Next steps identified for Thurs, July 22, 2021 Meeting:
  - Who do we need to contact to get access to previous results and surveys that OHSU has conducted on public safety/safety perception. (i.e. Strategic communication, committee that develops/initiates surveys around OHSU...)
  - Read article, Attitudes Toward the Police: The Significance of Race and Other Factors Among College Students. See pdf attached
  - Review examples of community public safety survey
    - [https://www.seattle.gov/Documents/Departments/Police/Reports/2017\\_CITYWIDE\\_Seattle\\_Public\\_Safety\\_Survey\\_Report.pdf](https://www.seattle.gov/Documents/Departments/Police/Reports/2017_CITYWIDE_Seattle_Public_Safety_Survey_Report.pdf)
    - <https://cops.usdoj.gov/ric/Publications/cops-w0743-pub.pdf>
    - <https://www.theiacp.org/resources/sample-community-surveys>
- Additional resource from D. Bjarnason post-meeting: <https://o2.ohsu.edu/healthcare/initiatives/culture-of-safety/engaed.cfm>

**Committee 2: Develop metrics for trauma informed, anti-racist policy and procedure changes**

- Review what, if any, OHSU-wide anti-racist policies may exist
- Trauma informed recommendations from Phase I – what were they?
- Who is tracking data now, and how is it being tracked? (As it relates to Public Safety)
- What does the Critical Incident Committee do? What have they done?
- Believe they review all use-of-force instances
- CIC



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- Need a copy of their charter
  - How do they conduct their data collection (minutes, other means?)
- DPS has clearance codes for all of their calls, signaling an issue was resolved and how it was done, could there be one for specific instances in which DPS was called with a high probability of crime/violence, but it was avoided/deescalated.
  - Did officers use positive, trauma-informed policy to resolve the issue/deescalate?
  - Used with discretion, for an incident with specific markers or circumstances
- Review a problem with: How do I measure its magnitude
- Need to:
  - Review previous data from historical incidents (distributed by either H. Kula or G. Moawad)
  - Improvement upon that, identifying gaps, measuring how future incident response meets objectives set forth by this committee
- Build on existing benchmarks, future-facing elements requiring leadership follow-through/implementation/advancement
- Can go through yearly informational/educational updates via Compass to evaluate an educational metric of these goals
- Should we measure the cost of this policy? What is the investment required for outreach, education, etc. over historical periods?
  - It would be a failure to expect results from a program that was not funded/invested in adequately
- We should find out how much is already spent on this effort, and how much it might need in the future
- LEAN process approach: What resources do we have already? Can any of those be repurposed?
- Also consider asking for potentially more than we need initially – it's better to report that something came in under budget than to have to ask for more funding later in the process
  - Can do both – commit to creative solutions, while also ensuring the university adequately supports the effort
- Things which are low cost/low barrier to accomplish:
  - Compass training
  - Additional code for DPS
  - Reporting what resources DPS uses when addressing incidents at OHSU
- Emphasis on DPS putting details into the notes/reporting of a resolved issue – what did they actually do, what resources did they use, what is the clearance code that is used to finalize that
- Previous education was when to call DPS vs the police (emergency v non-emergency?); is there a way to update the model so when people call dispatch, they make a decision between whether it goes to DPS in general, or it is a CAHOOTS call?
- Tracking how interventions work; community debriefs/surveys – help with closure?
- We may have existing tools for post-call surveys to get feedback from people who reported issues (e.g. Facilities work request process)
- Learning the workflow/systems of the dispatchers to better understand how they respond to requests, use trauma-informed language, etc.
  - Pertains to a survey as it is the first interaction that people have when attempting to reach DPS
- What is change in year over year for houseless patients, how does that relate to DPS response?





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Questions	Ideas
What anti-racist policies are there?	Changing of DPS clearance codes to include an incident with high probability of violence and that it was successfully deescalated/avoided?
What are trauma-informed recommendations from Phase I?	Incorporate educational component of this effort in annual Compass trainings.
What does Critical Incident Committee do? How are they doing it? Can we get a copy of their charter?	Add detail to DPS reports to show what resources were used and how they were utilized.
What data is being tracked now, how is it being tracked, and by who?	Post-incident surveys issued to OHSU members who contact DPS to rate how they view the handling of any events/issues.
Measure cost/investment of policy? How much is OHSU willing to invest (time/money/endorsement)?	- Direct people to surveys via dispatch at the start of the interaction
Access to previous data on incidents presented by H. Kula or G. Moawad, how do we get it?	- Responding DPS officers have access to survey at the end of the interaction/give people information of how to do survey at the end of an incident
What resources do we already have that can be used to build more of these metrics/programs?	Involve Dispatch in discerning when it's a police issue vs. a CAHOOTS issue.
What is the change in demographics of people interacting with DPS – e.g. how many are houseless? How has that changed over time?	

**Committee 3: Develop a clear, concise roadmap for re-constructing OHSU Public safety crisis response unit**

- Very ambitious, envisioning a social worker/psych nurse to fill in gaps when responding to calls that should be handled via CAHOOTS
- Fill role that has typically been a behavioral crisis response team
- Attach to psych consult team
- Fill numerous gaps with this specialized team
- Can have broad application, but can start at a smaller scale which is later scaled up
- *(Please see CAHOOTS-Media PDF which will be distributed with minutes – KRW)*

**Committee 4: Develop public safety dashboard data and dissemination**

*There is a process map for data dashboarding*

- Step 1 – Identifying the purpose and questions
- Step 2 – Structure the team
- Step 3 – Access and prepare the data
- Step 4 – Build a prototype
- Step 5 – Test the prototype
- Step 6 – Train and prepare the users



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- Step 7 – Deploy and use the dashboard
  - We discussed the fact that by November, we want to have Step 4 complete, which is a perfect step for presentation to the President and the Board. Steps 5-7 have budget implications and costs and should be employed after thoughtfully discussing the prototype.
  - Additionally, we would like to invite ITG and Greg Mazure to our committee meeting upon completion of Steps 1-3 as listed above.
  - We made good progress on Step 1 today and will continue to refine.

#### Step 1

- Dashboard data
  - Dashboard data Purpose: To create a dashboard that tells the story of Public Safety's commitment to optimally serve the OHSU community and the public. This dashboard should proactively support Public safety's program and staff in their daily responsibility to create transparency and an informed community.
- Questions
  - How will this dashboard help us identify trends?
  - How will this dashboard allow us to monitor the need for resources real-time?

Process Map for Data Dashboarding



*(Meeting concludes with information from Committee 4)*



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◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ Anne Horgan	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
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◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Attendee ◆ Absent

#### Brief Mindfulness Exercise, Review of Charter

- Thank you to everyone for the work that has been done so far
- Recap of previous recommendations and the creation of this task force to implement recommendations
- Any announcements before committee review? None at this time
- Is it useful to review those assignments? Yes, as some folks were unable to attend the last occurrence
- Review of the main objectives of each committee; today A. Moreland will join the first committee
  - Refer to previous meeting minutes and PPT presentations distributed for full details on purpose
- Pause for questions/clarifications – confirm that each committee has sufficient numbers today

#### Review of Committee Assignments

<b>Committee 1: Develop Survey</b> <ul style="list-style-type: none"> <li>• Helen Schuckers</li> <li>• Larry Williams</li> <li>• Dana Bjarnason</li> <li>• Amanda Macy</li> </ul>	<b>Committee 2: Develop Metrics/Policy changes</b> <ul style="list-style-type: none"> <li>• Phil Gordon</li> <li>• Kelly Welch</li> <li>• Violet Trammel</li> <li>• Olabisi Akingbola</li> </ul>
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#### Break Up into Small Groups

#### Reconvene as Group/Give Follow-Up Items for Next Meeting

- (Notes included when provided by Committees, with minor edits/corrections; additional notes indicated)

#### Committee 1: Develop and disseminate survey to assess attitudes of OHSU community members on Public Safety

##### Committee Notes:

- Dana mentioned that culture of safety surveys were done between 2014 to 2019: Showed statistically significant improvement in attitudes in safety, survey was done every 2 years,
  - We need to find out what departments and units involved
- We will have to go through HR Dept. with survey development



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- Physical and psychological safety, what would it look like to integrate some of these questions into an existing survey
- 2 public feedback sessions have been conducted during the public safety taskforce committee
- Campaign and messaging around survey will be really important to ensure that collecting this information will lead to action
- The experiences of clinical, research, education with DPS may look very different
- Good to have open ended question to capture narrative of voices around OHSU
  - Make sure to understand the context and relationship with DPS, some have little to no interaction with DPS
  - Asking the question: In the last year how many times have you been in the contact with DPS?
  - Identify culturally, interactions and specific area of work will help shape this survey
- Pulse survey – same kind of statistically significant survey but in smaller amounts
- Survey that is offered in multiple languages
- AARQ Environmental Safety but they have national benchmarks and you can compare organizations, can we find something for this survey that will do the same?
- Qualtrics is preferred method for community and qualitative approach, QR code, offline access

**Identified next steps:**

- Dana to invite Joni Elsenpeter, VP of HR to a future meeting
- Involving OHSU strategic communications early on. Helen to email and invite Kelsey Huwaldt to a future meeting and Dr. Emily Huang to talk about Safety Climate
- Create timeline/milestones we want committee to achieve as we develop this survey
- Categorize nature of the questions
  - Ex: 4 categories/themes and 6 questions each,
  - Identify small cohort to give feedback
  - Connect with OHSU communications on how we can translate and make survey available in multiple languages

**Notes on Committee Discussion:**

- Survey method/approach compared to things like a workplace safety survey, or a public safety survey, and discussing a format that might be most effective for aims
- Separate surveys that are more targeted, separate questions that aren't compound, etc. are most effective
- Integrating other committee members and OHSU members to help
- What kind of tools? Qualtrics, etc.
- Addressing issues including accessibility, language, technology limitations, etc.; how to be sure to get as wide a representative pool of respondents as possible
- Including physical and psychological safety in the survey
- Highlight a campaign around the survey, how to communicate to OHSU what it is and what they want to achieve with the survey
- What do we intend to do with this information? Letting people know what the aims are as they are asked to complete the survey
- Committed to think more specifically about the goal-setting piece; drafting/developing questions, asking StratComm to help get it translated, have people review the drafted survey, etc.
- Make sure this is meaningful for the time after it is conducted



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- Making sure not to over-survey people as well – there are other surveys somewhat like this that people are asked to complete, want to be deliberate and different from surveys that exist, so efforts are not duplicated
- Context: understanding that different people have different levels of interaction with DPS, considering their workplace, mission, etc. Trying to find out how many interactions people have and where they work affects how they answer that question. Also asking people how they identify culturally, etc.

**Committee 2: Develop metrics for trauma informed, anti-racist policy and procedure changes**

**Committee Notes:**

- Who do we contact to answer some of these questions?
  - Either Sam Habibi or Heath Kula may have additional information re: CIC
  - Email the people on the subcommittee webpage: : Liz Fero and Doreen Blanchard (Ola will email); will include Heath Kula to request data from previous incidents/CIC charter; scope of entire committee in addition to Code Green incidents
- Anti-racism policies: who to contact?
- Question: do we need to contact people in-committee and then discuss responses during our next meeting? Opted to work during our committee time to contact these groups/individual
- Kelly to reach out to Center for Diversity and Inclusion regarding any potential anti-racist policies (existing or prospective)
- Violet emailing Lt. Habibi regarding stop data brought up in Phase I; does it reflect officer-initiated stops or also stops that are a response for a call to service?
- Collecting demographic data for DPS interactions, basic records are collected, can reflect a houseless individual if they have no address; not reliable information as it can vary.
  - Is there other basic demographic data/social identifiers which are included when a call comes in?
  - Calls usually include a basic description, which may be subjective. More information is usually on a record for someone who has multiple interactions with DPS.
  - If officers ask, people may not answer/may take offense to the question.
- Phil sent group email with materials from February including information on de-escalation and Code Green
  - Code Green specific to incidents with patients; greater community interactions with DPS are not under Code Green; can fall under other codes used by DPS
- This document re: Code Green provides some background detail about what CIC does and how information is collected
- Questions on collecting demographic data for community members/houseless individuals
  - Notating with address might be the most reliable method DPS currently has
  - Still questions about the potential for subjective data entered; data can be entered by dispatchers, officers, etc.
- Are there other ways of collecting data/other models for crime stats/police interactions that might reduce the subjectivity and also not potentially upset community members? FBI has crime stats collected from police departments, but not sure how those departments are collecting that data
  - Violet may be able to ask H. Kula or S. Habibi
- How important is it to note a houseless status? Does the CIC data serve more of the immediate purpose? Use the data we have currently and then explore expanding upon it later



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- In order to find what metrics we need to track, we need to know what policies exist and what needs to be changed first, and then develop metrics to track those policy changes after the policies are implemented/known
- Feb 22<sup>nd</sup> materials show those stats/data that could serve as a jumping off point for those metrics when the policies are developed

**Notes on Committee Discussion:**

- Heath replying to email about CIC information/charter
- Phil was looking through notes from earlier cohort, Feb 22<sup>nd</sup> had incident data with demographic information, might roll up under the critical incident summary, include those in notes for today's discussion

**Committee 3: Develop a clear, concise roadmap for re-constructing OHSU Public safety crisis response unit**

- Had a question about the scope of this, how to define that and the goals of this committee
- How to access the data that will be generated
- Pilot project to start/proof of concept before rolling it out wide-scale
- How to define the types of teams/response types that will be utilized
- The scope and how the pilot project are the two most important questions
- Is there someone from social work who can join this group to help them explain the social worker scope and their bandwidth?
- H. Kula reached out to A. Horgan (who is leaving OHSU) and they will find a representative from Social Work to join this discussion

**Committee 4: Develop public safety dashboard data and dissemination**

**Committee Notes:**

**Step 1 Continued:**

We used the feedback from Phase I to start to talk about what the dashboard should/must include initially (policy changes, training, use of force, Taser use, arrests, stops, race/ethnicity breakdown, trespass warnings and arrests, firearms and the impact in these categories)

**Questions: Added additional questions from our last meeting:**

- 1) How do we want to represent this data (daily, weekly, monthly, quarterly, annually)?
- 2) How many data sets do we want to collect?
- 3) Should there be a priority list for dashboard items?
- 4) Who manages this dashboard? Public liaison officer?
- 5) The "use of force category" should be broken down into 2 sub categories:
  - Number of incidents were responded to in "X" time frame
  - How many incidents were de-escalated by the officers

**Step 2: Structure of the Teams:**

- 1) The Lead Agency = OHSU
- 2) A core team overseeing the details of the work = DPS
- 3) People with analytical skills = ITG and analyst resource



- 4) A broader collaborative entity providing high-level oversight and support = Critical Incident committee
- 5) OMG – OHSU Management Governance

### **Step 3: Access and Prepare the data:**

Next Steps:

- Document structure for teams
- DPS works with ITG analyst to identify data points needed for new data sets
- ITG will work with DPS to understand measurement parameters specific to the data sets
- Identify resources needed to build dashboard.

Data is available except for de-escalation

- What's the definition of de-escalation?

Is it possible to add a clearance code alert to help track de-escalation?

Psychosocial interventions – consider tracking this.

Dot Maddox and Laurie Ellingson – Do we have a way to track how often policies are changed?

### **Notes on Committee Discussion:**

- Continued work from last time, reviewed with S. Habibi what was done so far
- Step 1 was focus
- H. Sardar pulled up feedback from Phase I to discuss what the dashboard needs to include. Several data points are identified as being critical to the dashboard
- Group was vague about how to put policy changes in the dashboard
- Added more questions from last time
  - How do we want to represent this data (frequency/daily/etc.)?
  - How many data sets do we want to collect?
  - Should there be a priority list?
  - These questions may be answered by work from other committees
  - There are some data points; incidents overall, and how many are deescalated? These will be very important to collect/include
- Follow some framework for four subcategories
  - Lead agency: OHSU
  - Core team: DPS
  - People with analytical skills: ITG/analyst resource
  - Broader collective collaborative entity to oversee: Critical Incident Committee
  - Interested in determining if OHSU is the lead agency
- Access and prepare data, further steps:
  - Document structure of the teams identified
  - Then DPS works with ITG analyst to identify data points
  - ITG work with DPS to identify data measures
  - Identify resources needed to build these dashboards
- Data is available for everything they have talked about except de-escalation



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- What is the definition of de-escalation? Different for many people
- Will continue to explore that question in their next working session
- A. Moreland:
  - Remind group of how DPS provides resources, psychosocial interventions such as providing food for people in crisis when they interact with DPS
  - Also another piece regarding how to capture policies in this dashboard; is it possible to include how many policy recommendation changes were actually made by entities such as CIC?
  - Data we capture is recommendations and changes made
- D. McCue:
  - Not always a policy change, but frequently a recommendation for a change/process change to inform future incidents; what happens afterward?
- S. Habibi:
  - They come back to the department after the fact and often get incorporated into training
  - Bigger change than just policy changes, but those happen as well
- D. Bjarnason:
  - Reach out to others who have some of that data access/information (Dot/Laurie)
  - The hierarchical reporting might need to include OMS (OHSU Management Systems) and a review of how information is filtered up into oversight committees
  - Assess what is being escalated
- Ola:
  - Suggestion for Jane's committee, mentioning different groups to work together for this dashboard, wondering if OHSU has a public liaison officer? Is that something that can be created? Who manages this dashboard? Who oversees this long-term if this committee does not continue in perpetuity
  - StratComm/Kelsey Huwaldt is basically filling the role of the public liaison officer
- V. Trammell:
  - Our group had also talked about adding a clearance code specific to de-escalation/following trauma-informed policies
  - Resources can also be captured in a clearance code that works in conjunction with this data
- Last call for comments before meeting ends?
  - S. Habibi: clarifying that data is collected for complaints, would like to include in dashboard





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◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ Anne Horgan	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Attendee ◆ Absent

## Brief Mindfulness Exercise

### Reaffirm the Purpose of Group

- Assess the current environment and social context
- 11 recommendations developed; this committee tasked with operationalizing those recommendations
- Draft recommendations, surveys, dashboard, resources, and other proposals due in November
- 27 recommendations that H. Kula is working on from reading existing policies/relevant documents

### Larger Group Meeting (due to lighter attendance):

#### *Committee 4: Dashboard*

- J. Russell: No additional information to add since report-out at last meeting; how would you like us to approach this conversation about the dashboard?
- A. Moreland: would like to know what resources/people you would like access to in order to move forward
- Referring to minutes from last occurrence to see where the group last set its focus
- Focusing on the data element, and how to update it (live vs. monthly updates, etc.)
- Building a prototype; next step with the smaller group would be to look into how to initiate that
- How would we like to proceed?
- Who would we go to in order to access the ITG piece?
- P. Gordon: approach Bridget Barnes directly, due to the level of this committee
- D. Bjarnason: wouldn't some of this data also lie in Quality Management, e.g. Code Green data?
- P. Brown: Elana Zuber or Clea McDow might have some dashboard experience
- J. Russell will approach Bridget and Clea, will also look into reaching out to Craige Mazur
- Look into their recommendations for who can be assigned to these projects; perhaps Abhijit and someone on his team would be the best for starting on data/dashboard elements
- A. Moreland: also willing to help reach out, access these resources as well, can email these individuals
- J. Russell will CC A. Moreland so everyone can be on same conversation
- Long term goals: develop a process for maintaining this in the future, how do we plan for that at this stage?
- S. Habibi: discuss that now (determining what data to include), but also have an open plan as we move forward for any other information that the community may want to add to the dashboard in the future
- General consensus from the committee members
- D. Bjarnason: looking at previous reports from other projects, want to be sure the data is actually useful/actionable, and there isn't data in there that is irrelevant to the goals of this team, or cumbersome to the report
- A. Moreland: manage expectations; find out on a regular basis if this is the kind of data that the intended audience wants/ needs (quarterly or annual surveys?)
- Work into the working/evolving version of the dashboard



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- P. Gordon: could we integrate the survey, since it won't be too long, into the rollout of another survey that people are already asked to complete? Would that potentially dilute the purpose of either survey?
- J. Russell: Yes, this survey would likely be distinct from other topics they are asked about, and it is one that is a current concern, so people may specifically want to provide input on this matter.
- D. Bjarnason: Working with the Provost's office about the surveys that go out and the interest in surveys that are potentially coming out. (pam)
- Also ask Pam about the DPS survey and the culture survey piece; desire to use AHRQ questions from nationally-benchmarked culture of safety survey questions; able to compare data across other organizations in the country.

**Committee 1: Survey**

- A. Moreland sharing survey draft that was emailed to all committee members during meeting.
- D. Bjarnason: is this a five-point Likert scale? (Strongly disagree to strongly agree).
- Can look into what AHRQ scale is for their surveys.
- Reviewing questions for any concerns that committee members may have.
- Code of Ethics question: P. Brown suggests Code of Conduct instead as we are more familiar with it
- D. Bjarnason: worried about the language used itself, how to be sure it is accessible to all OHSU community members (e.g. change "adhere" to "follow")
- P. Gordon: does it matter if the questions vary from negative to positive?
- A. Moreland: it does matter, as does the demographics of the people who respond. Would like to add a component regarding identification at the start of the survey. The style of each question has a purpose in attitude assessment.
- K. Welch: suggest involving Strategic Communications to help with refining the language of the survey.
- P. Brown: StratComm can also help with translation, as they do with other OHSU-wide publications.
- Kelsey Huwaldt will be here during the next session and she can assist with that.
- H. Schuckers agrees that a draft should be sent to her in advance of that meeting.
- P. Gordon: perhaps send this to some Employee Resource Groups to help test the survey and provide feedback?
- A. Moreland: that could be a part of the process of validating the survey, as long as we aren't creating any additional burdens on these groups; this should be consistent with goals of ERGs at OHSU
- K. Welch: is there a way to incorporate definitions of these terms so we can continue to use trauma-informed language without being inaccessible?
- H. Schuckers: links to the Code of Conduct, etc., might also be useful in case any people surveyed are unfamiliar with those documents
- H. Schuckers provides link to inclusive language guide: [https://www.ohsu.edu/sites/default/files/2021-03/OHSU%20Inclusive%20Language%20Guide\\_031521.pdf](https://www.ohsu.edu/sites/default/files/2021-03/OHSU%20Inclusive%20Language%20Guide_031521.pdf)
- D. Bjarnason: is OPSD reflective of the diversity of the OHSU community? S. Habibi: it is not at this time.
- Continue with edits and discussion on precise language; A. Moreland would like to continue with drafting and refining, and then bring back to the group for our assessment, input, and approval.
- Focus on getting a working draft to K. Huwaldt; D. Bjarnason interested in adding culture of safety questions in conjunction with this.
- H. Schuckers: We had discussed adding questions about their interaction level with OPSD, and where they work. Helpful in assessing level of proximity in addition to their attitudes. A. Moreland will add that to the top-of-survey portion.



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- P. Gordon: Address the timeframe of the interaction, how long ago was the last time?
- D. Bjarnason: Also, what was the interaction, e.g. was it in a committee/professional level, or was it when you needed DPS intervention?
- Additionally, the workplace/role/mission employees work in will be valuable data to help evaluate survey responses.
- We will have a new draft to review in our next meeting.
- D. Bjarnason: Some survey questions may require a sub-question, e.g. Did you call DPS? Then: Was it a service call?
- A. Moreland reminds us that this survey would be iterative/annual; evaluate these perceptions over time.
- V. Trammel: In regards to capturing context, we hope to have good customer service every time, regardless if we are helping someone get into a car or if we are deescalating a situation.

**Committee 3: KAHOOITS**

- P. Brown: Need a social worker to get in groups
- D. Bjarnason: There is a new person with social work in the ED who might be right for it; will look into that person and get their name.
  - Update: This is David Sant, who will join future occurrences

**Committee 2: Metrics**

- P. Gordon: Have identified the broader boundaries of where the metrics may come from, try to use as many existing resources as possible. We have the charter for the CIC now, and see if there is something in that framework that can assist with this portion of the project. Shared data from previous iteration of task force to see what things we could work with as well. Gap analysis approach to see if we need additional metrics, and leave room for metrics that might be meaningful and coming from the survey portion.
- K. Welch: Will share resources that CDI provided regarding anti-racist plans/resources; no specific policies at this time:

From CDI:

- To start, OHSU does have an Anti-Racism Action Plan in place, which is outlined here: <https://www.ohsu.edu/about/ohsu-anti-racism-action-plan>
- This includes what the major projects at work are within OHSU, and what steps are being taken.
- Further, here is some of CDI's policies pertaining to diversity, including a report submission field: <https://www.ohsu.edu/center-for-diversity-inclusion/policies>
- Finally, we also compile and add to the Anti-Racist resources here: <https://www.ohsu.edu/center-for-diversity-inclusion/anti-racist-resources>
- P. Gordon: It would be worthwhile to reach out to Dr. Du Vivier to see if there is a policy in process (or existing) which may help drive the metrics as well
- D. Bjarnason: Happy to reach out to him; additionally, there may be some inclusion of this in further development of the Code of Conduct, but not sure how much data can come from that.
- Moreland: Will reach out to Dr. Du Vivier and report back to the group.
- When we meet in small groups in the future, please identify what needs are that you have that you can communicate to Dr. Moreland to work on helping committee work on its goals.



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8.26.2021

◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ David Sant	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	
Elana Zuber	Clea McDow	Kelsey Huwaldt	◆ Attendee ◆ Absent ◆ Visiting Attendee	

### Brief Mindfulness Exercise

- Acknowledgement of changing circumstances in Oregon for Healthcare; prioritize meeting those needs when called upon.
- Moreland introduces the purpose of this task force to many guests and/or new committee members who are joining today (refer to previous meeting minutes/charter/supplemental documents which have been distributed; if copies of those records are needed, please contact K. Welch).
- Colleagues invited who serve as subject matter experts.
- D. Bjarnason kicks off introductions for remainder of committee, as we have many people who are attending for the first time.
- Explanation of committee assignments and introduction of a truncated schedule due to COVID needs at this time.

### Break into Smaller Groups

<b>Committee 1: Develop Survey</b> <ul style="list-style-type: none"><li>• Helen Schuckers</li><li>• Larry Williams</li><li>• Dana Bjarnason</li><li>• Amanda Macy</li></ul>	<b>Committee 2: Develop Metrics/Policy changes</b> <ul style="list-style-type: none"><li>• Phil Gordon</li><li>• Kelly Welch</li><li>• Violet Trammel</li><li>• Olabisi Akingbola</li></ul>
<b>Committee 3: Crisis Response Unit</b> <ul style="list-style-type: none"><li>• Jonathan Jui</li><li>• Pam Brown</li><li>• Desiree McCue</li><li>• Amela Blekic</li><li>• David Sant</li></ul>	<b>Committee 4: Dashboard</b> <ul style="list-style-type: none"><li>• Jane Russell</li><li>• Sam Habibi</li><li>• David Carsten</li><li>• Anne Horgan</li><li>• Harjinder Sardar</li></ul>

### Reconvene

- Brief report-outs from each committee:

### Dashboard:



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- Have completed all the steps (1-3) before heading into step 4 to develop a prototype. Need to get feedback from ITG and further progress to continue on the survey to move forward. Need help creating the algorithm to start collecting that data.

**Metrics:**

- Additional development of phases for this work: Development, Enforcement, Amendment (future-state, post-task force)
- Need to review materials provided by CDI and work with people involved in CIC to confirm their involvement (H. Kula and S. Habibi)
- Review potential anti-racist policies from university hospitals and/or organizations with their own police department (is OHSU the only one of its kind?)
- Also, review peer-reviewed resources on constructing these policies and how other organizations implement, enforce, and evolve
- Question: Are trauma-informed metrics under the same umbrella as anti-racist policy metrics? Or are these all part of the same issue?

**CAHOOTS:**

- In a good place for what they are envisioning, and then working on writing things into a charter for this and then formalize what the roles are, leadership, and reporting structure. There will be training as well that needs to be included for crisis response.
- Main question for Dr. Moreland and Dana; are you envisioning to go to the board with the proposal, or do we need to have funding sourced now to bring to the board in November? Dr. Moreland would like both if we could: just envisioned the proposal, but if there was also a funding source, that would be even better!
- Subcommittee talked about a tiered approach for funding: good/better/best, but also didn't want to cut themselves short and try to ask for what they need to do this well and ensure longevity. This committee might be a resource for helping determine that and create the momentum we would as the Board to maintain.

**Survey:**

- Some updated work on the survey based on the conversations that happened during the previous task force meeting. Efforts to make sure the population surveyed helps gather data that is actually useful for the envisioned purpose of this survey.
- H Kula: Has a document he has been working on with policies to review and update for these purposes. Depending on what future agendas look like, hoping to have something visually that can be reviewed for the policy recommendations. Would like to show the current state of those policies, our proposed changes, H's leadership team review of those recommendations, and use a red/yellow/green system to evaluate the changes: Green, yes go ahead; Yellow, slight concern and rephrasing needs, and red (hopefully small amount of reaction) meaning it needs to come back to this group to correct a major misalignment and overcome potential legal issues which need to be sorted out
- Dr. Moreland will get updated versions of the survey out to us by next meeting, and will join a different committee as well to check in on how they are progressing and provide additional support.
- Is there anything else that the group would like Dr. Moreland to think about/provide support with? Not at this time.



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9.9.2021

◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ David Sant	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Kelly Welch
			◆ Attendee ◆ Absent ◆ Visiting Attendee	

### Brief Mindfulness Exercise

- Addressing concerns about extending our timeframe in light of changes in our expectations/responses to COVID at OHSU – the timeframe of the task force should not need to change at this point.
- A. Moreland has reviewed our committee notes and has some resources for guidance on work. Further edits on Survey. Reviewing notes from Metrics and Dashboard as well.
- Documents will be sent to entire task force with notes about which committee they are intended for. All task force members are welcome to reference them.
- Now that we are in September, working on accelerating the process and developing an executive summary intended to present to the Board; a draft will come to this group first for our review.
- Addressing purpose of this task force as a review of OHSU institutions and areas where improvements can be developed; this task force is charged with operationalizing recommendations as they relate to Public Safety.
- Any comments or recommendations from the group? None at this time.

### Break into Smaller Groups

<b>Committee 1: Develop Survey</b> <ul style="list-style-type: none"> <li>• Helen Schuckers</li> <li>• Larry Williams</li> <li>• Dana Bjarnason</li> <li>• Amanda Macy</li> </ul>	<b>Committee 2: Develop Metrics/Policy changes</b> <ul style="list-style-type: none"> <li>• Phil Gordon</li> <li>• Kelly Welch</li> <li>• Violet Trammel</li> <li>• Olabisi Akingbola</li> </ul>
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### Reconvene

- Brief report-outs from each committee:

### Survey:

- L. Williams: Reviewed survey draft; parts of the draft had incorporated the cultural of safety survey
- Move things around/add clarifications/etc. – made comments on survey draft to send to Dr. Moreland to review those suggestions and make survey adjustments
- A. Moreland: the work on those steps will continue further in this committee in the next few meetings



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- H. Schuckers: felt that many of the questions were clinically-based, and could be expanded to be applicable to more of the OHSU community. People who don't work with patients, etc.

**Metrics:**

- Refocusing purpose of committee to create more of a guidance for decision-making once policy recommendations are implemented; primarily, CIC will be the one maintaining future efforts and amendments.
- Confirmed at this time no anti-racist policies at OHSU, however, initiatives/resources/other anti-bias rules are in effect already.
- O. Akingbola drafting a decision tree with these initiatives in mind to help as a framework for future committee guidance on whether or not changes should be made, and which changes would be best if required.
- A. Moreland: There is no real measurement of when officers hand out resources to the public (e.g. socks) and how that can be reported out on the dashboard.
- Very clear connection with the data and how it's being collected, and then will be distributed to the community on the Dashboard.
- All of the work of the committees within this taskforce, and especially the Survey and the Dashboard will work in concert with the metrics that are developed.

**CAHOOTS:**

- H. Kula: in a good spot, reviewed a proposal that he is writing and working on revising/strengthening. He will use their input to develop it further, then send to A. Moreland for review before our next meeting, when we as a group should be able to review it before it moves forward.
- A. Moreland: there is an APA article about peers and their effectiveness of participating in de-escalation; that article should have been forwarded to everyone working on CAHOOTS. If you don't see it in your email, please contact K. Welch.
- H. Kula: 40 recommendations, 32 green, 4 yellow, 4 need committee discussion, perhaps at the next occurrence.

**Dashboard:**

- S. Habibi: group is in about the same place it was last meeting, waiting to hear from ITG group for assistance on developing this; J. Russell is planning to reach out to ITG leadership directly to see who to direct this request to.
- A. Moreland: is there a thought about who would be responsible for the Dashboard and updating it in the future?
- S. Habibi: the biggest concern is specifically finding out how to develop this from ITG, then we should then be able to determine if it's DPS who is responsible for updating it, or if it would be someone else.
- A. Moreland: does this fall under some specific administrative cost that exists currently, or does it need to be paid for by a department?
- S. Habibi: currently, when we do pull data from our system, we do have a couple of folks who know how to do that internally; not sure if we will need to hire someone specifically for it since this may be a different kind of request.
- A. Moreland: do you have a construction for what specific content will be on the Dashboard? Is there a draft? Would like to get feedback from larger OHSU committee of our intended data
- S. Habibi: that has been drafted; topics/categories they believe the community would like to know about. Happy to share that and get feedback; will send to A. Moreland first before deciding who the audience is for that. Will



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copy H. Kula on that as there are some policy recommendations coded Green that can start to be represented here.

- Want to capture de-escalation; also capture complaints against officers.

No additional questions from group which pertain to committees.

**Updates for Group:**

- Beginning draft of what to present to the Board.
- Next meeting for this group is on September 23<sup>rd</sup>: use that occurrence to hone in on the work product
- That with October 14<sup>th</sup> would be final working meetings
- October 28<sup>th</sup> occurrence would be replaced with everyone reviewing the draft and collect any suggestions for A. Moreland – this cancellation for that occurrence was sent out during the afternoon of 9.9.2021
- Then meet on November 11<sup>th</sup> to finalize anything from that stage of recommendations and then have the final document prepared for the Board
- H. Kula will work to find out the date and time of the November Board meeting, and confirm that there is a place on the agenda for this topic and that A. Moreland is invited.





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◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ David Sant	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Kelly Welch
◆ Julie Rhodes	◆ Clea McDow	◆ Craig Mazur	◆ Attendee ◆ Absent	◆ Visiting Attendee

### Brief Mindfulness Exercise/Meeting Intro

- Exciting that we are moving toward a finish line.
- Reminders of the overarching goal as we work from Phase I into this current Phase II.
- This may be a model for other university hospital settings; there is a need from other institutions who have expressed interest.
- Today we will be in groups for just 30 minutes, and then come back to the larger group for the majority of the session; groups will present what they have so far with the goal of sending these drafts to ERGs (employee resource groups) to get some active feedback as we approach the finish line.
- A. Moreland is working on Executive Summary and a draft of the full report that will go to the Board/President's Cabinet.
- Current goal is draft by October 14<sup>th</sup> for H. Kula and his team to review for a last check; then the entire task force will review draft by October 28<sup>th</sup>; November 11<sup>th</sup> decide if we can move forward to full Board/Cabinet, or if additional work is required.
- Shout out to O. Akingbola for working on a draft for Metrics.
- J. Russell introduces guests (C. McDow, C. Mazur, J. Rhodes) specifically for input and guidance on the Dashboard committee. Working on determining what we need from and for ITG, and the construction of the Dashboard itself; discussing a prototype today.
- Question raised earlier: whether the data is aggregated/disaggregated – something that we can talk about as a group when we return from breakouts.
- Discussions will happen regarding how to present this to Board, etc.

### Break into Smaller Groups

<b>Committee 1: Develop Survey</b> <ul style="list-style-type: none"> <li>• Helen Schuckers, Larry Williams, Dana Bjarnason, Amanda Macy</li> </ul>	<b>Committee 2: Develop Metrics/Policy Changes</b> <ul style="list-style-type: none"> <li>• Phil Gordon, Kelly Welch, Violet Trammel, Olabisi Akingbola</li> </ul>
<b>Committee 3: Crisis Response Unit</b> <ul style="list-style-type: none"> <li>• Jonathan Jui, Pam Brown, Desiree McCue, Amela Blekic, David Sant</li> </ul>	<b>Committee 4: Dashboard</b> <ul style="list-style-type: none"> <li>• Jane Russell, Sam Habibi, David Carsten, Anne Horgan, Harjinder Sardar</li> </ul>

### Report-outs from all committees:

#### Dashboard:

- J. Russell: our experts today were very helpful, have a lot of questions that this group will need to help answer. How do we go back to our managers/executives afterward and explain how this work will continue after this phase?
- Need to explain how much work may be required to continue this after the initial construction.
- H. Sardar: some of these discussions, developing a dashboard, that may happen outside of this meeting because of the technical aspects requiring SME involvement and data to move forward.



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- Brief overview of the questions that the technical experts will need to answer in order to develop this tool: where does the data live, how does it graphically look, and so on.
- List of questions is extensive; may need to meet separately with SMEs to dive into these questions.
- Please forward those questions to A. Moreland as many of those questions could be answered at this time; main answer is that this is going to be an ongoing process of refining/evolving these things.

**Metrics:**

- P. Gordon: may need to hire someone as an analyst or someone who does records management to capture and refine the data.
- A. Moreland: to utilize existing resources, there is Gun Violence as a Public Health Initiative, there are existing graduate students who would potentially be available to work on this for credit/stipend; available for likely a year or two, and could train the next year's replacement. Also involve graduate students for help publishing this work as well.
- Discussion of tree that we went over; first looking at guidance on the metrics for impact, qualitative and quantitative data, frame our thinking.
- Discussion of the survey we would send out that is trauma-informed based on incidents; caller for DPS might be several degrees removed from the incident, may need to find the direct person who was involved/person of concern.
- Also want to include feedback from officer; how this is working for them, is there something that would help make it even better.
- Demographic data should be collected as well.
- Send copies of our decision tree with edits made today to the entire task force.
- A. Moreland: CIC already has a process for initiating policy change and adopting them, so in that area the need is already filled. We're looking at this being a part of the working charter to include the policy review updates from this trauma-informed perspective.
- DPS representatives are in agreement to use the CIC framework that already exists and just adding the metrics portion to their guiding process/charter.

**CAHOOTS:**

- H. Kula: reported out to the entire task force last time; today's committee meeting was to make that more robust. A. Moreland is going to assist with a literature review to improve it further. Looking at budgetary considerations, looking to external partners to increase the effectiveness of this team, and the group is excited about the long-term impact and positive changes that will come from this. Will be ready hopefully soon to report up to leadership at OHSU.
- H. Kula shares an article about federal government \$1m funding for non-police mental health response teams; consistent with this initiative; wants to get in front of Government Relations quickly to see if/how to access some of those funds for this purpose.

**Survey:**

- H. Shuckers: believe the survey is in a great place, appreciative of changes that have been made.
- Still have a few questions about other considerations; bringing up the document for the group to review.
- Four questions/changes posed to help make the survey perhaps more concise:



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- Age groups are quite extensive, recommending to use 10-year increments; also ask about generations as well which may already address age of respondents.
- Also reviewing the location question as it seems very Portland-focused. Out of Portland and External are similar; teleworking is not currently included.
- OHSU Position question; Research was missing; Primary Responsibility question is already heavily clinic-focused. Also did not include student/student worker categorization.
- Important area of focus: attitude questions were intermixed with both positive and negative tones. Question about if these should be grouped thematically/by tone, or have all questions have the same tone so it doesn't create confusion on the Likert scale when people are responding.
- A. Moreland: in an effort to make sure the audience of this survey, hoping to have this translated in multiple languages/find adequate ways to rephrase questions if there are not direct translations for certain words/terms.
- Some of the categories in this survey were modeled after the Culture of Safety survey. Like that, hoping to have this survey distributed annually, and wanted it to be encased in/partnered with something that OHSU employees are already asked annually.
- H. Shuckers suggest adding a selection of "other" for some categories; A. Moreland will take all of this feedback and see how to incorporate those suggestions and achieve the intended goals.

**H. Kula Policy Review Update:**

- Review of Red/Yellow/Green classification of policy changes; mostly green and a lot of alignment on changes that should be easy to implement.
- Materials will be sent out to entire task force so we can see these details in full.
- Discussion of a few of the Red categories:
  - Currently demographic information is not recorded unless it has pertinence toward the incident itself; things which end positively will not have that demographic data, just the negative outcome, and it would be useful to have additional data for all DPS responses to calls. Is this data collection something we want to pursue, and how do we do it effectively? Can dispatchers enter into CAD what they do now, and then the officers who respond add supplemental information at a later time? DPS receives approximately 300,000 calls for service per year, which would make this a very substantive workload if it was done for all calls (maybe just for specific codes?).
  - V. Trammell: there are varied call rates, and concerns about if the volume of calls on a certain day would make this difficult/impossible due to limited time.
  - J. Jui: thinks it might be ineffective to have dispatcher collect data; also have to review dispatch criteria (D. McCue adds people are frustrated at current number of questions); secondly, will be worth looking at the actual dispatch criteria, as with Portland 911m there are different priority levels; finally, pairing the dispatch criteria with the outcome from the responders, and including the relevant code will be important.

**Summary:**

- A. Moreland asks if we are all comfortable sending draft materials to ERGs and then maybe on O2 as well. No one expresses any concerns at this time, but everyone is encouraged to reach out to A. Moreland with additional questions/concerns.
- D. McCue: CDI has a monthly meeting with the ERGs could we present to that meeting?
- The date for that meeting will be looked into.



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(OCSRTF-C), Phase II  
10.14.2021

◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ David Sant	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Kelly Welch
◆ Kelsey Huwaldt	◆ Julie Rhodes		◆ Attendee ◆ Absent	◆ Visiting Attendee

### Brief Mindfulness Exercise/Meeting Intro

- Some documents were provided for the group to review ahead of time; as we move toward finalizing the work, there may be some need for task force members to read materials or meet outside of this dedicated meeting time.
- A draft of the communication for ERGs has been sent to the group to review before it will be sent to ERGs to gather feedback.
- Task force is not meeting on October 28<sup>th</sup> to provide time for review of materials before final meeting.
- Any questions, concerns, revision suggestions, feedback can be sent to A. Moreland.
- Breakout sessions should review the ERG draft communication as well.
- D. Bjarnason thanks the group for the work that has been done thus far as well.

### Report-Out: H. Kula:

- Review of the policy recommendations which still require additional input before they are finalized.
- Over 40 recommendations to cover an extensive operational manual; in agreement about nearly all of them. Document shared with three recommendations which still require additional review via the task force.

### First Recommendation:

- A review body establishment when a controversial use of force incident has occurred. The recommendation addresses a gap: that the board did not have the authority to recommend discipline. The only thing outside the scope of this recommendation is the punishment that should be determined by the board if the board determines the action to be outside of policy. That is a departmental decision. This is because there are bargaining and contractual factors which steer that process.
- There is a new law in Oregon which will require a state commission to establish a sentencing or discipline matrix for all police departments in the state, including OHSU's. This helps in the future to navigate around contractual issues. This means a recommendation from this committee for that board to weigh in on discipline should wait due to that future legal requirement.

### Second Recommendation:

- Comment about acknowledging that when an officer engages in the use of force after evaluating the threat and determining how to respond, bias can be an element of that threat assessment. Discussion of this may steer that acknowledgement to be broader than in just those instances.
- There is additional discussion based on these recommendations regarding either the expectation that officers should behave like clinicians, or if it would be more appropriate to hire some clinicians to be on the Public Safety team.



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- Note: the Police policy states that anything clinical does supersede the Police Force's policy. There is a clinical policy that addresses gathering information and assessing threats while determining a response and prioritizing patient clinical needs, as well as a post-force pause for patient assessment in the clinical area. Questions about the status of the second policy modifying the first, and the differences regarding asking officers to act more like clinicians versus having clinicians in that role.

**Third Recommendation:**

- Previous meetings discussed how to collect demographic information during a call for help. Generally agreed upon that these calls are not the right venue for collecting that information due to time-sensitivity and tension of the call itself.
- Additional difficulties collecting it in the moment, or even after the fact, when conducted by officers.
- The recommendation is to look at established data collection for this information rather than duplicating it. E.g., pull this data from Epic, Oracle, and so on.
- J. Jui: there is already some way there is a tracking between patient visit and 911 dispatch, so demographic information can be gathered in that way; could serve as a model for that in this area of focus.
- D. Sant: demographic information in Epic did not always match actual patient self-identification; there is a lack of consistency in how it is entered, and it is inaccurate, and problematic as it required creating a separate set of data. Separate Excel file asking patients how they identified, and gathering other information that could not be recorded in Epic (e.g. what their housing status was), but was information that informed working with DPS for certain issues.
- J. Jui: the Epic issue is an institutional one that can be corrected.
- D. Bjarnason: one thing that may help is the implementation of the social determinants of health in Epic, which is self-reported. Also, have we determined the common language we use? E.g. do we use homeless, houseless, etc. and is that consistent?
- Agreement that how questions are asked is as important as which questions are asked.
- V. Trammel: issues where people may be reluctant to disclose information, and there could be problems with officers making assumptions about whether someone may be houseless.

**Final Thoughts at This Time:**

- A. Moreland: this is an enduring conversation, and while the data will not be perfect or complete, it can still serve a purpose of helping us gather trends which can inform future action, CIC membership demographics, and it will be a continued conversation.
- Regarding discipline and statutory requirements, the idea of adhering to state laws is favorable for consistency. Also an acknowledgement that OHSU's Public Safety is not like many other law enforcement organizations around the country due to different internal standards for training.
- Regarding the goal for transparency, wanted people to be able to communicate when things felt unfair or wrong, and then a bidirectional exchange and departmental acknowledgement involving accountability and transparency would be a part of that.
- No further comments from the committee based on these closing thoughts from A. Moreland; H. Kula will take this feedback into the next stages of the process of finalizing those few recommendation which are incomplete. Wants to confirm that he can take the 40 or so green light recommendations can move forward out of this task force to the next stages of bringing them to stakeholders for implementation.



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- Reminder that all of these policies will go into in-service training for officers; they will be told what the change is, and why.
- A. Moreland: while there has been an effort not to have members of the task force work outside of committee times, do recommend that everyone has a chance to review all of these if possible outside of these meetings.

**Break into Smaller Groups: including reviewing draft correspondence for ERGs**

<b>Committee 1: Develop Survey</b> <ul style="list-style-type: none"><li>• Helen Schuckers, Larry Williams, Dana Bjarnason, Amanda Macy</li></ul>	<b>Committee 2: Develop Metrics/Policy Changes</b> <ul style="list-style-type: none"><li>• Phil Gordon, Kelly Welch, Violet Trammel, Olabisi Akingbola</li></ul>
<b>Committee 3: Crisis Response Unit</b> <ul style="list-style-type: none"><li>• Jonathan Jui, Pam Brown, Desiree McCue, Amela Blekic, David Sant</li></ul>	<b>Committee 4: Dashboard</b> <ul style="list-style-type: none"><li>• Jane Russell, Sam Habibi, David Carsten, Anne Horgan, Harjinder Sardar</li></ul>

- Wish to bring this to ERGs soon so they have enough time to review prior to recommendations and report-outs from this task force going to the Board

**Report-outs from all committees:**

**CAHOOTS:**

- H. Kula: at a good point to finalize proposal, with Dr. Moreland's lit review (recommend reading it outside of meeting times when possible). Have an idea of the kind of people to have on these teams, a funding proposal, and due to funding timeframes, will be pushing this recommendation out now rather than waiting until November. Will bring a final version of this proposal to the task force, as well as any other groups who may need to review it, even though this is a short turnaround time.

**Metrics:**

- K. Welch: review of the most recent draft of decision tree for policy recommendations or changes, with some additional areas to include. Will be reformatting this and incorporating all new suggestions as we work toward a final draft.
- Also will develop a half-page explainer for the decision tree to help groups with some details that they might not be as familiar with, such as who the CIC is, etc. Will send these drafts to A. Moreland and then to the larger group as whole.
- V. Trammel: recommendations for the email draft to the ERG are to have a timeframe for returning feedback (there will be) and a suggestion of finding a way to collect feedback from these groups via a survey or SmartSheet so groups do not return multiple copies of edited documents. This feedback can be presented in conjunction with other materials at the time it is presented to the Board/Dr. Jacobs. Discussion of how to do that will proceed with A. Moreland and other groups in the near future.
- O. Akingbola: want to be sure that feedback can still be collected in the future even after presenting this body of work next month so that the conversation can be ongoing.
- A. Moreland: looking into when all ERGs meet, or all ERG leadership meets. Finding out when/who soon.

**Survey:**

- H. Shuckers: reviewed survey draft again, no new edits suggested. Emphasis on ensuring the integrity of the national benchmarking of the survey is maintained while also still representing the clinical, research, and educational settings.



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- Looking into testing this in some capacity in cohorts, perhaps ERGs are right group for that
- Also online and offline capabilities to reach everyone who may have different technological access. Discussed more on how to plan communication strategies with K. Huwaldt, such as leaving the survey open for two weeks.
- Additionally taking into consideration the timing of Covington recommendations (likely by the end of the year). With that, launching the survey may be best after January or February.
- Recommendation of having a discovery meeting with Megan Pugmire in Communications to help with naming the survey and updating visuals.
- Additional feedback on post-survey recommendations and corrective actions. Address the findings.
- V. Trammel: is there a decision on how the positive or negative question framings will be done?
- A. Moreland: they will be grouped; to address the post-survey findings, data will be reviewed by CIC and policy changes will happen at that level, and that will inform the dashboard. The flowchart for the Metrics committee shows how those different elements and parties will interact with each other.

**Dashboard:**

- H. Sardar: recommendation previously for an itemized list of the dashboard content; looking for a copy of that list as there may be additional categories.
- Would like for the Metrics committee flowchart shared for their work.
- J. Rhodes: explaining how data is being captured from Public Safety systems; based on information from S. Habibi, it will be moved to a cloud-based system so we should not build anything off of the existing system as it will be going away.
- Also looking for how to get this information from one system to another without having additional people pass background checks; looks like it would be best to have that information come from DPS directly.
- When looking at cloud-based systems, note that vendors can sometimes offer dashboard reporting as a part of their service.
- A. Moreland: question about working with partners about a QSOA to cover confidentiality issues; looking into whether that exists with vendor who will handle this data. J. Russell: that is an unanswered question at this time, but we hope to find out more soon along with other data recommendations that can be put in writing from this committee.
- Will start looking at feedback for the components identified as being part of the dashboard at this time, and any other questions that come up can be directed to A. Moreland. This committee is unsure of what resources to ask for at this time, but will put together a finalized list of items soon to move those discussions forward.

**Summary:**

- Reminders that task force not meeting on October 28<sup>th</sup>; email will go out instead with items to review. Please use the time otherwise held for this meeting to review all of those items and ask final questions or offer final recommendations.
- A. Moreland will have a draft review in early November to review at the November 11<sup>th</sup> meeting as the larger group. Feedback mechanisms will be kept open after that point as well.
- What the Cabinet is expecting from this task force is a finalized product that could be sent out, and this group should meet that goal.





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◆ Alisha Moreland	◆ Amanda Macy	◆ Amela Blekic	◆ David Sant	◆ Dana Bjarnason
◆ David Carsten	◆ Desiree McCue	◆ Harjinder Sardar	◆ Heath Kula	◆ Helen Schuckers
◆ Jane Russell	◆ Jonathan Jui	◆ Lawrence Williams	◆ Nichole Guilfooy	◆ Olabisi Akingbola
◆ Pam Brown	◆ Phil Gordon	◆ Sam Habibi	◆ Violet Trammel	◆ Kelly Welch
◆ Julie Rhodes			◆ Attendee ◆ Absent ◆ Visiting Attendee	

### Brief Mindfulness Exercise/Meeting Intro

- Initial thanks to the entire task force over the last few months; despite hectic situations, this group has put in a lot of time and work with a demonstrable work product.
- As today is Veteran's Day, we may be missing a few more people than usual.
- This meeting's purpose is to go through all of our drafts and confirm we are satisfied with the work product.
- We will end with a discussion on next steps and any final items that need to be reviewed/questions which need to be answered.
- Confirming everyone received the email earlier this week with all of the draft documents.
- Will go committee-by-committee. Shout-outs to committees for all recent updates and work.

### CAHOOTS:

- Any updates/changes/items to bring to our attention? Inviting all members of the committee to share their thoughts.
- P. Brown: No initial thoughts; happy with the product that has been created and input from community partners.
- A. Blekic: Echo those thoughts; believe David, Desi, and Chief Kula did amazing work on this project.
- Thank A. Moreland for support and additions.
- H. Kula: Unofficially a part of this group – received the last draft and it looks great.
- D. Sant: Share the clarification of the job description; transitional care folks are very protective of job description. Intention when sending that job description was to highlight kinds of social work in the hospital, but they wanted to be sure we as a task force understood that their job description is something they own.
- Room in the future to use that as a model for future additions to have a specific job description for the purposes of this task force.
- Thoughts from members outside of the CAHOOTS committee? Not at this time.

### Metrics:

- Impressive work, level of detail and thoughtfulness.
- Visio is the program where this was finalized, based off draft structure and content from O. Akingbola.
- The group is happy with the document addressing, but not duplicating, existing committees and processes.

### Dashboard:

- All individuals informed that a dashboard would come from this work was met favorably. People are excited about this being a resource for the future.
- Still working on determining who will pull the data from multiple sources; working with ITG regarding a "data navigator."





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- Wish to report out on a monthly basis, at minimum.
- This is an excellent place to start.
- Two things to talk about in particular: 1) the one-pager which discusses some of the details, including perhaps a 0.5 FTE or a graduate student who may receive a stipend in that role, 2) also a discussion on warrants and how that information may/may not be useful/included.
- H. Sardar: Julie has been a tremendous support for this role. Jane, Sam, and Harjinder have done the primary work, but most of the team was called away from today's meeting on urgent matters.
- The committee met last week and created an updated document that will be shared after this meeting. Document discusses the components of data groups.
- J. Rhodes: There are areas in green on this document where there are comments from the committee.
- Indicated where data is currently already accessible; and other data we need to find and where we may be able to find it.
- A. Moreland: First question, may require more than 0.5 FTE initially – if there is an established partnership with the graduate school, we may be able to have more than one student. It would be useful to quantify hours; if someone has experience with this, would it still require more than 20 hours per week?
- J. Rhodes: Initially, perhaps, but then work should be more predictable and take less time after all areas are set.
- A. Moreland: Second question, incorporating some feedback we received earlier, but a question that emerged was – is there a way to track (and would it be useful to) how many people have warrants out for their arrest. Also, measuring their engagement with the Portland Police.
- OHSU's DPS culture may not match Portland Police's culture, which could interfere with perceptions.
- Do others have thoughts on that?
- H. Kula: Not completely understanding what is being captured with the warrants question – is there a perception that Portland Police seeks out people at OHSU with warrants, or does DPS report people with warrants to PPB?
- D. Sant: Both – there is a perception of OHSU's DPS as an arm of Portland Police, so when someone shows up with a warrant, social workers are hesitant to share that because it could discourage people from seeking care, especially if they are from a marginalized community. Tracking if there are arrests, seeing the severity of the warrants, etc. might be a useful aspect of the data.
- H. Kula: This might be something that can be addressed through the community engagement efforts. There is no tie between DPS and PPB in this specific regard. DPS interacts with all of these agencies, but this is distinct and officers are all OHSU employees. With warrants, there is a very narrow amount of warrants that may make PPB come to OHSU for an arrest, such as when the patient is discharged. There is a triage discharge process that generally means that a very serious crime justifies enforcing the warrant upon their discharge, whereas something less would never be enforced upon discharge. There is a distinction from how DPS evaluates this if it is, for instance, a murder warrant, vs. a narcotics warrant.
- PPB working on OHSU's campus, for warrants or otherwise, is extremely rare. DPS has asked for PPB to provide support for about one or two incidents in the last year, such as aiding a search effort covering multiple buildings when a person had a weapon.
- A. Moreland: In Phase 1, there was a description which outlined the process and the evolution of DPS over time, and it becoming its own department distinct from PPB. Refer to the [task force page on O2](#).
- The perception of how linked DPS and PPB are can skew feedback.
- Whatever group is in charge of implementation of the dashboard, H. Kula would like to pick out a few items like this to be included as a constant feature to help introduce the dashboard to its audience. For instance, the



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Chief's Message should be more front and center. There should be an easier way for people to learn about this department in one spot.

- A. Moreland: With this framework, recommending that this is moved on sooner rather than later so as to form a foundation for this eventual work product. Other items, such as the survey, may come later. This particular item requires more work before it is ready for publication and should be moved on quickly.
- Additionally, it is important to include Strategic Communications to aid with the introduction of the dashboard for the intended audience, also utilizing trauma-informed language. Other areas with regular engagement, e.g. video messages from Chief of Police elsewhere, show an increased perception of approachability.
- Other thoughts from the whole team? Maybe not a video message necessarily, but audio, stock photos, or anything that improves engagement would be welcome for that purpose.

**Survey:**

- Many thanks for updating and fine-tuning the work product. This has been created thoughtfully, and will be both useful and sustainable.
- H. Shuckers: Really like the adjustments that were made regarding attitudes of the police and using the Likert scale. One area of the survey to address is the location of where people are working, on page 2, which might need to be updated to add a telework option. That is the final suggestion to incorporate into the finished product.
- A. Moreland: Put some thought into that component and re-send it to the committee to get final approval.
- L. Williams: Agree with this suggestion as a hybrid employee (telework and on-site).
- Any final thoughts from the larger task force?
- Additional appreciation for sharing the OHSU inclusive language guide.
- H. Shuckers: Wanted to close the loop about next steps; believe the intention is to have this ready within the next year in conjunction with other efforts that are in the works from other groups/initiatives at OHSU.
- ERGs received this information to review; have not heard back yet, but feedback mechanisms are being kept open, especially as some of the ERG mailboxes indicated they are not constantly monitored.
- Initial feedback otherwise has been positive.
- Appreciation for how easy and clear it is to read, and that reinforces that it will be easily translated for all of the people intended as the audience.

**Policy Changes:**

- Final few recommendations that we discussed earlier.
- H. Kula: Wanted to advise group of how this will be rolled out. Use software that automates a notification to all sworn members of the department that requires them to indicate they have both read and understood the policy changes.
- Will be meeting with trainers to select a subset of these that are a substantive change in process, or a beneficial message of the change, to be queued up for their department in-service. One of the things will be the change from "police officer" to "peace officer." Help explain the "why" during an in-person training after the entire department acknowledges the changes.
- Barring any other updates/feedback from this group, H. Kula will roll this out.
- A. Moreland: Will incorporate this into the Executive Summary as that is a very important call-out on the implementation of these changes.



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**Next Steps:**

- The intention of this work a year ago was to make substantive changes, and the fact that DPS is leading this effort is noteworthy. This may serve as a great model for other organizations, and other departments at OHSU are interested in learning about this process.
- The nature of openness from DPS has aided the process.
- This is the final formal meeting of this phase – the group will continue to receive updates about the developments as they work through OHSU.
- Differentiating a public safety model from policing to even law enforcement – this group has reviewed how to measure and communicate those changes, and allow for bidirectional change and feedback, as well as make demonstrable policy and practice changes.
- Modeling what we believe a lot of different committees at OHSU could also work to do.
- This will likely be presented to Dr. Jacobs in January, and A. Moreland will put together a final PowerPoint and send it to the entire group as that date approaches.
- Phase III will get a little more in-depth as implementation moves forward. Initiatives such as “Train the Trainer” which incorporates this work product will be moved forward.
- Appreciative of this committee’s work and the real, tangible results that are coming from these efforts. This is very exciting, and the next phase will take this out to the greater public beyond just OHSU.
- National conferences, publications, and so on.

**Any Final Thoughts/Questions:**

- D. Sant: How will all of these changes be disseminated to OHSU clinicians and staff? There are perceptions about public safety which exist, and some are false.
- Moreland: Envision, after getting the approval of the President and Cabinet, have direction and support about how to strategically communicate this in succinct, thoughtful means, like a brief. There is a way to present this as a means of modeling this as a future effort that other areas can also implement.
- J. Jui: Suggest that after it’s cleared, internal media has a plan for how to distribute it so it is less easily missed than is usually the case due to the volume of emails we receive.
- A. Moreland: Agree – this is something that needs to be messaged out repeatedly and consistently.

**Summary:**

- Will take all of this feedback, and notify the task force members in a final summary closer to January.
- If there are questions/comments/thoughts, please email A. Moreland; feedback will be accepted up until the date of the presentation.
- Cannot thank this group enough for all of the work leading to this point.

## **Feedback from New Directions and C-TRAIN**

### **Dash board**

- Consider including more data collection about arrests on warrants, and how Pub Safety was notified of the warrant. (The policy that SW has to notify PS of warrants is asked to hold a gatekeeper role which needs to be tracked.)
- Consider including data collection on gender, age, substance use, housing status
- What is the concrete, operationalized description of “de-escalation” so we all agree about what is being counted? What techniques are being used? This may help identify gaps needed for training.

### **Draft OPSP Attitudes Survey**

- Refreshing future data points and a critical piece of accountability along with the dashboard!

### **OHSU Dept of PS Review Determination Policy**

- Distributing a Post-Incident Survey after dispatch of PS to “involved community members” should more explicitly list “involved patients and community members.”
- Who is responsible for reviewing and evaluating this process? Are there decision-makers at the table who are BIPOC and who have authority to champion changes to policies, staffing, and engagement to communities outside of OHSU?
- 

### **Establishment of a Crisis Response Team at OHSU**

- This includes the Clinical Outreach Social Worker job description which has not yet been approved by HR, and does not fit this role. Please use the Social Worker position description or write a new one.
- Expected outcomes are listed such as: “vastly improved patient care and outcomes” and “trauma informed experience for patients” as well as “reputational improvement surrounding best practice in care for vulnerable patients.” What are the explicit ways to measure these outcomes to determine if we are making progress? If there is an expectation that the HCAPS will capture this information? The pts who complete HCAPS are not necessarily the populations reflected here.
- This team of 5 FTE SW and 1 SW Manager:
  - Where these folks would be assigned in terms of Department? Care Management, ED, Strategic Services?
  - The reporting structure will impact their ability to be true to the vision.
  - How will this program interface with other SW programs in the inpatient, ED, Transitional Care and outpatient settings?
  - Will these SW staff follow up after the crisis conversation?
  - What will these SW positions do to support the ED/Inpatient SWers?
  - How and where will this team document? EHR for patients? Database similar to Patient Advocate?
  - This program appears similar in some ways to Project Respond, though expanded outside of solely psychiatric crisis response. There are several ED Social Workers who currently work part time at Project Respond and they may be able to provide content expertise.
  - Are the SW and RN working together at all times?

- Where will they physically be located on campus?
- “Work collaboratively with Public Safety services including potentially responding to calls for service with police officers that may benefit from the assistance of the CRT o CRT could assist Public Safety response on calls for service including, but not limited to, welfare checks, persons considering self-harm, persons in behavioral health crisis, Code Greens, patient escalation, patient elopement, domestic disputes.” Are public safety officers always needed in these situations? How will this be decided? If SW is able to de-escalate and asks Pub Safety to stand down, is that OK? What protocols are in place to avoid Pub safety’s mere presence from escalating the situation?
- How does this process of “incident” response impact the FYI Flags for violence, etc which are on pt’s EHR?
- How do we keep each other accountable in interactions? Who will take the lead?
- Critical skills for this new Social Worker role include: crisis intervention, risk assessment, excellent de-escalation skills, ability to work seamlessly within a team, ability to respond rapidly to calls. Consider consulting with the ED SW staff about these crisis interventions in a medical setting.

# OHSU Campus Safety Review Task Force – Committee (OCSRTF-C) Update

Dana Bjarnason, PhD, RN

Alisha Moreland-Capuia, MD



# Brief review

- Represents Phase II of the work to review, evaluate and transform OHSU's Public Safety Department (OPSD)
- In Phase 1, for 6 months, a multi-disciplinary, diverse committee was convened to review and evaluate OPSD practices and policies
- Phase I commenced at the prompting of Dr. Jacobs and the board in October 2020 in response to increased police brutality, rising racial tensions and community conversation(s) about 'safety'
- The rigorous process bore several recommendations for trauma informed, culturally responsive change

# Phase I recommendations = foundation for Phase II work

1. Design an OHSU community survey to assess attitudes towards public safety, data to be used for continued quality improvement and inform department policy changes.
2. Build a framework for metrics to measure and assess policy and practice changes within the department of Public Safety.
3. Establish a ready-to-move-on framework for a pilot program that imbeds a social work and peer support arm in emergency behavioral responses.
4. Develop a dashboard for greater community access to OHSU Public Safety data to center transparency, build trust and community.
5. Revise the OHSU Public Safety manual, fully incorporating trauma-informed feedback from Phase I review/recommendations.



# OCSRTF-C represents Phase II work

- Phase II work involved operationalizing the recommendations from Phase I
- Members were selected based on specific expertise required to fulfill the objectives/deliverables
- The work was guided by trauma informed principles to include voice/choice, empowerment, collaboration, cultural/historical/gender considerations, awareness of how trauma manifest in individuals and systems – commitment to prevent re-traumatization

# OCSRTF-C Phase II subcommittees

- **Subcommittee 1** was tasked with designing a community survey to assess attitudes towards public safety. Members: *Helen Schuckers, Larry Williams, Dana Bjarnason, Amanda Macy, Alisha Moreland-Capuia*
- **Subcommittee 2** was tasked with establishing a framework for metrics to assess policy and practice changes. Members: *Phil Gordon, Kelly Welch, Violet Trammel, Olabisi Akingbola, Alisha Moreland-Capuia*
- **Subcommittee 3** was tasked with establishing a ready to pilot-program that embeds social workers and peer specialists in the center of emergency behavioral responses. Members: *David Sant, Jonathan Jui, Pam Brown, Desiree McCue, Amela Blekic, Alisha Moreland-Capuia*

# OCSRTF-C Phase II subcommittees

- **Subcommittee 4** was tasked with establishing a dashboard for the purposes of transparency, communication, and continuous quality improvement. Members: *Jane Russell, Sam Habibi, David Carsten, Anne Horgan, Harjinder Sardar, Alisha Moreland-Capuia*
- **Subcommittee 5** was tasked with integrating the totality of trauma-informed feedback into revising their nearly 400-page policy manual. Members: *Chief Heath Kula, Public Safety Department/team, Alisha Moreland-Capuia*

# The ‘process’ mattered just as much as the ‘promise’ of operationalizing the recommendations

- Subcommittees as defined by charter invited subject matter experts within OHSU to include HR, strategic communications, ITG and multiple departments across the University to inform and refine our processes and deliverables.
- Subcommittees were provided with current institutional data, research, and current and emerging literature/studies to inform processes.
- Work product from each subcommittee was sent to all OHSU ERG’s, Student groups (nursing, dentistry, PA, medical) and to a group of culturally diverse and trauma-informed social worker/nursing staff (C-TRAIN and New Directions) for wide feedback and more important the opportunity to provide feedback remains open (provides for fluid, evolving process that adjusts with and is responsive to changing realities/information)

# Results/Deliverables

- ✓ Survey – *complete*
- ✓ Framework for metrics to assess policy and practice changes and impact – *complete*
- ✓ Ready-to-move on emergency behavioral response team designed and a projected budget established – *complete*
- ✓ Design and content development for dashboard – *complete*
- ✓ Trauma-informed update of the department of public safety manual – *complete*



See comprehensive report = Executive summary + Addenda

# Overarching goal(s)

- Establish effective feedback loops that result in continuous trauma-informed, culturally responsive improvement in the department of public safety
- To keep every member of the OHSU community safe
- To make certain that every member of the OHSU community feels safe
- To buoy transparency, trust and build community
- Persistent, continuous quality improvement
- Improve OPSD communication with the OHSU community
- Establish a sustainable mechanism for active feedback and accountability
- This work will undoubtedly and robustly contribute to the establishment of community public safety standards for university/hospital systems across the country

# Questions/Clarifications/Challenges/Reservations/Reflections



Date: January 28, 2022

To: OHSU Board of Directors

From: Renee Edwards MD, MBA  
SVP, Chief Medical Officer OHSU Health

RE: Annual Quality & Safety Report

Memo: This report summarizes OHSU Healthcare's FY22 performance with regard strategic initiatives and external programs as led and/or overseen by the Department of Quality, Safety and Performance Improvement.

In summary, we:

- 1) Ranked 13<sup>th</sup> nation-wide among academic medical centers in Vizient's annual quality and accountability scorecard. This represents an increase from our 14<sup>th</sup> ranking in FY20.
- 2) CMS announced changes to their star rating methodology in 2019 that went into place in 2021. This resulted in a change from 5 star to 4 star rating for OHSU.
- 3) Performed above the 75<sup>th</sup> percentile in the incentive program for hospital-acquired conditions thus avoiding a financial penalty. And, maintained gains relative to national rates during the COVID-19 pandemic.
- 4) Led through two tier 1 priorities – COVID-19 taskforce/EOC and mortality
- 5) Hired DEI Quality Specialist to support the integration of an equity lens into quality processes and strategies

Acronyms:

HAC – hospital acquired conditions  
PSI – patient safety intelligence  
AHRQ – Agency for Healthcare Research and Quality  
CLABSI – central line associated blood stream infection  
CAUTI – catheter associated urinary tract infection  
CDI – Clostridium Difficile Infection  
SSI – surgical site infection  
THK – total hip and knee  
LOS – length of stay  
O/E – observed over expected  
HAI – hospital acquired infections  
MRSA – methicillin-resistant staph aureus





# OHSU Healthcare FY21 Annual Quality & Safety Report

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# PERFORMANCE HIGHLIGHTS

## #13

### VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD

Improved ranking from #14 to #13 although missed the cutoff to be a five-star hospital this year.



### CMS STAR RATING

Achieved 4/5 stars in the CMS Star Rating.

## N/A

### VALUE-BASED PURCHASING (VBP)

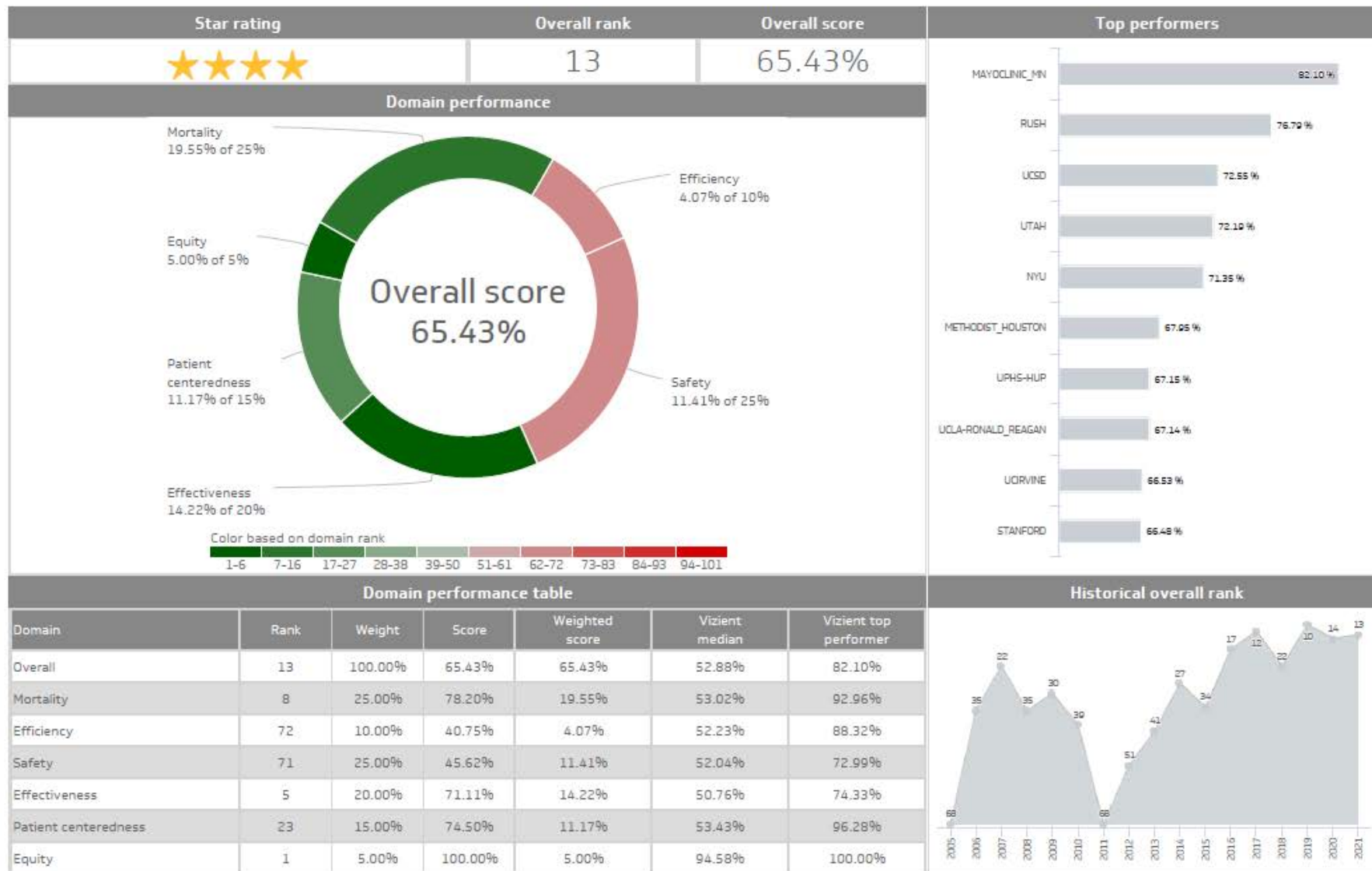
No FY22 value-based purchasing program due to Covid-19.



### HAC REDUCTION PROGRAM

Performed above the 75th percentile cut-off, avoiding a financial penalty.

## 2021 Comprehensive Academic Medical Center Quality and Accountability Oregon Health & Science University Performance Scorecard



# Declines in Safety, Efficiency, & Effectiveness Domains

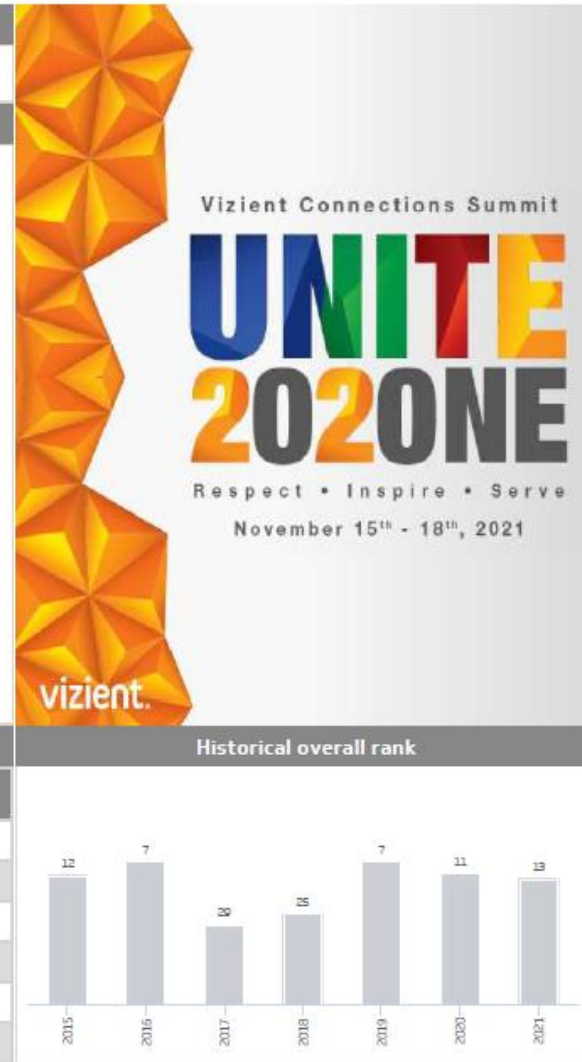
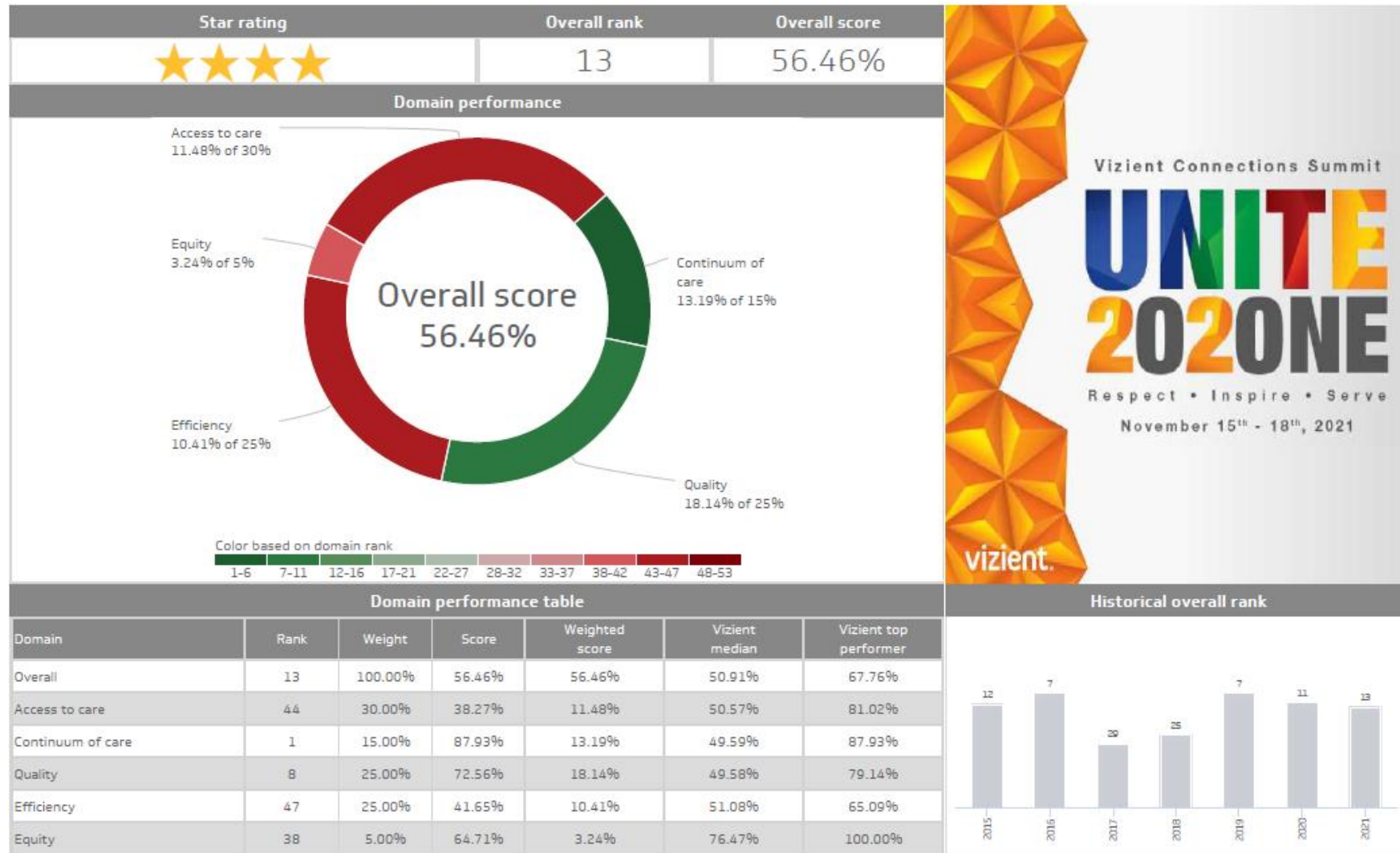
	2018	2019	2020	2021
<b>Overall – Total Score (Ranking – lower is better)</b>				
Overall	61.35 (22)	64.22 (10)	63.57 (14)	65.43 (13)
Mortality	52.88 (47)	59.05 (35)	68.80 (21)	78.20 (8)
Safety	56.22 (26)	62.27 (12)	49.79 (54)	45.62 (71)
Effectiveness	67.24 (9)	72.48 (3)	74.04 (3)	71.11 (5)
Patient Centeredness	85.14 (2)	76.03 (14)	65.73 (31)	74.50 (23)
Efficiency	34.13 (81)	47.64 (54)	48.35 (55)	40.75 (72)
Equity	88.89 (52)		88.33 (67)	100.00 (1)
<b>RANK</b>	<b>22</b>	<b>10</b>	<b>14</b>	<b>13</b>

## FY2022 Sustainment/Improvement Recommendations

- Deeper dive into AHRQ Patient Safety Indicators (PSI) review process & collaboration with Coding and Documentation Improvement (CDI) team
- Revise standard work with Infection Prevention & Control & perioperative team for Surgical Site Infection case review
- Continue monitoring overall performance with quarterly calculator



## 2021 Ambulatory Quality and Accountability Performance Scorecard Oregon Health Sciences University Medical Group



# Healthcare-acquired infections in a pandemic

The CDC recently published an analysis of data taken from the National Healthcare Safety Network

Compared to 2019, rates increased by:

**CLABSI: 47%**

**MRSA: 33.8%**

**CAUTI: 18.8%**

Rates of surgical-site infections and C-Diff either decreased or held steady in 2020.

## CMS Hospital Acquired Conditions Program

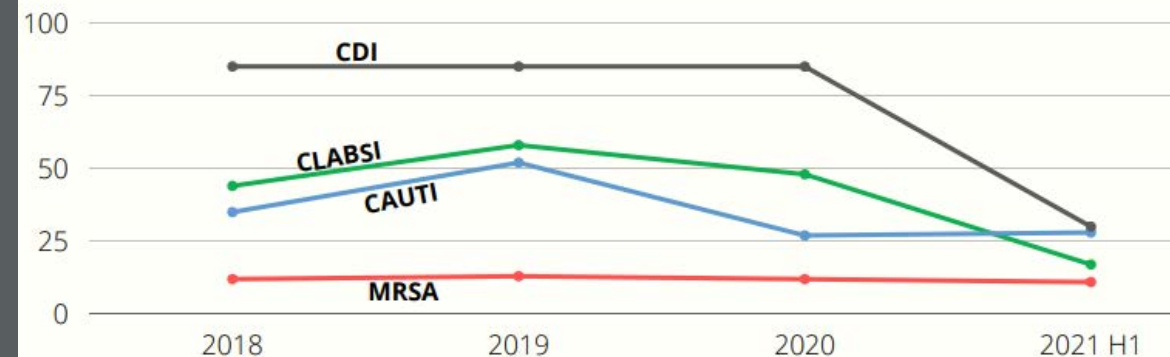
### How Does OHSU Compare?

Data taken from Infection Prevention & Control Annual Report

Year	CLABSI	SIR	CAUTI	SIR	HO-CDI	SIR	HO-MRSA Bacteremia	SIR
2018	44	0.6	35	0.6	85	0.8	12	0.6
2019	58	0.8	52	0.9	85	0.8	13	0.7
2020	48	0.7	27	0.9	85	0.9	12	0.7
2021 H1	17	0.5	28	1.1	30	0.6	11	1.2

Key
Significantly Better than National Experience
No different than National Experience
Significantly Worse than National Experience

Since 2018, our rates of HAIs have been either the same or significantly better than the the national experience - even in 2020!



# FY 21Tier-1 Priority: COVID-19

## FY2021 tactics

1. Patient & Staff Safety – create, educate and enforce physical environment guidelines & requirements
2. PPE Taskforce – maintain supplies and educate to appropriate use for staff & patients
3. Clinical Lab Taskforce – sustain supplies and turnover time for rapid & standard PCR testing
4. Perioperative Services – avoid case cancelations & appropriately pre-op any COVID-19 patient
5. Wellness – identify wellness interventions and complete quarterly employee Pulse surveys
6. Ambulatory Environment – understand capacity, demand and resource allocation
7. Emergency Operations & Regulatory Requirements – compliance with HHS reporting
8. Frontline Employee Vaccination – assist and collaborate with vaccine planning

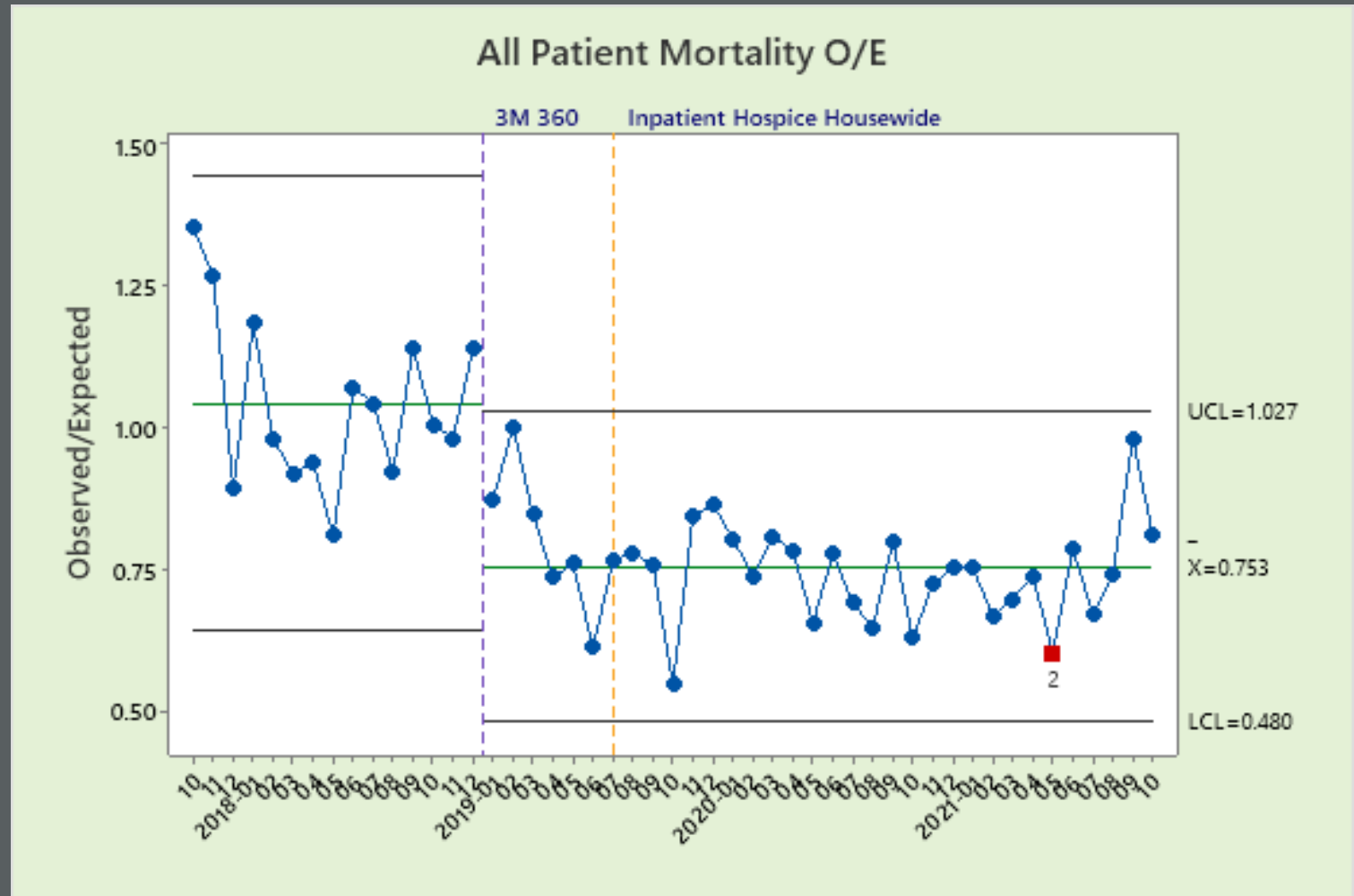
# Accomplishments of COVID-19 Tactics

- COVID taskforce as point of connection across all metrics for
  - alignment across multiple units/departments
  - reporting barriers and challenges
  - alignment of communications
  - maintaining COVID-19 website as single source of truth
- Tableau dashboard created for tracking all data requirements
- Coordination with Testing and Vaccine Executive Committee
- No known cases of staff to patient or patient to staff transmission
- Continuous improvement and respect for people at the forefront



# Tier 1 Priority: Mortality O/E for sustainment

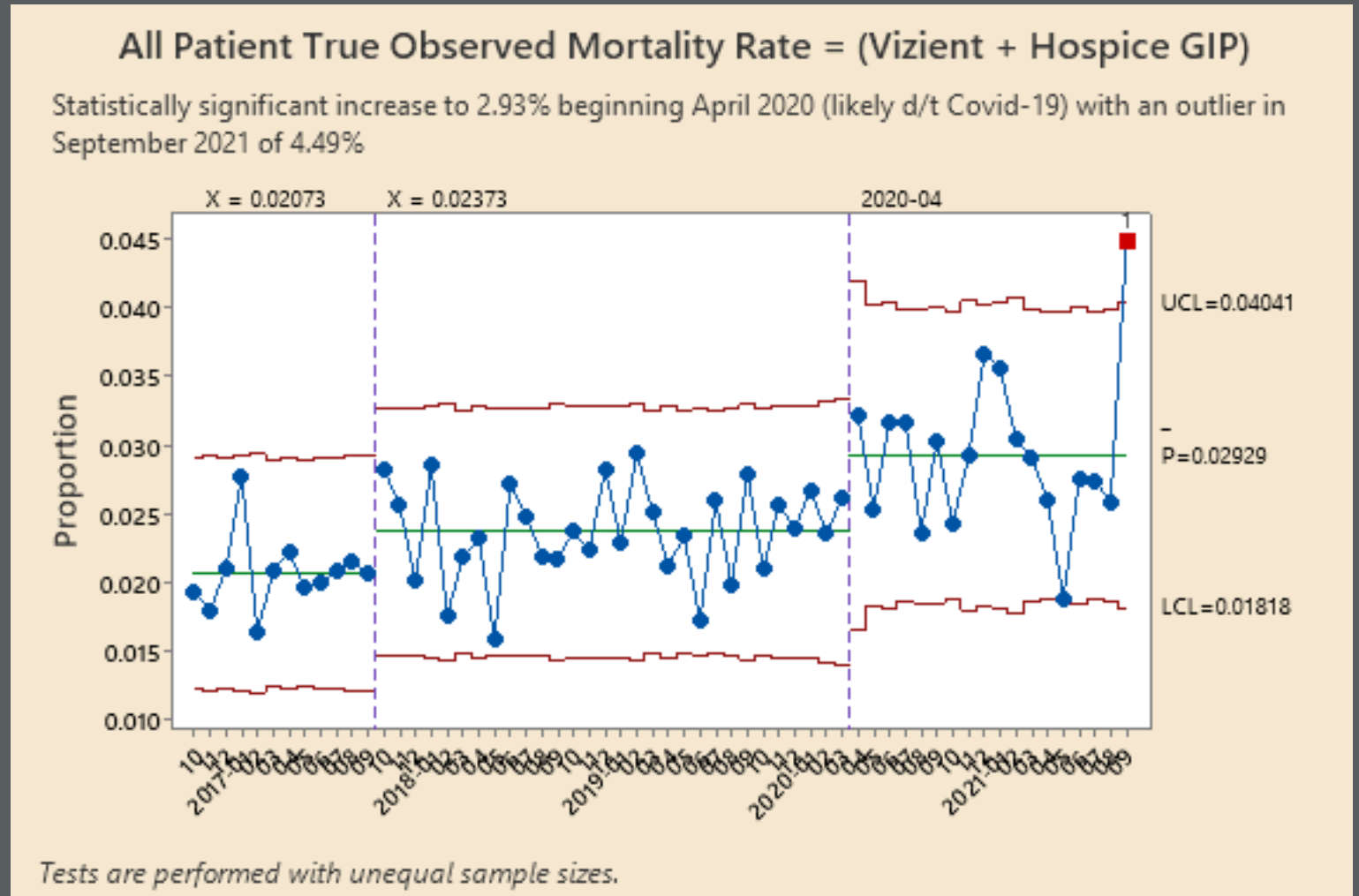
Despite the increase in patient acuity due to Covid-19, our O/E has been sustained with average Mortality index of 0.72 with the continued use of the Hospice GIP program, 3M 360 coding software and the commitment to appropriate coding by our clinical teams



# Tier 1 Priority: Improve Observed Mortality to <2.75%

The strain of COVID-19 and competing activities reduced the improvement team's capacity to fully complete action items and attain this goal

Accomplished creation of a deterioration index tool for rapid deployment of the Rapid Response team that has led to significant reduction in transport to ICU



# Diversity, Equity and Inclusion

## Health Disparities Reduction Core Steering Committee

**Purpose:** To establish a core resource of data and quality improvement expertise to facilitate identification and mitigation of health disparities in OHSU patients.

### **Accomplishments:**

- Creation of telehealth equity dashboards measuring MyChart Activation rates and virtual visit types across race, ethnicity, age, and gender.
- Hiring of DEI Quality Specialist and DEI Analyst to support the integration of an equity lens into quality processes and strategies
- Collaboration across all three missions of OHSU
- Creation of a centralized resource to record departmental goals and ideas around the identification of disparity metrics



Thank You

# Appendix

- Vizient FY 21 detail
- HAC program detail
- Annual Patient Safety Report

# Mortality year-over-year

	2018	2019	2020	2021
<b>Mortality – O/E Index (assigned points 3 to -3)</b>				
Cardiology	0.94 (0.04)	1.02 (0.45)	0.62 (-1.34)	0.80 (-0.63)
Cardiothoracic Surgery	0.70 (-0.74)	0.73 (-0.83)	0.73 (-0.52)	0.87 (-0.33)
Gastroenterology	0.96 (0.37)	0.30 (-1.58)	1.14 (1.11)	0.68 (-0.67)
Medicine General	0.78 (-0.58)	0.72 (-0.84)	0.70 (-0.92)	0.60 (-0.76)
Neurology	0.85 (-0.38)	0.67 (-1.01)	0.71 (-0.81)	0.64 (-1.06)
Neurosurgery	0.79 (-0.39)	0.63 (-0.95)	0.49 (-1.27)	0.42 (-1.57)
Surgery General	0.79 (-0.67)	0.99 (0.48)	0.64 (-0.96)	0.73 (-0.76)
Ortho/Spine	0.74 (-0.27)	1.36 (1.27)	0.40 (-0.81)	0.14 (-1.65)
Oncology	1.23 (0.46)	0.92 (0.15)	0.82 (-0.32)	0.70 (-0.59)
Vascular Surgery	1.37 (2.07)	0.66 (-0.75)	0.56 (-0.89)	0.97 (0.16)
Solid Organ Transplant	1.07 (0.34)	1.10 (0.27)	1.55 (1.13)	0.32 (-1.55)
Trauma	1.00 (0.50)	0.88 (-0.12)	0.68 (-0.95)	0.70 (-0.94)
Pulmonary/Critical Care	0.75 (-1.15)	0.93 (-0.16)	0.86 (-0.45)	1.00 (-0.95)
<b>RANK</b>	<b>47</b>	<b>35</b>	<b>21</b>	<b>8</b>

# Safety year-over-year

	2018	2019	2020	2021
<b>Safety – rates (assigned points 3 to -3)</b>				
PSI03 – Pressure Ulcer	0.00 (-3.00)	0.36 (-1.13)	0.00 (-3.00)	0.36 (-1.06)
PSI06 – Iatrogenic Pneumothorax	1.20 (1.22)	0.96 (0.16)	0.79 (0.00)	1.12 (0.58)
PSI09 – Hemorrhage and Hematoma	0.17 (-0.21)	0.64 (-0.95)	0.79 (-0.68)	0.93 (-0.18)
PSI11 – Respiratory Failure	0.18 (-0.84)	0.40 (-0.36)	0.55 (0.33)	0.80 (0.77)
PSI13 – PostOp Sepsis	0.55 (-0.44)	0.94 (0.46)	0.74 (-0.22)	1.07 (0.47)
CAUTI	0.80 (-0.12)	0.82 (0.20)	0.67 (-0.10)	0.90 (0.34)
CLABSI	1.15 (0.97)	0.65 (-0.48)	1.17 (1.23)	0.88 (-0.28)
SSI – Colon	0.99 (-0.15)	0.79 (-0.66)	0.64 (-0.72)	1.24 (0.70)
SSI – Abd Hyst	1.35 (0.10)	0.42 (-0.91)	3.37 (1.84)	0.51 (-0.58)
CDI	0.86 (-0.14)	0.82 (0.10)	0.81 (0.42)	0.76 (0.45)
THK Complications	1.57 (-0.49)	1.22 (-0.73)	2.11 (-0.01)	2.02 (-0.32)
Warfarin – Elevated INR	1.21 (-1.54)	1.71 (-1.28)	1.95 (-1.03)	3.03 (-0.65)
Hypoglycemia and Insulin Use	3.64 (0.46)	4.38 (0.83)	4.60 (1.14)	4.24 (0.77)
<b>RANK</b>	<b>26</b>	<b>12</b>	<b>54</b>	<b>71</b>

	2018	2019	2020	2021
<b>Effectiveness – results (assigned points 3 to -3)</b>				
Readmission - Cardiology	6.24 (-1.92)	6.26 (-2.11)	10.40 (-0.88)	7.13 (-2.57)
Readmission - CT Surgery	6.99 (-0.85)	7.63 (-0.66)	6.01 (-0.98)	4.18 (-2.35)
Readmission - Gastroenterology	13.03 (-1.28)	13.34 (-1.20)	11.99 (-1.44)	11.00 (-2.28)
Readmission - Oncology	12.21 (-1.40)	9.94 (-1.34)	8.98 (-1.71)	8.72 (-1.51)
Readmission - Medicine General	15.60 (-0.30)	12.47 (-1.99)	13.64 (-0.76)	13.57 (-0.64)
Readmission - Neurology	6.92 (-0.75)	4.42 (-1.95)	4.29 (-1.88)	5.09 (-1.47)
Readmission - Neurosurgery	8.30 (-0.21)	7.03 (-0.30)	6.12 (-0.60)	7.38 (0.16)
Readmission - Surgery General	8.34 (-1.37)	8.53 (-1.79)	9.01 (-0.93)	7.54 (-2.07)
Readmission - Ortho/Spine	5.96 (0.00)	5.10 (-0.36)	5.38 (0.04)	5.94 (-0.09)
Readmission - Vascular Surgery	9.30 (-1.57)	9.81 (-1.17)	13.00 (0.19)	8.96 (-1.47)
Readmission - Solid Organ Transplant	14.39 (-1.71)	20.70 (-0.86)	18.69 (-1.24)	17.20 (-1.66)
Readmission - Trauma	4.56 (-1.35)	5.56 (-0.73)	4.40 (-1.20)	4.08 (-1.40)
Readmission - Pulmonary/Critical Care	10.90 (-0.97)	11.11 (-1.06)	13.41 (-0.17)	7.02 (-1.40)
Excess Days - Cardiology	0.07 (0.50)	0.04 (0.07)	-4.24 (-0.88)	7.24 (0.73)
Excess Days - CT Surgery	0.10 (0.63)	0.00 (-0.67)	0.30 (-0.48)	3.69 (-0.26)
Excess Days - Gastroenterology	-0.05 (-1.20)	0.00 (-0.77)	3.43 (-0.48)	8.46 (0.07)
Excess Days - Oncology	-0.10 (-0.63)	-0.04 (-0.91)	-0.88 (-0.49)	-5.52 (-0.78)
Excess Days - Medicine General	-0.03 (-0.70)	-0.01 (-0.68)	0.42 (-0.62)	-0.75 (-0.60)
Excess Days - Neurology	0.02 (-0.80)	-0.05 (-1.85)	-0.23 (-0.81)	-5.24 (-1.65)
Excess Days - Neurosurgery	0.11 (0.60)	0.01 (-0.33)	-2.27 (-1.06)	-2.21 (-0.93)
Excess Days - Surgery General	0.08 (0.01)	0.03 (-0.47)	4.74 (-0.35)	1.80 (-0.51)
Excess Days - Ortho/Spine	0.03 (0.29)	0.04 (0.03)	-1.92 (-1.07)	-7.27 (-1.82)
Excess Days - Vascular Surgery	0.04 (0.49)	0.14 (1.05)	2.01 (0.19)	20.10 (1.59)
Excess Days – Solid Organ Transplant	-0.01 (-0.34)	-0.19 (-1.51)	-5.58 (-0.58)	0.85 (-0.26)
Excess Days - Trauma	0.06 (0.23)	0.02 (-0.46)	-1.25 (-0.96)	0.94 (-0.78)
Excess Days - Pulmonary/Critical Care	-0.27 (-1.14)	0.00 (0.20)	-6.00 (-0.09)	7.69 (0.49)
Lactate level for Sepsis w/in 12hrs	2.05 (-1.13)	3.52 (-0.82)	2.72 (-1.02)	6.13 (0.10)
Transfusion for Hgb $\geq$ 9	2.42 (-0.18)	1.67 (-0.25)	1.29 (-0.55)	1.86 (0.11)
Outpatient Procedure Revisits - Colonoscopy			0.51 (-0.80)	0.55 (-0.81)
Outpatient Procedure Revisits - Biliary			4.46 (0.11)	3.38 (-0.05)
Outpatient Procedure Revisits - Urological			2.26 (-0.98)	2.95 (-0.49)
Outpatient Procedure Revisits - Arthroscopy			0.60 (-0.60)	1.14 (-0.22)
ED-1B Median Time Admitted Patients	363 (-0.59)			
ED-18b – Median Time D/Cd Patients	245.5 (0.20)	260.5 (0.27)		
ED-2b – Median Time Admit to Depart	190 (-0.02)	232.5 (0.14)		
<b>RANK</b>	<b>9</b>	<b>3</b>	<b>3</b>	<b>5</b>

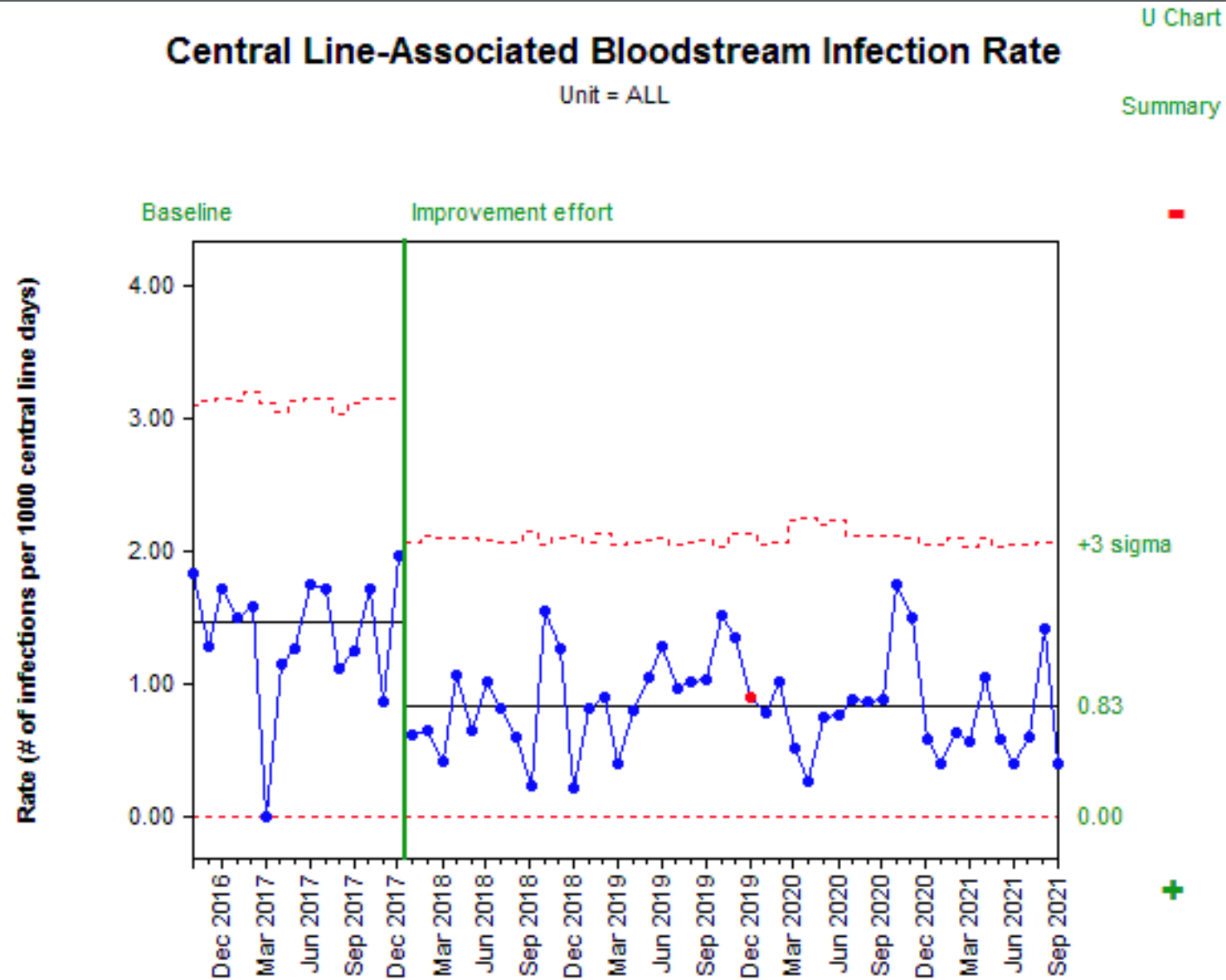


# Patient Centeredness

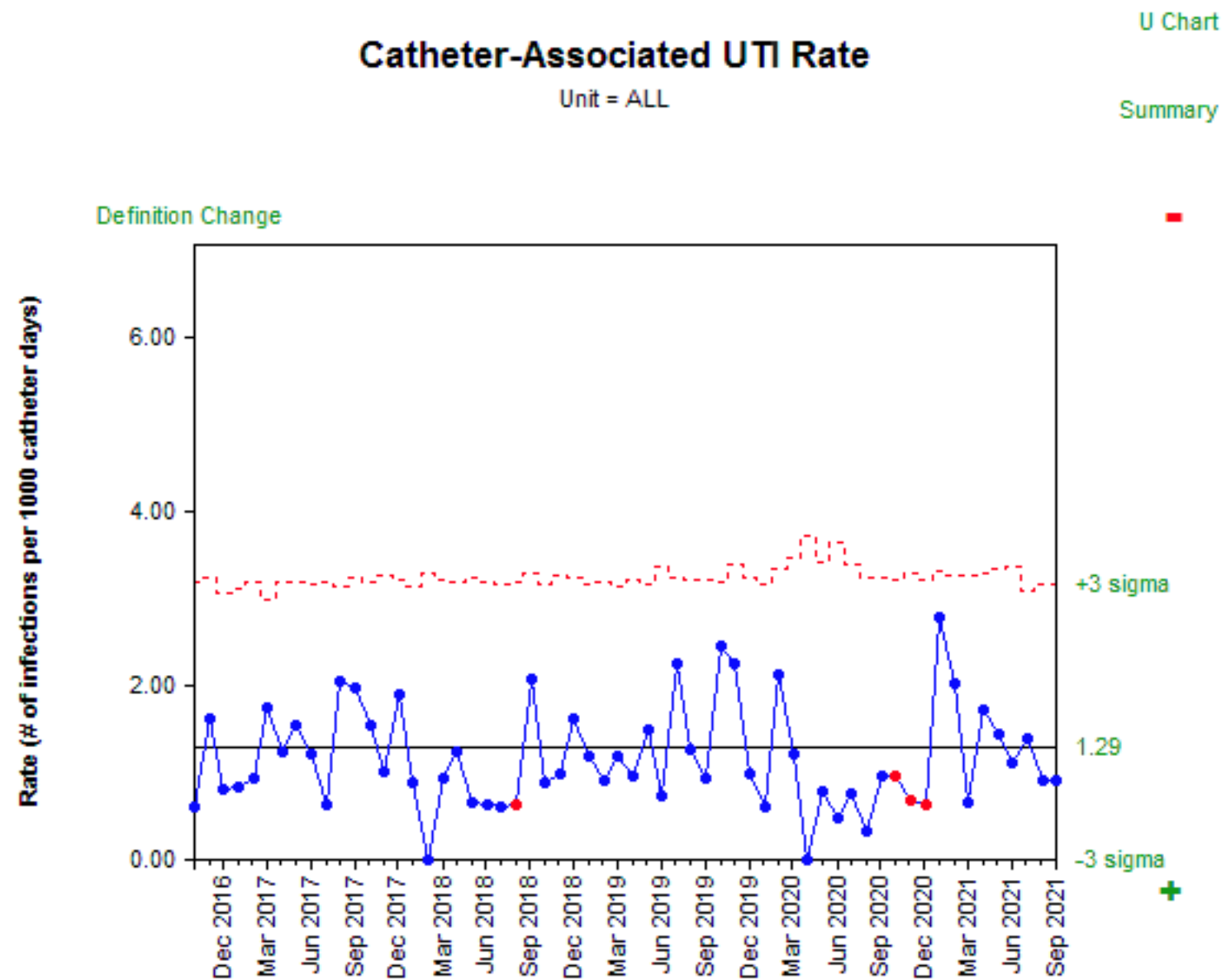
Patient Centeredness – mean score (assigned points -3 to 3)				
Cleanliness/Quiet*	64.47 (0.39)	63.18 (0.07)	61.44 (-0.32)	62.94 (0.02)
Discharge Information*	92.28 (1.22)	90.13 (0.30)	89.95 (0.28)	90.95 (0.89)
MD Communication*	84.33 (0.89)	84.35 (0.76)	83.78 (0.40)	82.31 (0.30)
Information about Medications*	71.21 (2.24)	67.67 (0.86)	68.76 (0.97)	66.13 (1.11)
RN Communication*	83.93 (1.19)	83.14 (0.85)	81.13 (-0.06)	83.35 (1.04)
Pain Management*	73.85 (1.20)	73.30 (1.36)		
Responsiveness*	68.51 (0.87)	68.35 (0.82)	68.63 (0.79)	64.54 (0.54)
Overall*	83.39 (1.02)	83.08 (1.00)	78.39 (0.22)	84.03 (1.20)
Transitions of Care*	63.54 (1.29)	61.11 (0.71)	66.11 (1.54)	58.92 (0.57)
<b>RANK</b>	<b>2</b>	<b>14</b>	<b>31</b>	<b>23</b>

	2018	2019	2020	2021
Efficiency -- O/E Index (assigned points 3 to -3)				
Direct Cost - Cardiology	1.19 (0.77)	1.02 (-0.01)	1.16 (0.49)	1.23 (0.67)
Direct Cost - CT Surgery	1.22 (0.71)	1.00 (-0.17)	0.98 (-0.13)	1.16 (0.37)
Direct Cost - Gastroenterology	1.28 (1.28)	1.80 (2.74)	1.21 (0.66)	1.54 (1.64)
Direct Cost - Medicine General	1.30 (1.55)	1.20 (0.76)	1.28 (1.03)	1.35 (1.28)
Direct Cost - Neurology	1.30 (1.31)	1.23 (0.71)	1.07 (0.05)	1.25 (0.61)
Direct Cost - Neurosurgery	1.30 (1.06)	0.99 (-0.19)	1.09 (0.34)	1.37 (1.19)
Direct Cost - Surgery General	1.32 (1.44)	1.12 (0.35)	1.02 (0.01)	1.34 (1.04)
Direct Cost - Ortho/Spine	1.22 (1.40)	0.97 (-0.15)	1.04 (0.17)	1.18 (0.40)
Direct Cost - Oncology	1.25 (0.87)	1.11 (0.55)	1.08 (0.46)	1.42 (1.54)
Direct Cost - Vascular Surgery	1.49 (1.80)	1.22 (0.62)	1.27 (1.05)	1.53 (1.53)
Direct Cost - Solid Organ Transplant	0.84 (-0.81)	0.75 (-1.38)	0.80 (-1.16)	1.03 (-0.12)
Direct Cost -Trauma	1.30 (1.34)	1.12 (0.35)	1.16 (0.55)	1.44 (1.27)
Direct Cost - Pulmonary/Critical Care	1.15 (0.63)	1.21 (0.61)	1.07 (-0.14)	1.54 (-0.03)
Direct Cost - Gynecology	1.73 (2.71)	1.13 (0.19)	1.35 (1.08)	1.73 (1.71)
Direct Cost - Obstetrics	1.84 (2.53)	1.39 (1.13)	1.48 (1.20)	1.91 (2.48)
Direct Cost - Otolaryngology	1.47 (1.80)	1.11 (0.49)	1.33 (1.10)	1.95 (1.70)
Direct Cost - Urology	1.25 (1.17)	0.85 (-0.37)	0.91 (0.15)	1.41 (1.35)
Direct Cost - Plastic Surgery	1.48 (1.83)	1.13 (0.42)	1.20 (0.37)	2.36 (3.01)
LOS - Cardiology	1.01 (0.71)	0.98 (0.22)	1.01 (0.23)	0.97 (0.05)
LOS - Cardiothoracic Surgery	0.97 (0.11)	0.92 (-0.33)	0.90 (-0.57)	0.91 (-0.59)
LOS - Gastroenterology	0.91 (-0.59)	0.90 (-0.83)	0.84 (-1.62)	0.95 (-0.53)
LOS - Medicine General	0.94 (-0.13)	0.94 (-0.31)	0.96 (-0.37)	0.92 (-0.46)
LOS - Neurology	0.88 (-0.64)	0.94 (-0.33)	0.89 (-0.88)	0.87 (-1.20)
LOS - Neurosurgery	0.94 (-0.24)	0.90 (-0.32)	0.93 (-0.23)	0.89 (-0.63)
LOS - Surgery General	0.88 (-0.78)	0.94 (-0.20)	0.90 (-0.51)	0.92 (-0.48)
LOS - Ortho/Spine	0.91 (-0.06)	0.87 (-0.87)	0.89 (-0.74)	0.84 (-1.20)
LOS - Oncology	0.95 (0.11)	0.94 (-0.08)	0.89 (-0.64)	0.91 (-0.29)
LOS - Vascular Surgery	0.88 (-0.26)	1.02 (0.65)	0.89 (-0.45)	0.89 (-0.44)
LOS - Solid Organ Transplant	0.82 (-1.36)	0.80 (-1.41)	0.82 (-1.27)	0.84 (-1.20)
LOS -Trauma	0.86 (-0.74)	0.88 (-0.77)	0.89 (-0.73)	0.90 (-0.73)
LOS - Pulmonary/Critical Care	0.87 (-0.62)	1.05 (0.61)	0.87 (-1.22)	0.99 (-1.89)
LOS - Gynecology	1.32 (2.67)	1.07 (0.69)	1.27 (1.98)	0.97 (-0.45)
LOS - Obstetrics	1.09 (0.59)	1.01 (0.02)	1.04 (0.25)	0.96 (-0.08)
LOS - Otolaryngology	1.11 (0.82)	1.07 (0.51)	1.02 (0.11)	1.05 (0.54)
LOS - Urology	0.89 (-0.59)	0.88 (-0.14)	1.01 (0.87)	0.97 (0.26)
LOS - Plastic Surgery	0.99 (0.24)	0.86 (-0.50)	1.12 (0.34)	1.49 (2.63)
LOS - Non Core Services				
<b>RANK</b>	<b>81</b>	<b>54</b>	<b>55</b>	<b>72</b>

# CLABSI



# CAUTI

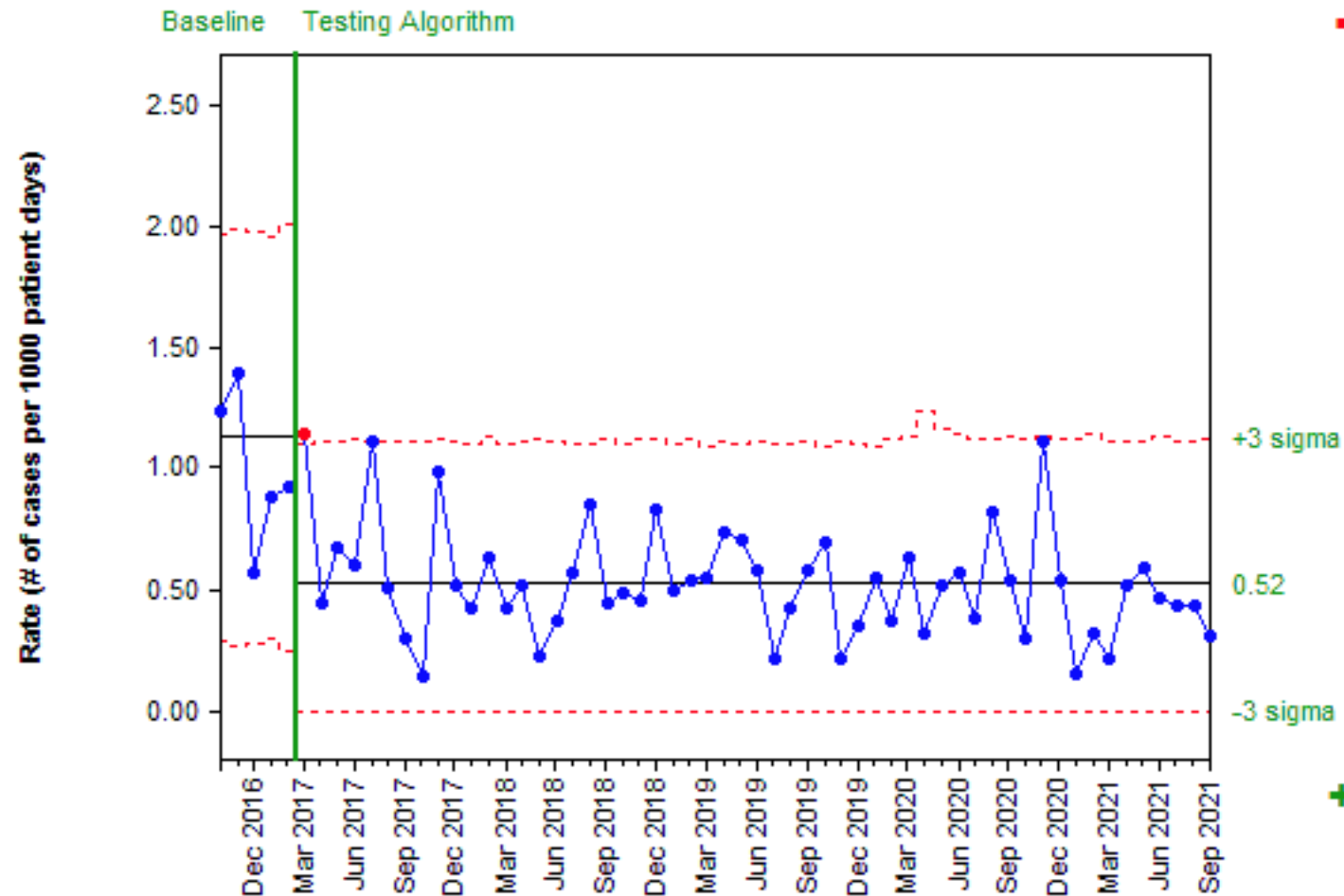


# C.diff

## Hospital Onset C. difficile Infection (HO-CDI)

Unit = ALL

Summary



# Adult SSI: Colon Complex 30 Day SIR (CMS Risk Model)

Year	Colon SSI	Number of Colon SSIs Predicted	SIR	p-value (SIR different than 1.0)	CMS Threshold SIR*
2018	10	11.8	0.85	0.63	0.78 ✖
2019	10	13.2	0.76	0.39	0.75 ✖
2020	10	11.5	0.87	0.70	0.75 ✖
2021 Q1 & Q2	4	4.9	0.81	0.73	0.72 ✖

Key
Significantly Better than National Experience
No different than National Experience
Significantly Worse than National Experience

CMS incentive program uses annual (CY) data

\*SIR must come in below this for positive effect on VBP results

# Adult SSI: Abd Hyst Complex 30 Day SIR (CMS Risk Model)

Year	Abd Hyst SSI	Number of Abd Hyst SSIs Predicted	SIR	p-value (SIR different than 1.0)	CMS Threshold SIR*
2018	1	2.3	0.44	0.44	0.73 ✓
2019	7	2.7	2.56	0.03	0.73 ✗
2020	1	2.6	0.38	0.34	0.73 ✓
2021 Q1 & Q2	1	1.3	0.76	0.89	0.74 ✗

## Key

Significantly Better than National Experience

No different than National Experience

Significantly Worse than National Experience

CMS incentive program uses annual (CY) data

\*SIR must come in below this for positive effect on VBP results







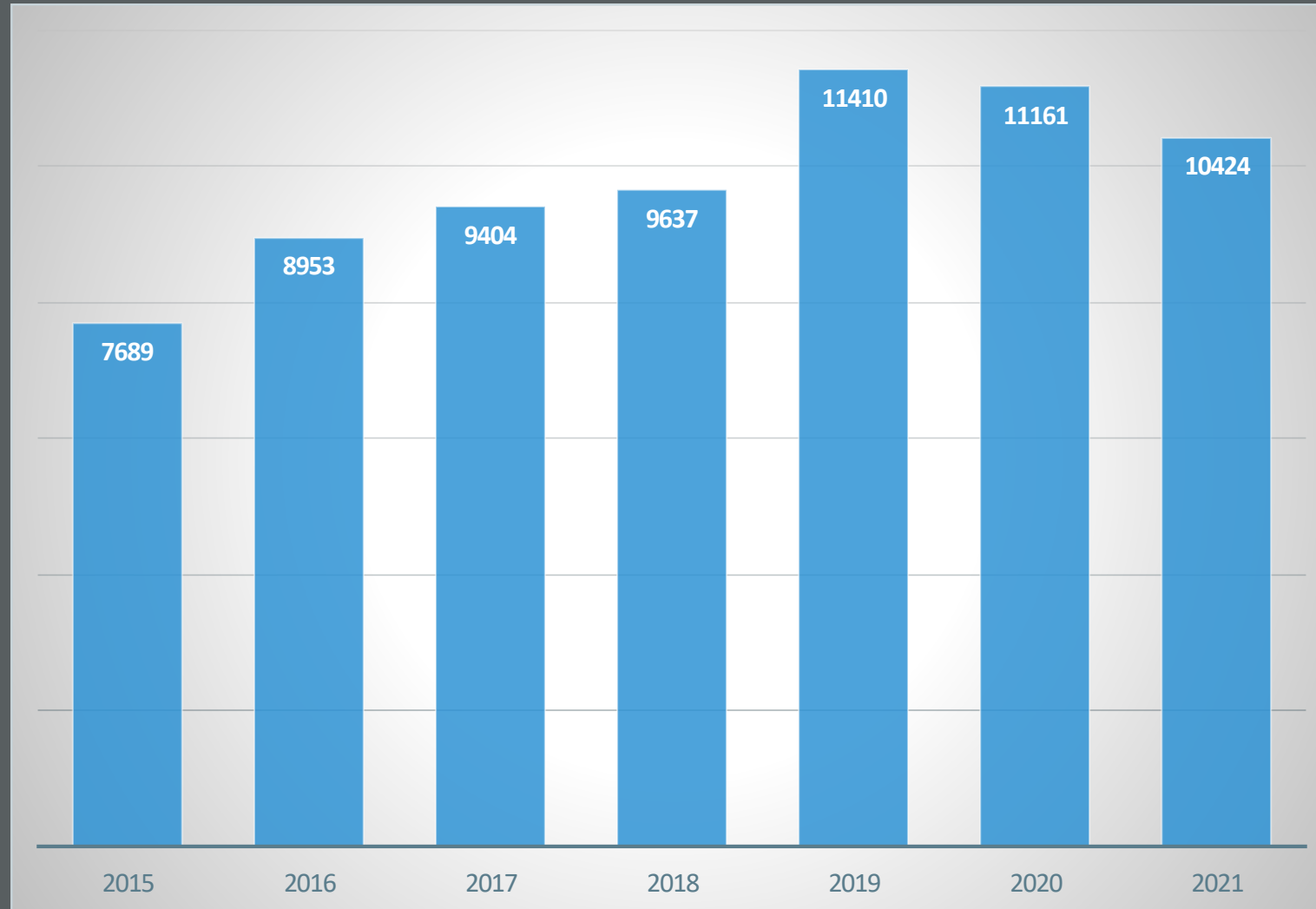
# 2021 PSI Report

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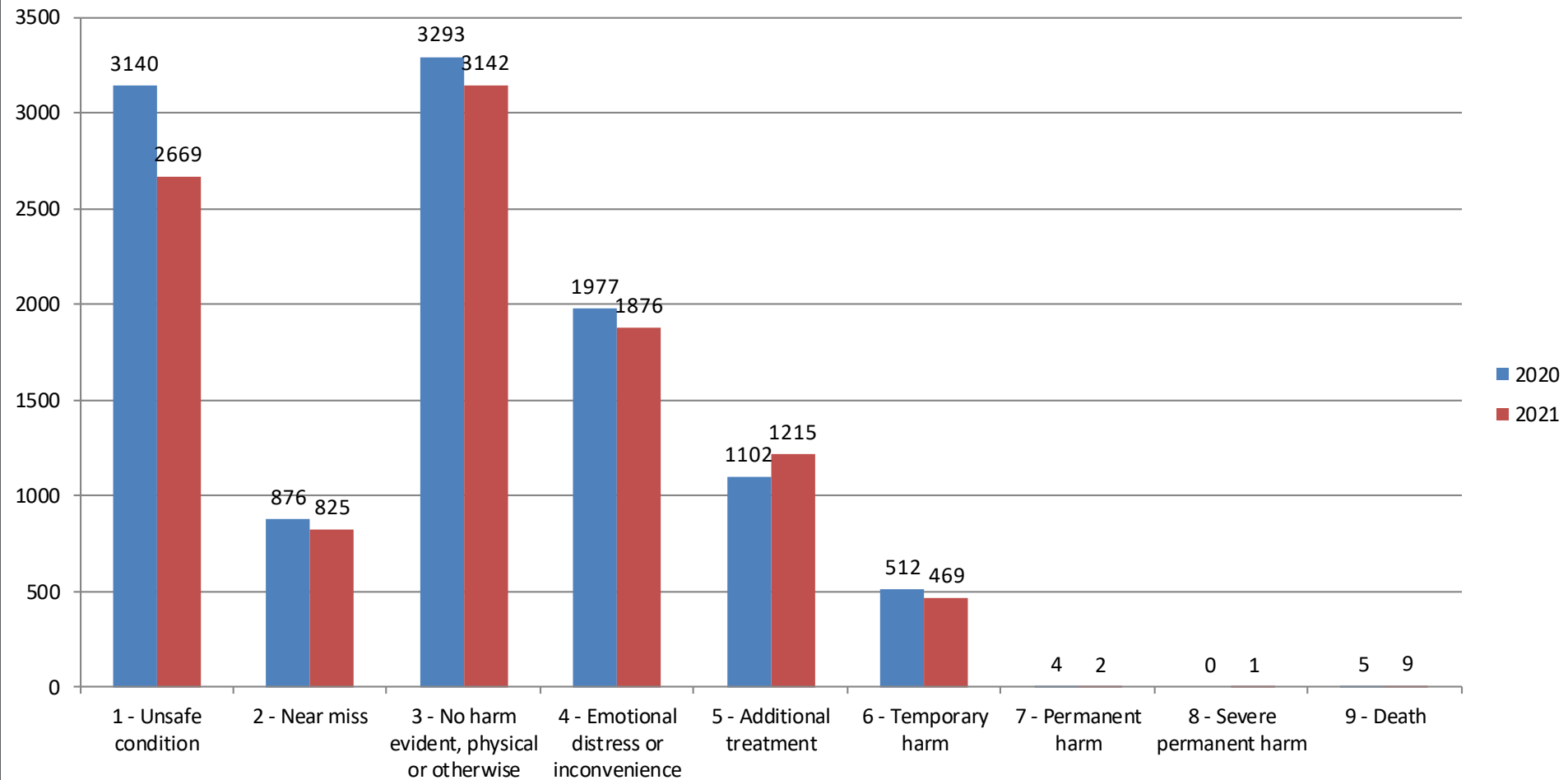




# Total PSI Reports Filed



## Total PSI Events by Harm Score (1-9) 2020-2021



### Near Miss

#### **2: Near miss (requires selection of one of the following)**

- Fail-safe designed into the process and/or a safeguard worked effectively
- Practitioner or staff who made the error noticed and recovered from the error (avoiding any possibility of it reaching the patient)
- Spontaneous action by a practitioner or staff member (other than person making the error) prevented the event from reaching the patient
- Action by the patient or patient's family member prevented the event from reaching the patient
- Other
- Unknown

#### **1: Unsafe condition**

### Reached the Individual

**5: Additional treatment**—Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery and/or expected in future as a direct result of event.

**4: Emotional distress or inconvenience**—Event reached patient; mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies). Distress/inconvenience since discovery and/or expected in future as a direct result of event.

**3: No harm evident, physical or otherwise**—Event reached patient, but no harm was evident.

**9: Death**—Dead at time of assessment.

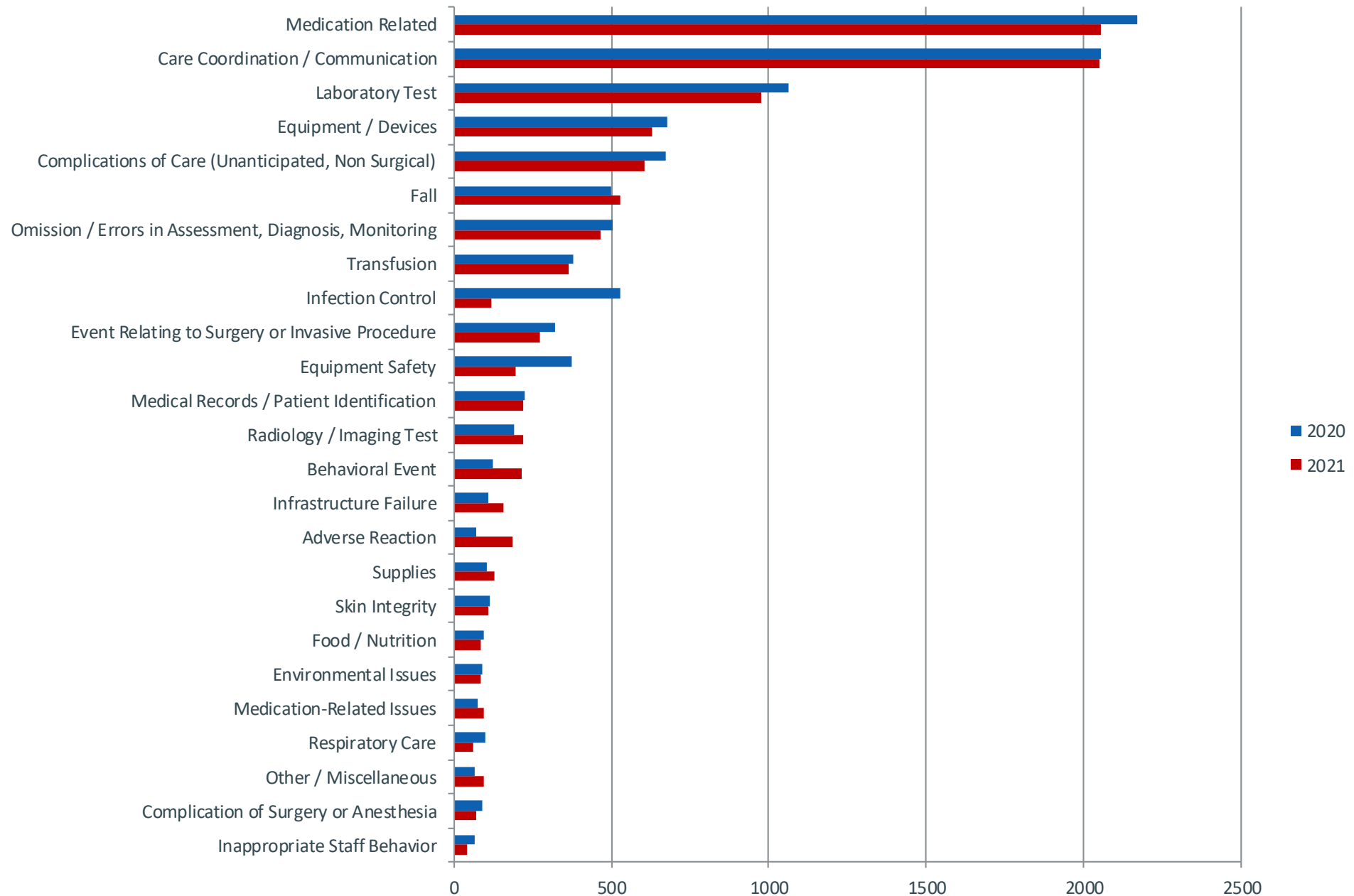
**8: Severe permanent harm**—Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with functional ability or quality of life. Prognosis at time of assessment.

**7: Permanent harm**—Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at time of assessment.

**6: Temporary harm**—Bodily or psychological injury, but likely not permanent. Prognosis at time of assessment.

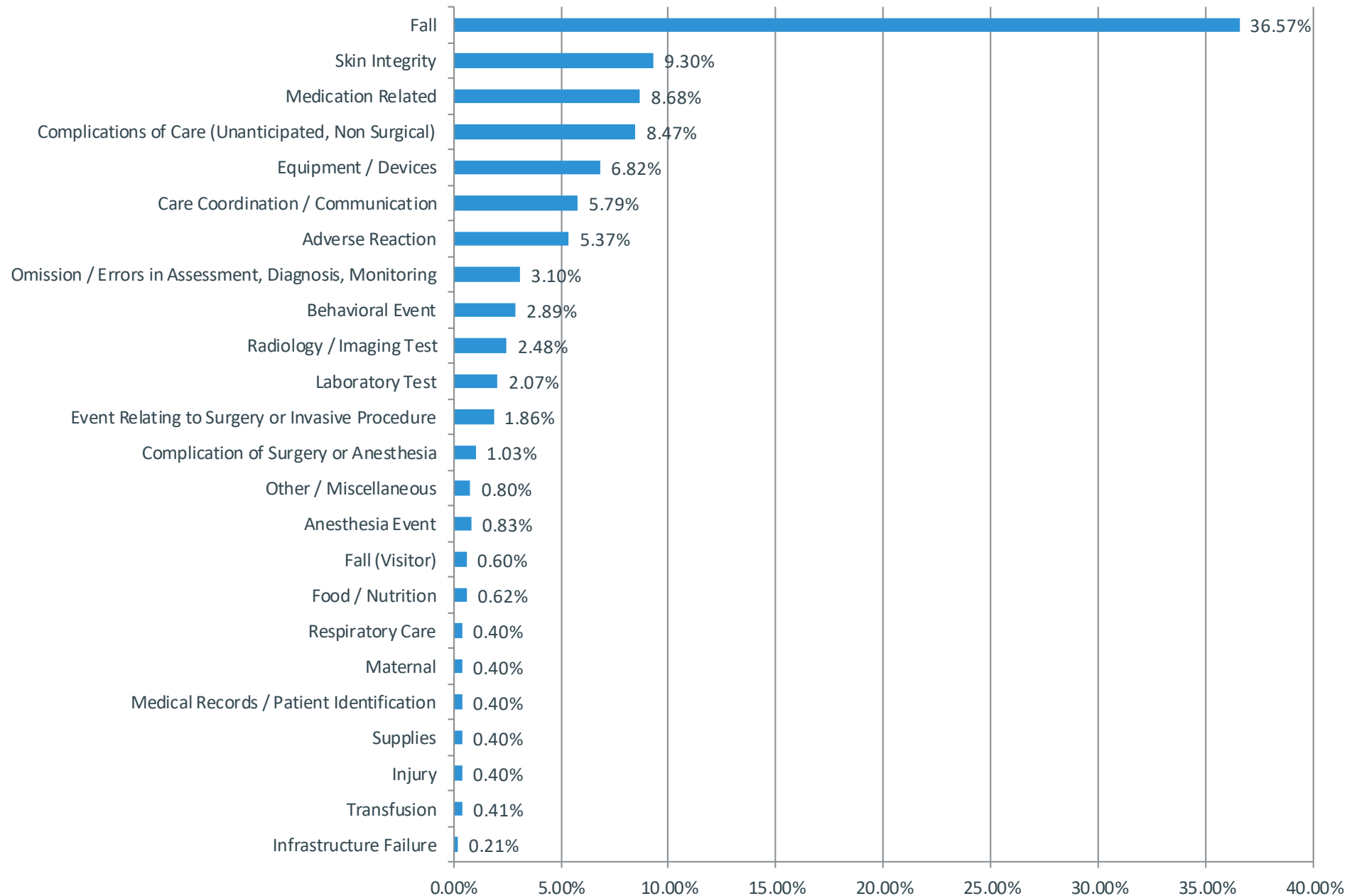


## Event Type Distribution 2020-2021



## 2021 Harm Events (Harm 6+)

### Event Type Rate





Date: January 28, 2022

To: OHSU Board of Directors

From: Tim Marshall, Chief Integrity Officer

RE: Annual Integrity Office presentation

As part of the Office of Inspector General (OIG) federal guidelines, oversight and governance is one of seven elements of an effective compliance program. Based on this guidance, it is expected that the OHSU Board of Directors and executive management provide oversight and governance for the Integrity programs at OHSU.

This presentation will provide the foundation of Integrity at OHSU, a description of the seven elements of an effective compliance program, and expectations for the Board. In addition, the Board will learn about the daily operations of the Integrity Office, review several metrics regarding the Integrity Hotline, and be provided an update on current initiatives for FY22.



# Integrity Program Update

## Annual Report to the OHSU Board of Directors

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**DATE:** January 28, 2022

**PRESENTED BY:** TIM MARSHALL, Chief Integrity Officer

# Integrity at OHSU

*Integrity: To commit to and remain true to a set of values and principles through our actions, with unwavering dedication to being upright and honest.*

*- OHSU Code of Conduct*

Every OHSU Member, including the OHSU Board of Directors, is responsible for adhering to the highest ethical, organizational, and operational standards in the performance of duties and responsibilities at OHSU.

*- OHSU Roles and Responsibilities guidelines*

# Roles and Responsibilities

The **Chief Integrity Officer** is responsible for the development, coordination, and oversight of the Integrity program at OHSU. The Chief Integrity Officer serves as a **knowledgeable resource** for organizational and operational matters related to integrity issues and **evaluates and elevates issues** to appropriate personnel for review and resolution.

The members of the **Board of Directors, President and Executive Vice Presidents** are responsible for articulating the values, mission and vision of the institution; **fostering high ethical, organizational and operational integrity**; and **ensuring compliance** with policies, laws, regulations and other appropriate standards. Executive leadership is ultimately responsible for **integrity** at OHSU.

*- OHSU Roles and Responsibilities guidelines*



# Program Effectiveness

To have an effective compliance and ethics program, an organization shall:

- (1) exercise due diligence to prevent and detect criminal conduct; and*
- (2) otherwise promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.*

*Such compliance and ethics program shall be reasonably designed, implemented, and enforced so that the program is generally effective in preventing and detecting criminal conduct. The failure to prevent or detect the instance offense does not necessarily mean that the program is not generally effective in preventing and detecting criminal conduct.*

*-US Sentencing Commission Guidelines Manual (§8B2.1)*

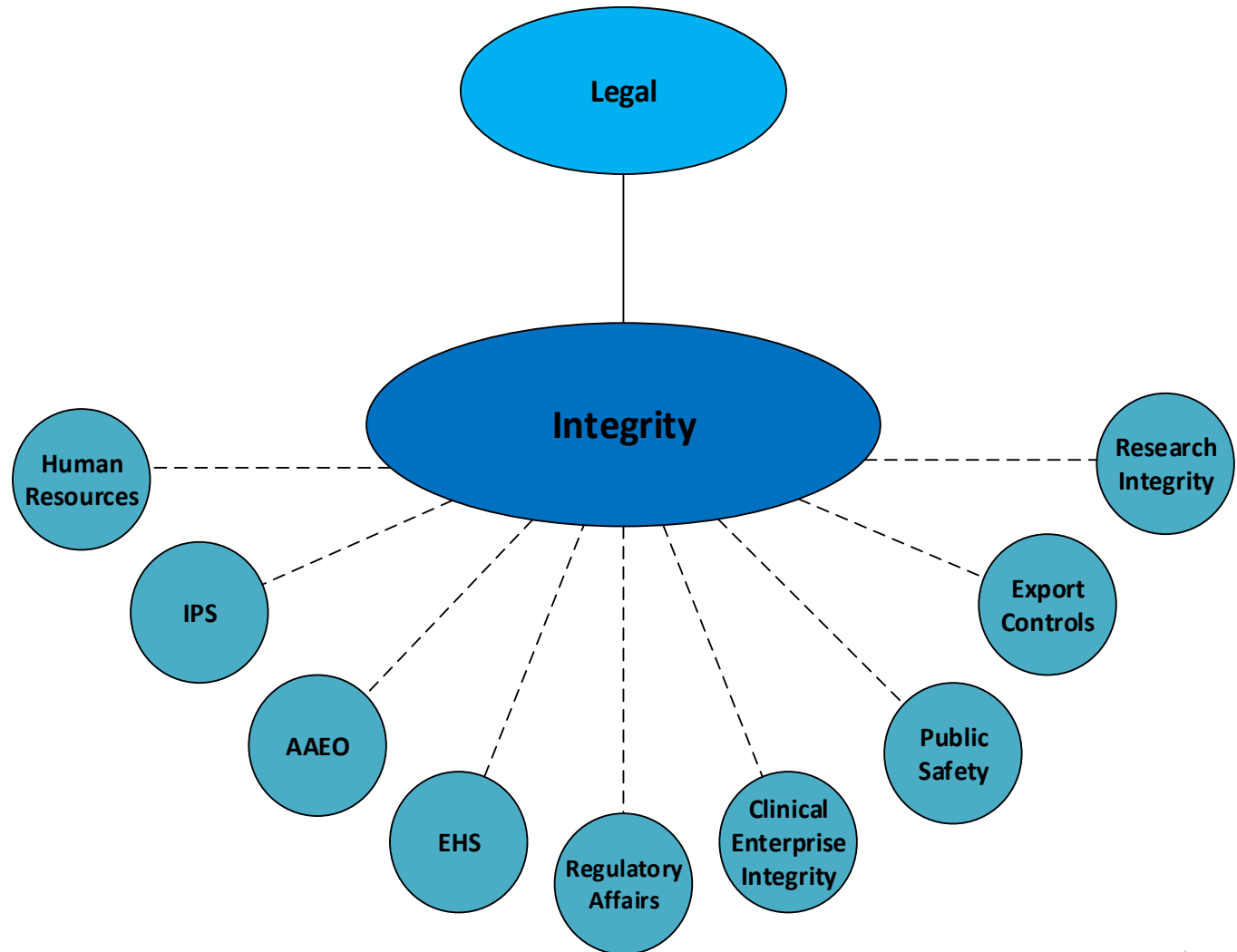


# Program Effectiveness

The Office of Inspector General (OIG) defines effectiveness through the following “Seven Elements of an Effective Compliance Program”

1. Implementing written policies, procedures, and standards of conduct;
2. Program oversight & governance, including:
  - a. Oversight by a governing authority
  - b. Assignment of overall responsibility to high-level personnel
  - c. Delegation of operational responsibility to specific individuals
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Conducting internal monitoring and auditing;
6. Enforcing standards through well-publicized disciplinary guidelines; and
7. Responding promptly to detected offenses and developing corrective action (includes Integrity hotline).

# How do we accomplish this?



Compliance is an enterprise-wide responsibility



# Integrity Office Operations

- Receive, review and recommend action on compliance matters to leadership, in collaboration with other compliance areas and Integrity programs
- Manage shared services
  - Support and enforce Code of Conduct and institutional policies
  - Provide education and awareness (through Integrity Booster and Integrity Foundations) and support other Integrity program training needs
  - Monitor and triage Integrity hotline cases
- Educate and inform Integrity Program Oversight Council (IPOC)
- Conduct and support investigations for policy or Code violations
- Participate in various compliance related committees
- Reporting and metrics

# Key Information – Integrity Hotline

- OHSU contracts with an outside company, Navex Global, to provide an anonymous and confidential mechanism for anyone inside or outside of the organization to report concerns through the Integrity Hotline called EthicsPoint.
- Reports can be submitted anonymously to the hotline over the phone (toll free) or via the web. Concerns may also be reported outside of the system through direct email, phone, fax, or mail to the Integrity department.
- The EthicsPoint system is used to document and manage incident data, documentation and workflow that mainly covers the following areas: Integrity, HR, Affirmative Action and Equal Opportunity (AAEO), Information Privacy and Security (IPS) and clinical areas such as Patient Relations and Clinical Integrity. Some of these areas also maintain systems for their own data and reporting needs but are required to update EthicsPoint for all hotline cases.
- We are currently evaluating the EthicsPoint reporting system to better serve the OHSU community in light of the Covington review and report.

# Hotline information / links

- Internal O2 site:
  - <https://o2.ohsu.edu/integrity-department/all-ohsu/integrity-hotline.cfm>
- External OHSU.edu site:
  - <https://www.ohsu.edu/integrity-department/integrity-hotline>
- EthicsPoint link (directed from O2 and external sites):
  - <https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html>

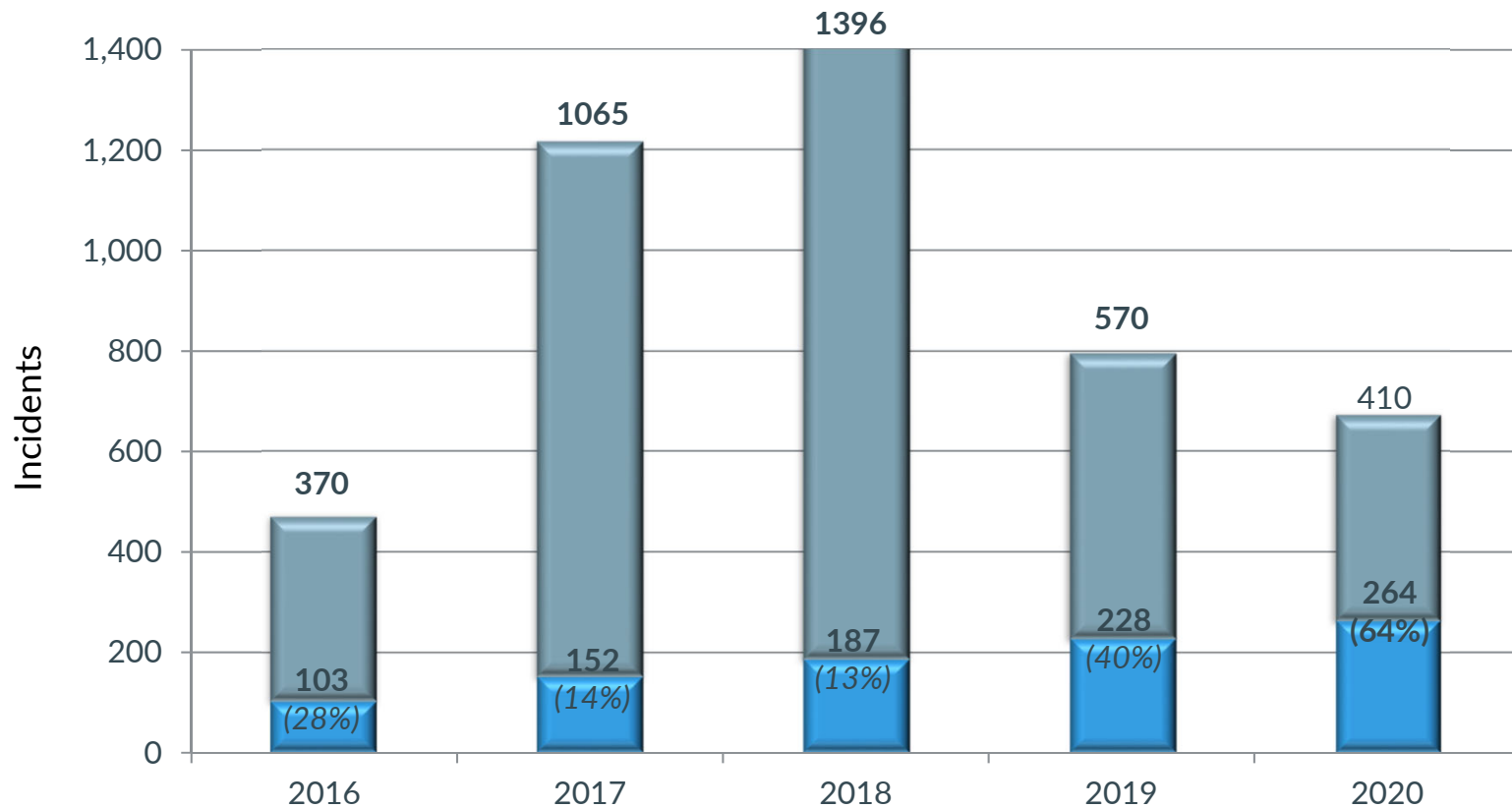


## **Report a concern**

Submit a confidential,  
anonymous report 24/7.

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# Volume of All Cases & Anonymous by Calendar Year

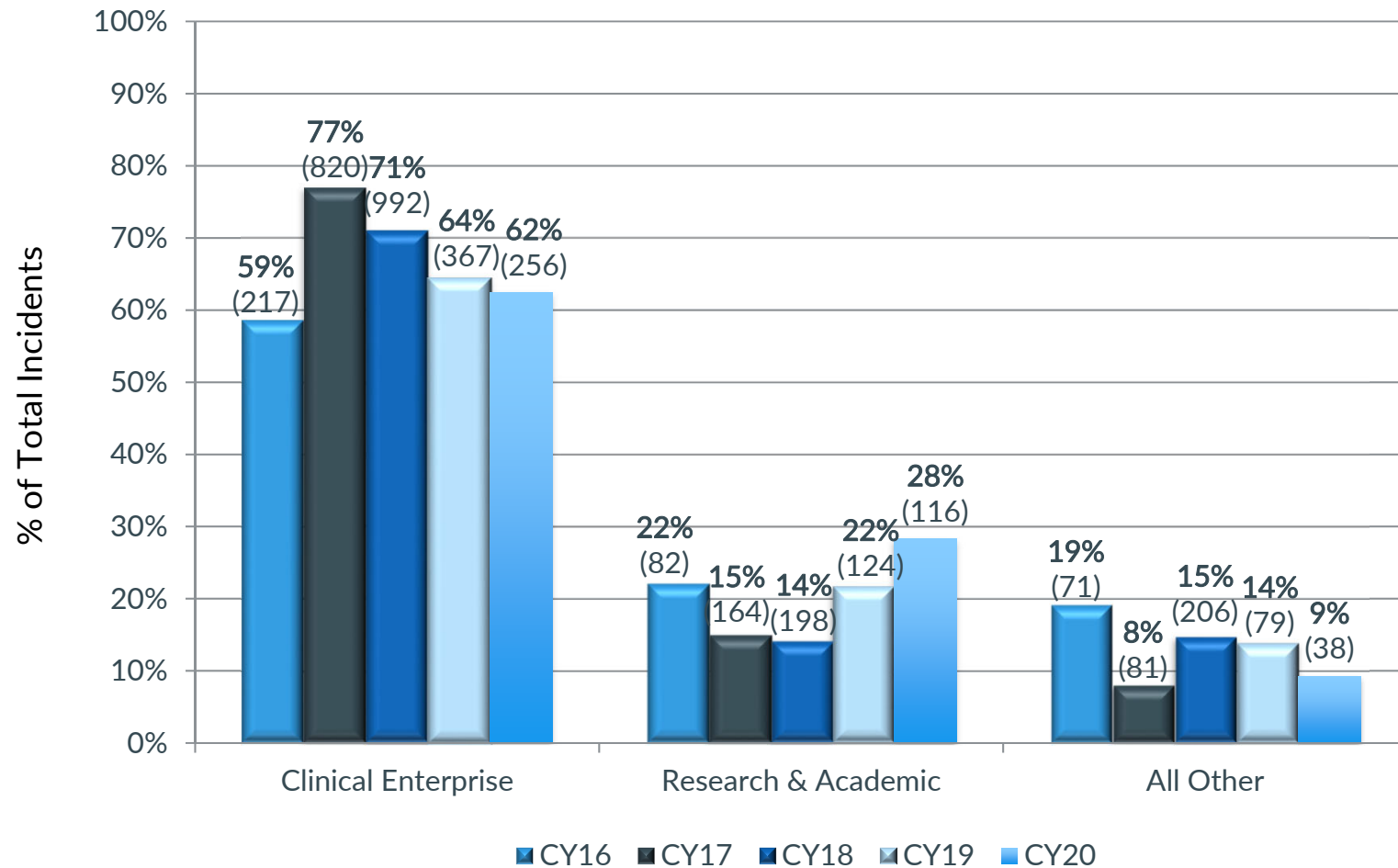


■ Anonymous ■ Total Cases

\*OCR Resolution Agreement effective CY16-CY19

\*\*IPS Implemented Radar March 2019 (195 cases recorded in January and February 2019; 235 total for CY19)

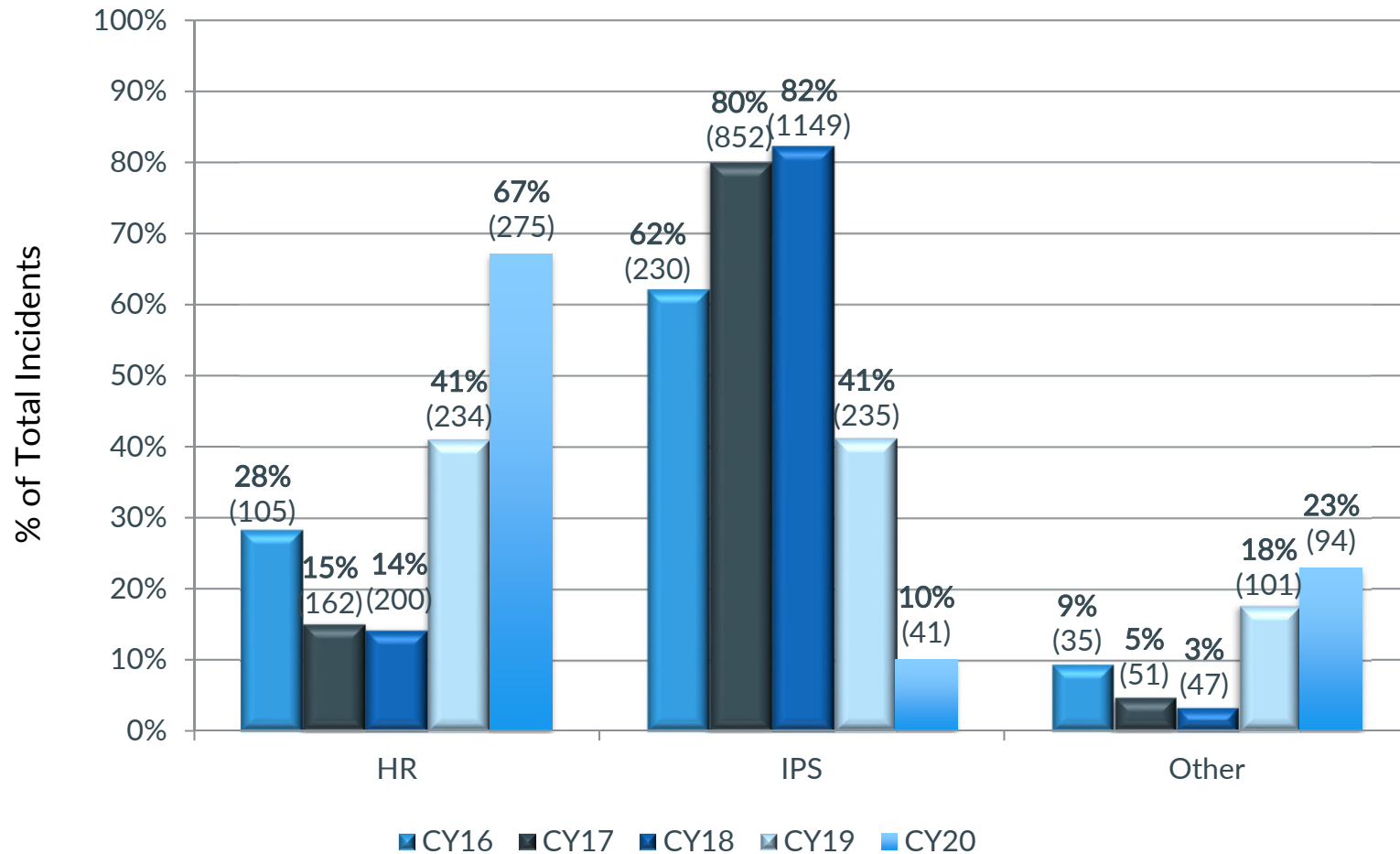
# Volume of Cases by Mission



\*All Other includes Central Services, All/Multiple missions, Other/Partner, Unknown



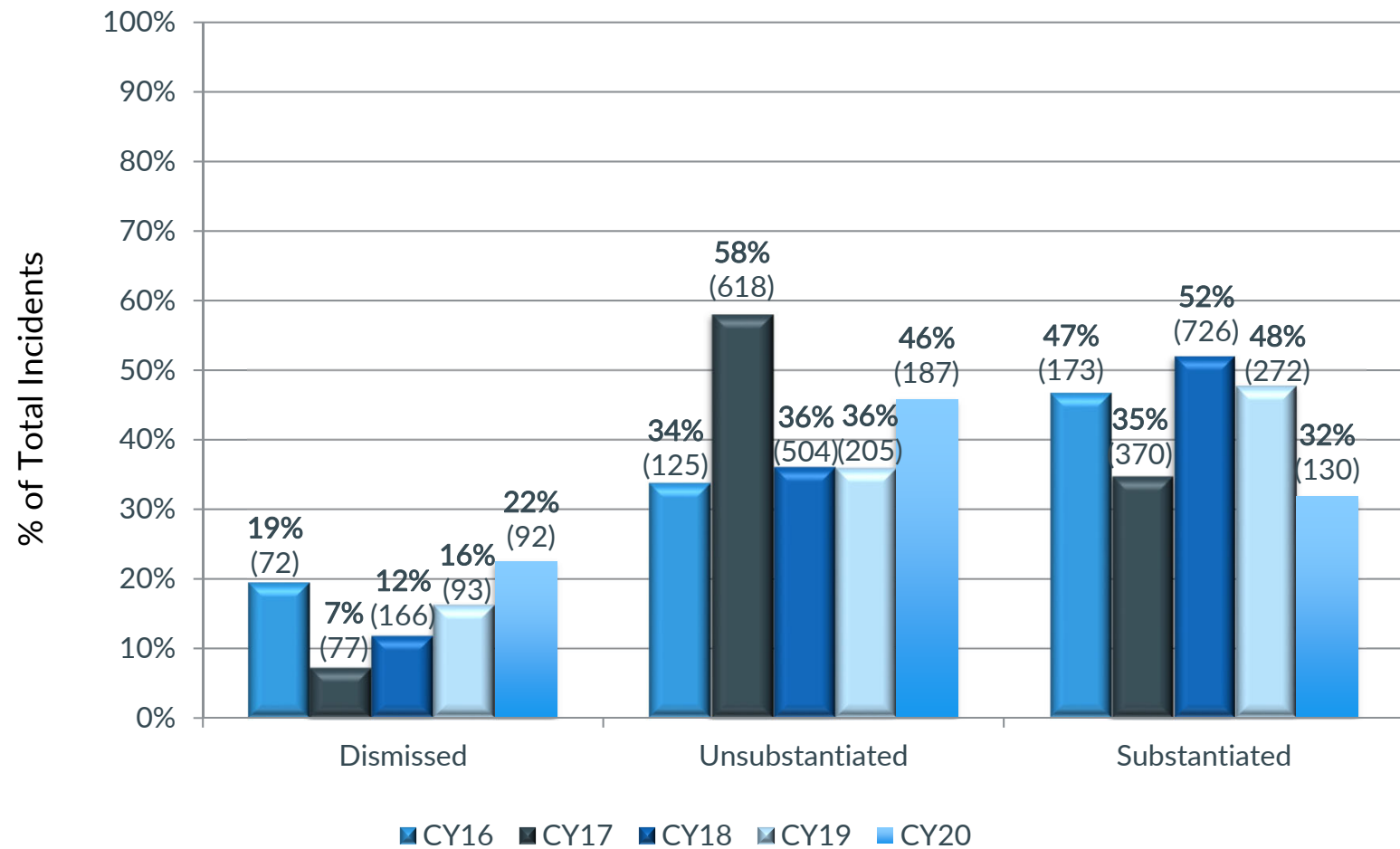
# Volume of Cases by Area



\*Other includes AAEO, Integrity, Patient Relations and Clinical Integrity

\*\* There were a total of 1,032 IPS cases reported for CY2020. 41 were reported through the hotline.

# Case Outcomes



\*Dismissed includes a small number of cases without Outcomes

# FY22 Integrity Office Initiatives

- Code of Conduct review and update
- Implicit Bias/Anti-Racism policy review and collaboration
  - Specific to Healthcare policy “Requests for or Refusal of Healthcare Professionals or Other Personnel with Specific Characteristics” and related policies and procedures
- Integrity/Compliance collaboration
- Monitoring and Auditing activities
- Covington Implementation Committee representation



# Questions



**RESOLUTION 2022-01-01  
OREGON HEALTH & SCIENCE UNIVERSITY  
BOARD OF DIRECTORS**

**(Approval of Board Committee Appointments)**

**WHEREAS**, the Board wishes to identify and appoint Board members to serve on each of the Board Committees and on the Integrity Program Oversight Council and the University Health System Board.

**NOW, THEREFORE, BE IT RESOLVED:**

The following persons shall be appointed to the following committees and shall serve at the pleasure of the Board of Directors:

**Finance and Audit Committee**

Steve Zika (Chair)  
Wayne Monfries  
Chad Paulson  
Jim Carlson

**Human Resources Committee**

Ruth Beyer (Chair)  
Wayne Monfries  
Chad Paulson  
Sue Stewart

**Governance Committee**

Chad Paulson (Chair)  
Jim Carlson

**Board Members Appointed to Integrity Program Oversight Council**

Mahtab Brar  
Sue Stewart

**Board Members Appointed to University Health System Board**

Ruth Beyer  
Jim Carlson  
Sue Stewart

This Resolution is adopted this 28<sup>th</sup> day of January, 2022.

\_\_\_\_\_ Yeas

\_\_\_\_\_ Nays

\_\_\_\_\_ Abstentions

Signed by the Secretary of the Board on January 28, 2022.

\_\_\_\_\_  
Connie Seeley  
Board Secretary



**RESOLUTION 2022-01-02  
OREGON HEALTH & SCIENCE UNIVERSITY  
BOARD OF DIRECTORS**

**WHEREAS**, Stacy Chamberlain has served as a member of the Board of Directors of Oregon Health & Science University since her appointment on January 31, 2018; and

**WHEREAS**, Ms. Chamberlain has served as Chair of the Governance Committee, as a member of the Finance and Audit Committee, and as a Board representative on the Integrity Program Oversight Council;

**NOW THEREFORE, BE IT RESOLVED**, that Oregon Health & Science University expresses its sincere appreciation for the valuable contributions and dedication of Stacy Chamberlain throughout her tenure on the Board of Directors and for advancing OHSU's missions of teaching, healing, discovery and outreach.

This Resolution is adopted this 28<sup>th</sup> day of January, 2022.

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Signed by the Secretary of the Board on January 28, 2022.

\_\_\_\_\_  
Connie Seeley  
Board Secretary

## Glossary of Terms

**A3** – Single page strategy

**AAEO** – Affirmative Action and Equal Opportunity

**ACA** - Affordable Care Act. The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010

**AFSCME** - American Federation of State, County and Municipal Employees. A union that represents OHSU classified employees.

**AH** - Adventist Health.

**AHC** - Academic Health Center. A partnership between healthcare providers and universities focusing on research, clinical services, education and training. They are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

**AHRQ** – Agency for Healthcare Research and Quality

**AI/AN** - American Indian/Alaska Native

**AMD** - Age-Related Muscular Degeneration is a common eye condition and a leading cause of vision loss among people age 50 and older.

**APP** – advanced practice providers

**APR** - Academic Program Review: The process by which all academic programs are evaluated for quality and effectiveness by a faculty committee at least once every five years.

**ARRA** - American Recovery and Reinvestment Act of 2009.

**A/R** - Accounts Receivable. Money owed to a company by its debtors

**ASF** - Assignable Square Feet. The sum of all area on all floors of a building assigned to, or available for assignment to, an occupant or specific use.

**AVS** – After visit summary

**A&AS** – Audit and Advisory Services

**BRB** - Biomedical Research Building. A building at OHSU.

**CAGR** - Compound Annual Growth Rate measures the annual growth rate of an investment for a time period greater than a year.

**CAO** - Chief Administrative Officer.

**Capex** - Capital expense

**CAUTI** – catheter associated urinary tract infections

**CDI** – Center for Diversity & Inclusion

**C Diff** – Clostridium Difficile

**CEI** - Casey Eye Institute. An institute with OHSU.

**CFO** - Chief Financial Officer.

**CHH** - Center for Health & Healing Building. A building at OHSU.

**CHH-2** - Center for Health & Healing Building 2. A building at OHSU.

**CHIO** – Chief Health Information Officer

**CLABSI** – Central line associated bloodstream infections

**CLSB** - Collaborative Life Sciences Building. A building at OHSU.

**CMH** - Columbia Memorial Hospital. A hospital in Astoria, Oregon.

**CMI** - Case Mix Index. Relative value assigned to a diagnosis-related group of patients in a medical care environment.

**CMS** - Centers for Medicare & Medicaid Services. A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov.

**CPI** - Consumer Price Index measures the average prices of goods & services in the United States.

**CY** - Current Year.

**DAC** - Diversity Advisory Council

**DEI** – Diversity, Equity, & Inclusion

**Downstream referral activity** - specialty referrals that generate a higher margin and result from the primary care activity.

**Days Cash on Hand** - The number of days that OHSU can continue to pay its operating expenses with the unrestricted operating cash and investments.

**DCH** - Doernbecher Children's Hospital. A building at OHSU.

**DMD** - Doctor of Dental Medicine.

**DNP** - Doctor of Nursing.

**DNV** – Det Norske Veritas

**E&M** – Evaluation and management

**EBIT** - Earnings before Interest and Taxes. A financial measure measuring a firm's profit that includes all expenses except interest and income tax.

**EBITDA** - Earnings before Interest, Taxes, Depreciation and Amortization.



**ED** - Emergency Department. A department in OHSU specializing in the acute care of patients who present without prior appointment.

**EHR** - Electronic Health Record. A digital version of a patient's medical history.

**EHS** - Environmental Health and Safety

**EMR** - Electronic medical record

**ENT** - Ear, Nose, and Throat. A surgical subspecialty known as Otorhinolaryngology.

**EPIC** - Epic Systems. An electronic medical records system.

**ER** - Emergency Room.

**ERG** - Electroretinography is an eye test used to detect abnormal function of the retina.

**ERG** - Employee Resource Groups

**ERM** - Enterprise Risk Management. Enterprise risk management in business includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.

**FTE** - Full-time equivalent is the hours worked by an employee on a full-time basis.

**FY** - Fiscal Year. OHSU's fiscal year is July 1 – June 30.

**GAAP** - Generally Accepted Accounting Principles. Is a collection of commonly-followed accounting rules and standards for financial reporting.

**GASB** - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.

**GDP** - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.

**GIP** - General in-patient

**GME** - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States. This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.

**GPO** - group purchasing organization

**H1** - first half of fiscal year

**H2** - second half of fiscal year

**HCAHPS** - Hospital Consumer Assessment of Healthcare Providers and Systems

**HR** - Human Resources.

**HRBP** - Human resources business partner

**HSE** - Harvard School of Education

**HSPH** - Harvard School of Public Health

**IA** - Internal Arrangements. The funds flow between different units or schools within OHSU.

**ICU** - Intensive Care Unit. A designated area of a hospital facility that is dedicated to the care of patients who are seriously ill.

**IGT** - Intergovernmental Transfers. Are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state Medicaid agency.

**IHI** - Institute for Health Care Improvement

**IP** - In Patient

**IPS** - Information Privacy and Security

**ISO** - International Organization for Standardization

**KCC** - Knight Cancer Center. A building at OHSU.

**KCRB** - Knight Cancer Research Building

**KPV** - Kohler Pavilion. A building at OHSU.

**L** - Floor Level

**L&D** - Labor and Delivery.

**LGBTQ** - Lesbian, Gay, Bisexual, Transgender, Queer

**LOI** - Letter of Intent. Generally used before a definitive agreement to start a period of due diligence before an enduring contract is created.

**LOS** - Length of stay

**M** - Million

**MA** - Medicare Advantage

**M and A** - Merger and acquisition.

**MBU** - Mother-Baby Unit. A unit in a hospital for postpartum women and their newborn.

**MCMC** - Mid-Columbia Medical Center. A medical center in The Dalles, OR.

**MD** - Doctor of Medicine.

**MOU** - Memorandum of Understanding

**MPH** - Master of Public Health.

**NFP** - Not For Profit.

**NICU** - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.

**NIH** - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.

**NOL** - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.

**NPS**: Net Promotor Score.

**NWCCU** - Northwest Commission on Colleges and Universities: OHSU's regional accrediting body which is recognized by the U.S. Department of Education as the authority on the educational quality of institutions in the Northwest region and which qualifies OHSU and our students with access to federal Title IV student financial aid funds.

**O2** – OHSU's Intranet

**OCA** - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.

**OCBA** – Oregon Commission on Black Affairs

**OCNE** - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.

**OCT** - Optical Coherence Tomography is a non-invasive imaging test.

**OCTRI** - Oregon Clinical & Translational Research Institute. An institute within OHSU.

**OHA** - Oregon Health Authority. A government agency in the state of Oregon.

**O/E** – observed/expected ratio

**OHSU**—Oregon Health & Science University

**OHSUF** - Oregon Health & Science University Foundation.

**ONA** - Oregon Nurses Association. Professional association for nurses in Oregon.

**ONPRC** - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.

**OP** – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.

**OPP** – OHSU Practice Plan

**OPAM** - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.

**OPE** - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.

**Opex**: Operating expense

**OR**- Oregon

**OR** - Operating Room. A room in a hospital specially equipped for surgical operations.

**OSU** - Oregon State University.

**P** – Parking Floor Level

**PAMC** - Portland Adventist Medical Center.

**PaWS** – Parking and Workplace Strategy

**PDT** - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.

**Perinatal Services** – Before and after birth care

**PERI-OP** – Perioperative. The time period describing the duration of a patient's surgical procedure; this commonly includes ward admission, anesthesia, surgery, and recovery

**PERS** - Public Employees Retirement System. The State of Oregon's defined benefit plan.

**PET/MRI** - Positron Emission Tomography and Magnetic Resonance Imaging. A hybrid imaging technology that incorporates MRI soft tissue morphological imaging and positron emission tomography PET functional imaging.

**PHB** – Portland Housing Bureau

**PPI** – physician preference items

**PPO** - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network.

**Prgogrm** – Program

**PSI** – patient safety intelligence

**PSU** - Portland State University.

**PTO** - Personal Time Off. For example sick and vacation time.

**PV** - Present Value. The current value of a future sum of money or stream of cash flows given a specified rate of return.

**PY** - Previous Year.

**Quaternary** - Extension of Tertiary care involving even more highly specialized medical procedures and treatments.

**R&E** - Research and Education.

**RFP** – Request for Proposal

**RJC** – Racial Justice Council

**RLSB**: Robertson Life Sciences Building

**RN** - Registered Nurse.

**ROI** – return on investment

**RPA** - Robotic Process Automation. Refers to software that can be easily programmed to do basic tasks across applications just as human workers do

**RPV** – revenue per visit

**SCB** – Schnitzer CampusBlock

**SG&A** - Selling, General and Administrative expenses. A major non-production cost presented in an income statement

**SLM** – Senior Leadership Meeting

**SLO** - Student Learning Outcomes Assessment: The process of establishing learning goals, providing learning opportunities, measuring student learning and using the results to inform curricular change. The assessment process examines whether students achieved the learning goals established for them.

**SoD** – School of Dentistry

**SoM** - School of Medicine. A school within OHSU.

**SoN** – School of Nursing

**SOPs** – Standard Operating Procedures

**SPH** - School of Public Health. A school within OHSU.

**SPD** - Sterile Processing Department. An integrated place in hospitals and other health care facilities that performs sterilization and other actions on medical devices, equipment and consumables.

**SSI** – surgical site infection

**TBD** – to be decided

**Tertiary** - Highly specialized medical care over extended period of time involving advanced and complex procedures and treatments.

**THK** – Total hip and knees

**TTBD** - Technology Transfer & Business Development supports advancement of OHSU research, innovation, commercialization and entrepreneurship for the benefit of society.

**UBCI** – Unconscious Bias Campus– wide initiative

**Unfunded Actuarial Liability** - Difference between actuarial values of assets and actuarial accrued liabilities of a pension plan. Represents amount owed to an employee in future years that exceed current assets and projected growth.

**UO**—University of Oregon

**UPP** - University Pension Plan. OHSU's defined benefit plan.

**URM** – underrepresented minority

**VBP** – Value-based purchasing

**VEC**– Vaccine Equity Committee

**VGTI** - Vaccine and Gene Therapy Institute. An institute within OHSU.

**VTE** – venous thromboembolism

**WACC** - Weighted Average Cost of Capital is the calculation of a firm's cost of capital in which each capital category is proportionately weighted.

**WMG** – Wednesday Morning Group

**wRVU** - Work Relative Value Unit. A measure of value used in the United States Medicare reimbursement formula for physician services

**YoY** - Year over year.

**YTD** - Year to date.