February 1, 2021

The Honorable Nancy Skinner  
Chair, Joint Legislative Budget Committee  
1020 N Street, Room 553  
Sacramento, California  95814

Dear Senator Skinner:

Pursuant to Section 14237 of the Penal Code, enclosed is the University of California’s annual report to the Legislature on **BulletPoints Project, Firearm Violence Research Center, University of California at Davis.**

If you have any questions regarding this report, Associate Vice President David Alcocer would be pleased to speak with you. David can be reached by telephone at (510) 987-9113, or by e-mail at David.Alcocer@ucop.edu.

Sincerely,

Michel V. Drake, MD  
President

Enclosure

cc:  Senate Budget and Fiscal Review  
The Honorable Richard D. Roth, Chair  
Senate Budget and Fiscal Review Subcommittee #1  
(Attn:  Ms. Anita Lee)  
(Attn:  Ms. Jean-Marie McKinney)  
The Honorable Kevin McCarty, Chair  
Assembly Budget Subcommittee #2  
(Attn:  Mr. Mark Martin)  
(Attn:  Ms. Carolyn Nealon)  
Mr. Hans Hemann, Joint Legislative Budget Committee  
Ms. Erika Contreras, Secretary of the Senate  
Ms. Sue Parker, Chief Clerk of the Assembly  
Ms. Amy Leach, Office of the Chief Clerk of the Assembly  
Mr. Jeff Bell, Department of Finance  
Mr. Chris Ferguson, Department of Finance  
Ms. Rebecca Kirk, Department of Finance
2020 Annual Report to the Legislature

Assembly Bill 521
Please direct questions to:

Amy Barnhorst, M.D.
abarnhorst@ucdavis.edu
Director, BulletPoints Project
University of California Davis Firearm Violence Research Center
Vice Chair for Community Mental Health, Department of Psychiatry and Behavioral Sciences
University of California, Davis

This report was authored by Dr. Amy Barnhorst, Rocco Pallin, Rameesha Asif-Sattar, Amanda Aubel, and Hilary Gonzales.
Executive Summary

In November 2019, the UC Firearm Violence Research Center established the BulletPoints Project to develop, disseminate, and evaluate a curriculum to teach medical and mental health providers about firearm injury prevention. After developing an overall approach and an identity as the BulletPoints Project, we set to work organizing a series of in-person seminars and workshops to engage stakeholders and train educators. In March 2020, the COVID-19 pandemic changed the way Americans live and work, and we quickly adapted our plan.

We hosted a virtual stakeholder symposium, engaging champions at educational institutions around the state and conducting a comprehensive needs assessment. We also refocused on our website’s development because medical and continuing education shifted largely to online platforms. Launched in October 2020, the BulletPoints website is the first comprehensive resource for medical and mental health clinicians on firearm injury prevention. It provides information about firearms and tools for any clinician who sees patients at risk of firearm violence or suicide.

We continue to design and find ways to creatively deliver content to medical and mental health educators across California. We are developing a robust social media presence, helping us connect with and provide resources to practicing clinicians. Our success is evident by the interest from and outreach by agencies and organizations now using our resources to educate their clinicians.

Despite the emergence of a more pressing pandemic, gun violence and suicide have not gone away. In fact, an unprecedented number of Americans are becoming firearm owners. With children home from school and socioeconomic risk factors for suicide increasing, our work is more important than ever. With the design, development, and launch of our website, the BulletPoints team has accomplished something novel and extraordinary this year, and we are quickly moving forward in our strategic plan—building continuing education videos and an educational toolkit, performing project evaluation, and continuing to shape the future of firearm injury prevention.

Amy Barnhorst, M.D.
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Introduction

California Assembly Bill 521 requires the University of California Davis Firearm Violence Research Center (UCDFC) to develop multifaceted firearm violence prevention education and training programs for clinicians. UCDFC established the BulletPoints Project to create, implement, and evaluate this curriculum. The mission of BulletPoints is to teach medical and mental health care providers clinical strategies to reduce the risk of firearm injury and death in their patients.

Legislative Requirement

Under existing law, the University of California has the authority to establish and administer a Firearm Violence Research Center (UCDFC) to research firearm violence. Assembly Bill 521, under a specified resolution adopted by the Regents of the University of California, requires UCDFC to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death, as specified.

California Penal Code § 14237 requires the following annual report to the Legislature on specified activities of the BulletPoints Project:

“On or before December 31, 2020, and annually thereafter, the University of California shall transmit programmatic and financial reports on this program to the Legislature, including reporting on funding and expenditures by source, participation data, program accomplishments, and the future direction of the program. The report shall be submitted in compliance with Section 9795 of the Government Code.”

Background

The majority of clinicians feel that preventing firearm injury is within the scope of their practice. However, most clinicians do not routinely assess risk for firearm injury or counsel at-risk patients, often citing lack of knowledge and training in the topic of firearm injury risk assessment and prevention. In 2019, California Assembly Bill 521, sponsored by Assemblymember Marc Berman and signed in October 2019, authorized three years of funding through UCDFC to address that knowledge gap. UCDFC established the BulletPoints Project to give clinicians the knowledge and tools they need to reduce the risk of firearm injury and death in their patients. BulletPoints is dedicated to advancing clinical strategies for preventing firearm injury.
Reporting Period

This report to the Legislature includes BulletPoints Project accomplishments, progress, and engagement and evaluation data from January through December 2020, as well as a description of future directions.

Overview of BulletPoints Project

Conceptual Model

The BulletPoints Project is guided by the conceptual model in Figure 1. The project aims to help clinicians reduce nonfatal firearm injuries and firearm deaths ("long-term outcomes") by training them to assess risk and counsel patients when clinically indicated to reduce patients’ risk of firearm injury.

Supported by State funding and a team of personnel, BulletPoints is performing three main activities: needs assessment, curriculum development, and curriculum dissemination. The curriculum and strategies for dissemination will take many forms to reach a broad audience of medical and mental health providers. When clinicians engage with the curriculum, it will change their perceptions of the issue, risk of firearm-related harm, and their role in preventing it; increase their knowledge of firearm-related topics; and improve their confidence in discussing firearms with patients ("short-term outcomes"). In turn, these changes will alter clinicians’ behavior, for example, by increasing the frequency with which they identify risk or counsel at-risk patients on safe storage ("intermediate outcomes"). These practices are intended to encourage patients to modify their own behaviors to reduce risk of firearm injury, for example, by using safer storage practices or by voluntarily transferring a firearm during temporary crises.

Evaluation efforts are focused on project outputs and short-term outcomes. With a longer follow-up period and additional funding that extends past the three years of State funding, we will seek to measure intermediate outcomes (i.e., changes in clinician behavior).
Figure 1. The BulletPoints Project Conceptual Model

**Personnel**

**Staff**

Amy Barnhorst, M.D., an emergency psychiatrist, leading medical educator, and nationally known expert on the relationship between firearm violence, suicide, and mental illness, is the Director of the BulletPoints Project. Garen Wintemute, M.D., M.P.H., a leading researcher on firearm violence and the Director of the State-funded University of California Davis Firearm Violence Research Center, provides expert guidance to BulletPoints. Kara Toles, M.D., a physician in the department of Emergency Medicine at UC Davis and the department’s Director of Equity and Inclusion, provides expert direction on diversity, inclusion, and cultural humility. Rocco Pallin, M.P.H., is the Director of Education for BulletPoints. Amanda Aubel, M.P.H. is a Data Analyst and leads the project’s evaluation. Rameesha Asif-Sattar and Hilary Gonzales, M.P.H., provide day-to-day project support.
Expert Consultants

The BulletPoints Project has engaged five consultants as expert content reviewers. Megan Ranney, M.D., M.P.H., Emmy Betz, M.D., M.P.H., and Chris Barsotti, M.D., are all leading experts in firearm violence research and clinical strategies for its prevention. Alex McCourt, J.D., Ph.D., M.P.H., has expertise in firearm policy and violence and the role of policy in shaping public health. Julia Weber, J.D., M.S.W., is a legal expert in interventions for domestic violence, firearm violence, and protective orders in California. Drs. Ranney and Betz have worked previously with the UC Davis Violence Prevention Research Program’s team on firearm injury prevention education for clinicians and have been co-authors with UC Davis team members on a number of publications relevant to this project.

The BulletPoints Project is currently engaging new consultants for upcoming curriculum development work and to serve as local champions for disseminating the curriculum. BulletPoints also plans to engage consultants who have expertise in curriculum development, consultants actively engaged in the firearm community, and consultants with various clinical training (e.g., nursing, physician assistant, social work, marriage and family therapy, and psychology).

Needs Assessment

In March 2020, we conducted a needs assessment with key stakeholders and local champions for curriculum dissemination and held a virtual symposium to preview our curriculum components, dissemination, and evaluation strategy. Individuals with experience in firearm injury prevention work and those involved in medical education and curriculum development at their institutions were carefully selected and invited to participate. The audience included 35 leaders in medical education from a variety of prominent institutions and organizations, including:

- American Academy of Pediatrics
- California Department of Public Health
- California Health Sciences University College of Osteopathic Medicine
- California Medical Association
- Children’s Hospital Los Angeles
- Kaiser Permanente
- San Francisco Marin Medical Society
- San Francisco VA Healthcare System
- Stanford University
- The Health Alliance for Violence Intervention
- Touro University California College of Osteopathic Medicine
- University of California, Davis
Symposium participants completed an online survey to assess the need for education on firearm injury prevention. Only one quarter (n=7) of participants said that their institution or organization currently provides education for healthcare providers on clinical strategies for firearm injury prevention; however, all participants agreed that firearm injury prevention should be included in education at their institution and a vast majority (88%) felt that improving the existing education on this topic is a priority (Table 1).

Participants also provided rich qualitative data that highlighted strengths and weaknesses of existing education on firearm injury prevention, high-yield educational materials, potential barriers to implementing this curriculum at their institutions, and other stakeholders who should be engaged in this process.

This information was fundamental to the design and development of the BulletPoints curriculum. Moving forward, our partnerships with these educational leaders will be essential to integrating the BulletPoints curriculum into medical education across California.

### Table 1. Opinions About Firearm Injury Prevention Education, Percentage (Count)

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm injury prevention should be included in the education at my institution or organization.</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>8% (2)</td>
<td>92% (23)</td>
<td>4.92</td>
</tr>
<tr>
<td>Firearm injury prevention is sufficiently covered by the education at my institution or organization.</td>
<td>40% (10)</td>
<td>48% (12)</td>
<td>8% (2)</td>
<td>4% (1)</td>
<td>0% (0)</td>
<td>1.76</td>
</tr>
<tr>
<td>I consider improving the existing education on firearm injury prevention at my institution or organization to be a priority.</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>12% (3)</td>
<td>24% (6)</td>
<td>64% (16)</td>
<td>4.52</td>
</tr>
<tr>
<td>My institution or organization considers firearm injury prevention education a priority.</td>
<td>4% (1)</td>
<td>8% (2)</td>
<td>28% (7)</td>
<td>32% (8)</td>
<td>24% (6)</td>
<td>3.64</td>
</tr>
</tbody>
</table>

### Curriculum Development

**Website**

Many clinicians cite a lack of education and training as a barrier to routinely counseling patients about firearm injury prevention. Consequently, clinicians typically do not know what to do if a
The patient is at acute risk of violence or suicide, and has access to a firearm. We created the BulletPoints website, [BulletPointsProject.org](http://BulletPointsProject.org), to help clinicians in California overcome these barriers.

The website provides clinicians with ready access to knowledge and tools they need to identify risk for firearm-related harm, to have risk-based, well-informed, collaborative, and respectful conversations with their patients on the risks of firearm access, and to know how to intervene if necessary.

The website content was a collaborative effort of the BulletPoints’ interdisciplinary team, clinicians, public health researchers, legal experts, medical educators, medical trainees, and gun owners. It incorporates the best available research, clinical best practices, and evidence-based recommendations to help clinicians be effective partners in keeping their patients safe.

The website is organized to suit the needs of clinicians and allows users to navigate through stages of the risk identification and clinical counseling process. The Basics section provides a succinct how-to on counseling patients at risk as well as overviews of the epidemiology of firearm injury, the fundamentals of firearms, clinically-relevant federal and state firearm laws, social factors that affect firearm violence, and the practice of cultural humility in clinician-patient interactions. Clinicians can explore Clinical Scenarios to learn about the various clinical situations where a firearm increases a patient’s risk of harm, and to understand how they can help to reduce that risk. The Interventions section provides in-depth discussions of the various steps clinicians can take, or advise patients to take, to mitigate risk. Each page includes additional recommended reading, links to key resources from other organizations, and more.

The More Resources section gives clinicians an opportunity to explore further evidence-based information on firearm injury prevention, including blog posts authored by experts in the field, a glossary defining common terms, frequently asked questions and answers, and a user-friendly resource library to help clinicians find literature, presentations, handouts, and other materials on various topics related to firearm injury and its prevention.

BulletPoints is continually updating its content and adding resources to reflect the most recent evidence and the most updated clinical best practices. The next phase of website development will be to add a For Educators section, where we will host downloadable slides for presentations, scripts for standardized patient interviews, and journal club reading guides to facilitate the incorporation of the BulletPoints curriculum into clinical education programs throughout the state.

**Ongoing Work: Continuing Education for Clinicians**

BulletPoints is now developing continuing education for a variety of types of practicing clinicians. A comprehensive course on clinical strategies for firearm injury prevention...
accredited for continuing education credit for medical and mental health clinicians will be available in late 2021. The course will include background on the epidemiology of firearm injury and death, the clinicians’ role, risk assessment, detailed information on clinical scenarios in which access to firearms is clinically relevant, and a discussion of possible interventions to reduce risk in each of those scenarios. The course will allow learners to choose clinical scenarios on which to focus their study in order to maximize the relevance of the course for each learner’s own clinical practice. The continuing education will be accredited by major accrediting bodies, allowing for easy access by a range of medical and mental health clinicians.

Future Work: Educator Toolkit

BulletPoints will create and electronically disseminate an educator toolkit and train local stakeholders to deliver firearm injury prevention education within their institutions of medical education, professional societies, or to practicing clinicians at health systems. The educator toolkit will contain all the materials educators need—slidesets and talking points, journal club guides, mock clinical encounter scripts, evaluation materials, further reading recommendations, and more—to incorporate clinical strategies for firearm injury prevention into existing curricula or to teach the topic outside of their institutions’ existing educational opportunities.

Future Work: Online Decision Support Tool

BulletPoints will develop a decision support tool hosted at BulletPointsProject.org, allowing clinicians to seek real-time, in-clinic guidance on how to help patients in particular situations of risk for firearm-related harm.

Additional Efforts

BulletPoints also plans to do the following:

- Continue to drive website traffic and social media engagement.
- Identify conference presentation, webinar, and workshop opportunities in California and nationwide.
- Develop short, targeted videos on topics related to clinical strategies for preventing firearm injury.
- Develop other educational tools, such as patient interview cases.
- Foster relationships with expert consultants, including experts in firearm violence research, medical education, firearms and firearm safety training, the mental health community, and consultants with a variety of clinical roles.
- Host in-person lectures, workshops, and a train-the-trainers symposium.
Project Reach

Website

The BulletPoints website launched on October 1, 2020. As of December 10, 2020, 1,331 people across 35 countries and 44 US states (and the District of Columbia) had visited the website. Visitors initiated a total of 2,046 sessions and 4,684 page views. About 93% of sessions took place in the US (Figure 2), and 47% of sessions within the US occurred in California (Figure 3).

Figure 2. Number of Sessions by Country (October 1 – December 10, 2020)
Data from Google Analytics

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1 A session is the period of time a user is actively engaged with your website.
2 Page views is the total number of pages viewed. Repeated views of a single page are counted.
Presentations

In 2020, members of the BulletPoints team delivered over 24 presentations at a wide variety of conferences and events, addressing clinicians, medical trainees, injury prevention and public health experts, researchers, and the public. Bold text indicates the presenter. These presentations included:

- **Aubel, A.** (2020, October 29). Talking with Patients about Firearms: How to Assess and Reduce Risk of Firearm-Related Harm. Presented at the Icahn School of Medicine at Mount Sinai, InFocus Series.
- **Barnhorst, A.** (2020, October 1). Stopping Suicide: A Population Health Approach to Preventing Suicide. Panelist at Boston University School of Public Health Symposium.
- **Barnhorst, A.** (2020, August 29). Educate Physicians and Medical Students How to Ask about Firearms. Panelist at Doctors for America.
- **Barnhorst, A.** (2020, November 17). Bipolar Disorder: a Medical, Cultural and historical perspective. Campus Community Book Project, UC Davis
- **Barnhorst, A.** (2020, October 28) Infectious Diseases, Mental Illness and Gun Violence: My Meandering Path to Public Health UC Davis School of Medicine Alumni Association.
- **Barnhorst, A.** (2020, September 17) COVID and Mental Health Twitter Chat for Elevate the Convo.
• **Barnhorst, A.** (2020, March 27) Death in these United States: The American Suicide Problem, Elizabeth Ratner Invited Lecturer, Johns Hopkins University

• **Barnhorst, A.** (2020 February 28) Gun Violence Restraining Orders, Keynote Speaker, UC Irvine Law School Gun Violence Restraining Order Conference

• **Barnhorst, A.** (2020 February 27) Changing Media Narratives Around Suicide, Participant, Berkeley Media Studies Group, Oakland.

• **Pallin, R.** (2020, April 15). What You Need to Know About Guns and Gun Violence. Transition to Residency at UC Davis Medical School.

• **Pallin R.** (2020, April 28 & 30). Sutter Grand Rounds: Preventing Firearm-Related Harm, Alta Bates Medical Center, Oakland, CA; Summit Medical Center, Berkeley, CA.


• **Wintemute, G.** (2020, August 11.) Firearm Violence and the Coronavirus Pandemic. Inaugural webinar on emerging research on gun violence, the Joyce Foundation.


For presentations on clinical strategies for preventing firearm injury, BulletPoints presenters assess participants’ changes in knowledge and confidence using pre-post surveys. In these
three, participants have demonstrated increased knowledge, confidence, and readiness after attending a BulletPoints presentation. Main outcomes include:

- The percentage of participants who demonstrated knowledge of firearm law increased from 45% to 94% (Figure 4).
- The percentage of participants who demonstrated knowledge of the epidemiology of firearm injury increased from 62% to 82% (Figure 4).
- The percentage of participants who “Agreed” or “Strongly Agreed” that they were confident in their ability to identify patients at increased risk for firearm injury increased from 14% to 76% (Figure 5).
- The percentage of participants who “Agreed” or “Strongly Agreed” that they felt ready to discuss firearm safety with at-risk patients or their caregivers increased from 10% to 59% (Figure 5).
- After the presentation, 93% of participants correctly identified individual risk factors for firearm injury and death.
- After the presentation, 79% of participants correctly identified information clinicians might want to know about at-risk patients’ firearm access.
- After the presentation, 93% of participants were able to identify the appropriate intervention for a given patient scenario.

![Figure 4. Changes in Knowledge Among Medical Trainees Before and After Attending BulletPoints Presentation](image-url)
Other Online and Media Engagement

Social Media

We created a Twitter account (@BulletPtsProj) and Facebook page (The BulletPoints Project) to regularly engage with our audience and stakeholders, and to share timely information and resources with the public. As of December 10, 2020, we had 332 followers on Twitter and 27 followers on Facebook. In October and November 2020, our Facebook posts reached 5,337 people and received 72 engagements. On Twitter, our tweets earned 21,520 impressions and 303 engagements. In addition, our December “tweetorial” – a thread highlighting the intersection of COVID-19 and firearm injury – received 30,519 impressions and 63 engagements.

Mailing list

As of December 10, 2020, 97 people were subscribed to the BulletPoints mailing list. Individuals can join the mailing list via the BulletPoints website or our social media platforms to receive our monthly newsletter and to be kept up-to-date on BulletPoints resources and events.

Publicity

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3 Engagements are the number of interactions made with a post, including replies, clicks, likes, and shares.

4 Impressions are the total number of times a tweet has been seen.
In 2020, we collaborated with the media and were featured in news stories to spread the word about BulletPoints and to direct people to our website. These appearances included:

- July 15, 2020 – The Jefferson Exchange talked with BulletPoints team members about their recent research on trends in the use of gun violence restraining orders in California.
- October 5, 2020 - UC Davis Health Newsroom spoke with the BulletPoints Project about the launch of their new resource-rich website for clinicians.
- October 12, 2020 - CapRadio's Sammy Caiola talked with the BulletPoints Project about its new online resource to help clinicians learn what they can do to prevent firearm injury.

**Publications**

In 2020, members of the BulletPoints team (noted in bold below) co-authored over 20 scholarly publications on the causes, consequences, and prevention of violence and suicide as well as firearm ownership, purchasing, and policies. These included:

Conclusion

The BulletPoints Project is educating clinicians across California on firearm injury prevention, and has curated a unique, thorough, and freely available clinical resource. We continue to expand our reach throughout the state to new institutions and with new media. As the coronavirus pandemic continues, firearm ownership has increased, as has loneliness, isolation, domestic violence, and risk for unintentional firearm injury. The clinician’s role in firearm injury prevention is as important as ever. BulletPoints moves into 2021 focused on developing additional evidence-based, tailored, and widely disseminated materials to continue educating California’s medical and mental health care providers and shaping the future of firearm injury prevention.
2020 BulletPoints Expenditure Report

California Penal Code § 14237 requires the following annual report to the Legislature on specified activities of the BulletPoints Project:

“On or before December 31, 2020, and annually thereafter, the University of California shall transmit programmatic and financial reports on this program to the Legislature, including reporting on funding and expenditures by source, participation data, program accomplishments, and the future direction of the program. The report shall be submitted in compliance with Section 9795 of the Government Code.”

Background
AB521 and the one-time appropriation of $3.85M to the Firearm Violence Research Center at the University of California, Davis is to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death. While many medical and mental health providers recognize that preventing firearm-related injury and death are within their clinical responsibilities, many cite lack of knowledge about how to identify risk and how to talk with at-risk patients.

This year, firearm purchases have increased, as have risk factors for suicide, unintentional firearm injury, and intimate partner violence. This confluence makes the BulletPoints Project’s work—expanding education and training to improve clinician familiarity with the benefits and risks of firearm ownership, safety practices, and how to communicate with patients about firearm injury prevention—to close this educational and practice gap more relevant than ever.

Current Expenditures
BulletPoints funding transferred from UCOP to UC Davis in October 2019. By January 2020, the core BulletPoints team was immersed in plans to convene a statewide symposium, website development, and hiring. In March 2020, the COVID-19 pandemic forced the cancellation of the symposium, which was to be the BulletPoints launch event. Instead, with website plans underway, the BulletPoints team quickly pivoted to a virtual symposium event, engaging with key stakeholders and local champions across California. Current expenditure allocations reflect the modification of content delivery from in-person to online modes.

Personnel expenditures during the first year are reflective of the program start-up phase and represent 86% of expenditures through November 30, 2020. Supplies and other expenses totaled 14% of expenses and include website development, professional services, and other miscellaneous supplies. Travel expenses were significantly less than expected because of COVID-19 and represent less than 1% of expenditures.
EXPENDITURES THROUGH  
NOVEMBER 30, 2020  

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<thead>
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<th>Category</th>
<th>Total</th>
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<tr>
<td>PERSONNEL (salaries &amp; benefits)</td>
<td>$ 588,253</td>
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<tr>
<td>SUPPLIES AND EXPENSES</td>
<td>$ 93,757</td>
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<td>Website Development</td>
<td>$ 55,625</td>
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<td>Professional Services</td>
<td>$ 9,425</td>
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<tr>
<td>Other miscellaneous supplies</td>
<td>$ 28,707</td>
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<tr>
<td>TRAVEL</td>
<td>$ 204</td>
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<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>$ 682,214</strong></td>
</tr>
</tbody>
</table>

**Future Expenditures**

Future expenses are anticipated to be somewhat more stable as BulletPoints transitions from startup to a fully operational program. BulletPoints will continue to rely heavily on technology, employing accessible and user-friendly software for delivering virtual presentations and enabling remote learning by trainees and practicing clinicians. Workplans include the development and implementation of targeted videos related to clinical strategies for preventing firearm injury, an online, downloadable educator toolkit to train local stakeholders to deliver educational content to their institutions, and an online decision support tool allowing clinicians to seek real-time, in-clinic guidance. Future work and associated expenses also anticipate the return to in-person meetings and trainings. As such, plans include convening of a Train-the-Trainer workshop to expand the reach of the BulletPoints firearm injury prevention education and tools for clinicians, and presentations at annual meetings, conferences, and special events organized by professional associations and health care delivery systems.

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