

Commission on the Status of Women

Wednesday, April 19, 2023 – 7:00pm South Berkeley Senior Center, Large Conference Room 2939 Ellis Street, Berkeley, CA 94703

AGENDA

Mayor Arreguin:

Rashi Kersarwani:

Terry Taplin:

Vacant

Allison Simon

Alexandria Rodriguez

Ben Bartlett:

Vacant

Kate Harrison

Sophie Hahn

Shirley Posey

Radha Seshagiri

Susan Wengraf:

Rigel Robinson:

Mark Humbert

Carole Marasovic Vacant

Tasha Henneman

All items are for discussion and possible action.

- 1. Roll call.
- 2. Land acknowledgement.
- 3. Public comment for items not on the agenda.
- 4. Approval of minutes for March 15, 2023.
- 5. Approval of the agenda.
- 6. Chair report.
- 7. Discussion on content to be covered in next month's BPD presentation on domestic violence/gender-based violence/intimate partner violence and sex trafficking victims in Berkeley and their needs and on surge in sexual assaults in Berkeley.
- 8. Plan Black Maternal Health Month in Berkeley. Plan outreach and objectives. Discussion and possible action.
- 9. Identifying maternal death rate in Berkeley by age, race and ethnicity. Discussion and possible action.
- 10. Surge in suicides among young girls, gathering data and developing strategy including the role of social media. Discussion and possible action.
- 11. Adjourn.

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SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at the City Manager's Office located at 2180 Milvia Street, 5th Floor.

Commission Contact Information

Shallon Allen, Secretary
Commission on the Status of Women
2180 Milvia Street, 5th Floor, Berkeley, CA 94704
510/981-7071 (Office)
510/981-7099 (Fax)
sallen@cityofberkeley.info (email),

WHEREAS At its January 20, 2022 meeting, the Berkeley Rent Board unanimously voted to adopt a land acknowledgement statement to be read out loud at all future board and committee meetings, providing an important example for the City to follow.

NOW THEREFORE, BE IT RESOLVED In the spirit of continuing to demonstrate and deepen the City of Berkeley's recognition, inclusion, restitution, and repair towards the Lisjan Ohlone, whose ancestral home lies where the City of Berkeley is located, and who have survived centuries of cultural, physical, and environment genocide at the hands of Spanish, Mexican, and American colonists, the Council of the City of Berkeley hereby adopts the following Land Acknowledgement:

Statement

The City of Berkeley recognizes that the community we live in was built on the territory of xučyun (Huchiun (Hooch-yoon)), the ancestral and unceded land of the Chochenyo (Cho-chen-yo)-speaking Ohlone (Oh-low-nee) people, the ancestors and descendants of the sovereign Verona Band of Alameda County. This land was and continues to be of great importance to all of the Ohlone Tribes and descendants of the Verona Band. As we begin our meeting tonight, we acknowledge and honor the original inhabitants of Berkeley, the documented 5,000-year history of a vibrant community at the West Berkeley Shellmound, and the Ohlone people who continue to reside in the East Bay. We recognize that Berkeley's residents have and continue to benefit from the use and occupation of this unceded stolen land since the City of Berkeley's incorporation in 1878. As stewards of the laws regulating the City of Berkeley, it is not only vital that we recognize the history of this land, but also recognize that the Ohlone people are present members of Berkeley and other East Bay communities today. The City of Berkeley will continue to build relationships with the Lisjan Tribe and to create meaningful actions that uphold the intention of this land acknowledgement.

BE IT FURTHER RESOLVED That the Land Acknowledgement shall be displayed in writing at all Regular Meetings of the Berkeley City Council and shall be read out loud during the Ceremonial portion of the first Regular City Council Meeting of each month.

The foregoing Resolution was, adopted by the Berkeley City Council on October 11, 2022 by the following vote:

Aves:

Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes:

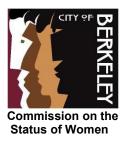
None.

Absent:

None.

Attest:

ımainville. Citv Clerk



Commission on the Status of Women Regular Meeting – March 15, 2023 DRAFT MINUTES

The meeting convened at 6:18pm with Chairperson Marasovic presiding.

ROLL CALL

Present: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

||||||

Comments from the Public

Public attendance: 0Public comments: 1

Action

Item # 2: The Commission on the Status of Women moved to amend the agenda as follows:

Item 14 - deletion of the word "elderly" and replaced with "older"; deletion of Item 15 - "Legislative and Council Update"; deletion of Item 17 "Good of the Order" then

approved the March 15, 2023 agenda as amended.

M/S/C: Marasovic/Rodriguez

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

Item # 3: The Commission on the Status of Women approved the February 15, 2023 meeting

minutes.

M/S/C: Marasovic/Seshagiri

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

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Item # 5: Leslie Berkler, Executive Director, Women's Daytime Drop-In Center, presented on

needs of low-income women. Discussion. No action taken.

Item # 6: Berkeley Police Department. Discussion. No action taken.

Item #8: The Commission on the Status of Women passed a motion and agreed to read the

Land Acknowledgment recognizing Berkeley as the Ancestral, Unceded Home of the Ohlone People as passed by City Council on October 11, 2022 at the start of all future

commission meetings.

M/S/C: Seshagiri/Rodriguez

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

Item # 9: The Commission on the Status of Women voted to change the start time from 6pm to

7pm of future commission meetings and will continue to meet at the South Berkeley Senior Center in Conference Room A (Large Conference Room); subject to change if

Commission takes future action.

M/S/C: Marasovic/Rodriguez

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

Item # 10: The Commission on the Status of Women voted to recommend that Council write a

letter to the Governor, State Attorney General, State Senate, and State Assembly in support of the Governor's decision to not renew a \$54 million-dollar contract with Walgreens'= due to Walgreens' decision to not make available reproductive choice

medication.

M/S/C: Marasovic/Seshagiri

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

Commission on the Status of Women DRAFT Minutes – March 15, 2023 Page 3 of 3

Item # 11: The Commission on the Status of Women voted to write a letter to Council in support

of the Homeless Services Panel of Experts' letter of recommendation to City Council to allocate funding towards a transition house for women and women-identifying fleeing from domestic violence, gender-based violence, intimate partner violence and

sex trafficking.

M/S/C: Rodriguez/Seshagiri

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

Item # 13: The Commission on the Status of Women passed a motion for the Chair to distribute

information and advise Council during public comment at the next council meeting that April 11-17 commemorates Black Maternal Health Week; October is Black Maternal Health Month, and the last week of August recognizes Black Breastfeeding

Week.

M/S/C: Marasovic/Rodriguez

Ayes: Marasovic, Rodriguez, Seshagiri

Absent: Henneman, Posey

Excused: Simon

The meeting was adjourned at 8:45pm.

Respectfully Submitted,

Shallon Allen, Secretary
Commission on the Status of Women

THE DAILY CALIFORNIAN

STEP INTO THE FUTURE WITH WEEKENDER'S AI ISSUE!

NEWS / CITY

City to consider creating task force to combat sex trafficking



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ANJULI SASTRY

STAFF MARCH 12, 2012

Berkeley City Council will consider creating a task force next week that would combat sexual exploitation of minors in the city, an effort that mirrors a push to increase the severity of human trafficking penalties across the state.

The council will vote on whether or not to create the nine-person task force, which would be made up of city and law enforcement officials, at its meeting on March 20. The idea for the task force originated from a panel discussion led by the city's Commission on the Status of Women and the Peace and Justice Commission that was prompted by reports of underage girls at Berkeley High School involved in acts of prostitution, according to Stephen Murphy, vice-chair of the city's Commission on the Status of Women.

"We are putting finances into community resources and into education ... to criminalize the perpetrators," he said.

According to the City Council recommendation, the city does not currently offer any services that specifically deal with issues of sexual exploitation and human trafficking. The purpose of the task force is to investigate and publish reports to the city on the "already-existing data of sexual exploitation and underage sex trafficking in Bertaler"

Homeowners Are Skipping the Bank to Tap into Their Equity

The local effort is representative of a larger statewide endeavor to combat isstantial isstantial statement of the Californians Against Sexual Exploitation Act — a bill the traffickers and up the restitution fees they must pay to victims.

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The bill was authored by California Against Slavery, a state human rights group that is trying to get the act onto the November 2012 state ballot.

"(The bill) is not the end all of human trafficking legislation," said Daphne Phung, executive director and founder of California Against Slavery. "This is a huge step in our state to combat this issue and recognize the severity of horrendous acts against human beings."

The issue of human trafficking is not new to the city. Following the conviction of Berkeley real estate mogul Lakireddy Bali Reddy on counts of transporting minors from India for illegal sexual activity, the state passed Assembly Bill 22 in 2005. The bill increased the severity of the sentence to three, four or five years in state prison for trafficking adults and a sentence of four, six or eight years for trafficking a minor.

The bill also mandated that convicted sex traffickers pay restitution to trafficking victims and allowed victims to bring their traffickers to civil court, something that was fairly new when the Bali Reddy case came to the courts.

Former state assemblymember Sally Lieber, Assembly Bill 22's chief sponsor, told the SF Public Press that the Bali Reddy case "was confirmation of what the problem was" and "was definitely on our minds" when the legislation was drafted.

Bali Reddy served his sentence in federal prison between 2001 and 2008 and paid \$2 million in fines to the sister of a female trafficking victim who died of carbon monoxide poisoning in one of his apartment buildings. He continues to work at Everest Properties on Shattuck Avenue, which manages a large percentage of the properties in the city.

"The Lakireddy case was important because it showed people that sex and labor trafficking can occur anywhere, even in Berkeley," said Michael Rubin, the attorney who represented the victims of the Bali Reddy case in a civil suit in 2002. "Ultimately, that's what's going to be the first line of defense against trafficking — community awareness of these human rights violations."

There were no official civil remedies provided by the state for victims of sexual trafficking before Assembly Bill 22, Lieber said at a human trafficking symposium hosted Sunday at the UC Berkeley International House.

Panelists and focus groups came together at the symposium to address implementing preventative education and increasing law enforcement that would increase support for survivors of human trafficking. "Despite substantial efforts made, human trafficking is at the same stage as domestic violence was decades ago, and there is still work to be done," Lieber said at the symposium.

Homeowners Are Skipping the Bank to Tap into Their Equity

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PROCLAMATION CALLING A SPECIAL MEETING OF THE BERKELEY CITY COUNCIL

In accordance with the authority in me vested, I do hereby call the Berkeley City Council in special session as follows:

Tuesday, March 14, 2023 4:00 PM

SCHOOL DISTRICT BOARD ROOM - 1231 ADDISON STREET, BERKELEY, CA 94702 TELECONFERENCE LOCATION - 1404 LE ROY AVE, BERKELEY 94708

JESSE ARREGUIN, MAYOR Councilmembers:

DISTRICT 1 – RASHI KESARWANI

DISTRICT 5 – SOPHIE HAHN

DISTRICT 2 – TERRY TAPLIN

DISTRICT 6 – SUSAN WENGRAF

DISTRICT 7 – RIGEL ROBINSON

DISTRICT 4 – KATE HARRISON

DISTRICT 8 – MARK HUMBERT

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Remote participation by the public is available through Zoom. To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL: https://cityofberkeley-info.zoomgov.com/j/1600955724. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen. To join by phone: Dial 1-669-254-5252 or 1-833-568-8864 (Toll Free) and enter Meeting ID: 160 095 5724. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

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This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953 and applicable Executive Orders as issued by the Governor that are currently in effect. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900. The City Council may take action related to any subject listed on the Agenda. Meetings will adjourn at 11:00 p.m. - any items outstanding at that time will be carried over to a date/time to be specified.

Preliminary Matters

Roll Call:

Worksession

1. Berkeley Police Department Annual Report, 2022 Year End Data Reports From: City Manager

Contact: Jennifer Louis, Police, (510) 981-5900

Public Comment - Items on this agenda only

Adjournment

I hereby request that the City Clerk of the City of Berkeley cause personal notice to be given to each member of the Berkeley City Council on the time and place of said meeting, forthwith.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of the City of Berkeley to be affixed on this 9th day of March, 2023.

Jesse Arreguin, Mayor

Public Notice – this Proclamation serves as the official agenda for this meeting.

ATTEST:

Date: March 9, 2023

Mark Numainville, City Clerk

Mad Munimit

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1) No lawsuit challenging a City decision to deny (Code Civ. Proc. §1094.6(b)) or approve (Gov. Code 65009(c)(5)) a use permit or variance may be filed more than 90 days after the date the Notice of Decision of the action of the City Council is mailed. Any lawsuit not filed within that 90-day period will be barred. 2) In any lawsuit that may be filed against a City Council decision to approve or deny a use permit or variance, the issues and evidence will be limited to those raised by you or someone else, orally or in writing, at a public hearing or prior to the close of the last public hearing on the project.

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WORKSESSION March 14, 2023

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Jennifer Louis, Interim Chief of Police

Subject: Berkeley Police Department Annual Report

2022 Year End Data Reports

INTRODUCTION

At the request of City Council, the City Manager provides regular reports on crime in Berkeley. This report details the year end crime, collision, stop data and use of force data for 2022. Status updates will also be provided on several Council referral items and department initiatives.

CURRENT SITUATION AND ITS EFFECTS

CALLS FOR SERVICE

In 2022 Berkeley Police Department received a total of 62,245 calls for service (CFS). This closely mirrors the call volume reported for 2021 (60,393 total), as calls for service have not returned to pre-pandemic levels to date. BPD has received an average 71,113 CFS per year for the past 7 years.

CRIME DATA

Part One Crimes

In 2022, total Part One crime in Berkeley increased by 15.4% overall from the year prior. Part One Violent Crimes increased by 134 cases and Part One Property Crimes

increased by 826 cases. The largest percentage increases in Part One Crimes were seen in Sexual Assault (56.1%), Aggravated Assault (34.3%), and Burglary (29.0%). Decreases were seen in Auto Theft (-23.9%) and Arson (-27.8%).

Part One Crimes Comparison

	2021	2022	Change	%Change
HOMICIDE	0	3	3	+3
RAPE	57	89	32	56.1%
ROBBERY	265	292	27	10.2%
AGG ASSAULT	210	282	72	34.3%
TOTAL VIOLENT				
CRIMES	536	666	134	25.2%
BURGLARY	803	1036	233	29.0%
LARCENY	3736	4611	875	18.9%
AUTO THEFT	1098	836	-262	23.9%
ARSON	72	52	-20	27.8%
TOTAL PROPERTY				
CRIMES	5709	6535	826	14.5%
TOTAL PART ONE				
CRIMES	6241	7201	960	15.4%

The following chart provides historical crime data for Part One Crimes from 2013 through 2022:

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Homicide	4	3	1	2	1	1	0	5	0	3
Sexual										
Assault	26	35	44	54	83	65	74	47	57	89
Robbery	410	263	330	361	364	353	369	274	265	292
Aggravated										
Assault	122	130	155	185	218	167	175	210	210	282
Burglary	1055	932	1090	805	843	829	771	797	803	1036
Larceny	3658	3615	4099	3965	4556	4004	4993	3933	3736	4611
Auto Theft	664	555	717	650	621	548	492	805	1098	836
Arson	16	15	22	24	30	31	17	52	72	52
TOTAL	5955	5548	6458	6046	6716	5998	6891	6123	6241	7201

Part One Crimes per Capita:

With a population of 117,684 in 2022, there were 612 part one crimes overall per 10,000 residents. There were 57 violent crimes per 10,000 residents and 555 property crimes per 10,000 residents.

Using the latest publicly available DOJ data, we know that in 2021, there were 47 violent crimes and 219 property crimes reported for every 10,000 residents in California. Also, in 2021, Oakland (pop. 433,823) reported 145 violent crimes and 582 property crimes per 10,000; San Leandro (pop. 88,868) reported 56 violent crimes and 380 property crimes per 10,000 residents; Santa Clara (pop. 127,151) reported 23 violent crimes and 276 property crimes per 10,000 residents.¹

Gun Violence and Firearm Seizure:

The total number of shootings rose slightly in the City of Berkeley in 2022. During this reporting period there were 53 confirmed shooting incidents versus 52 in 2021. Confirmed shooting incidents include witnessed events as well as loud report calls where shell casings or other evidence of gunfire was found. In 2022, BPD's closure rate for shootings was 38% despite the fact that many incidents are heard only or have few witnesses or leads. Forensic and electronic evidence, diligent and detailed investigative efforts, as well as community willingness to share information was critical to developing leads and chargeable cases.

SHOOTINGS	2018	2019	2020	2021	2022
TOTAL	20	28	40	52	53
Cases Closed	11	9	23	24	20
Cases Charged	6	6	15	15	17

In 2022 there were a total of 119 firearms recovered by BPD, which was an increase of 1%. In 2022, 34 of the firearms seized were ghost guns compared to 33 in 2022 and 6 in 2020.

FIREARM RECOVERY METHODS	2019	2020	2021	2022
Patrol calls for service	33	36	51	64
Patrol proactive traffic stops	25	17	24	12
Detective Follow-up investigation	29	32	43	43
TOTAL	87	85	118	119

-

¹ State of California Department of Justice - OpenJustice

Robbery:

Total robbery cases continue to remain below pre-pandemic levels. The most notable change during 2022 was the increase in the number of pedestrian robberies.

ROBBERY CASES	2018	2019	2020	2021	2022
Pedestrian	229	247	131	119	148
Commercial	108	97	117	118	117
Home Invasion	5	4	8	8	8
Bank	3	2	5	6	4
Carjacking	10	14	13	14	15
TOTAL	355	364	274	265	292

Hate Crimes:

In 2022 there were 38 incidents of hate crimes, down from 42 in 2021. Hate Crime reports continue to be primarily reported as crimes of intimidation (either by using slurs or by leaving graffiti) rather than crimes of violence.

HATE CRIMES	2018	2019	2020	2021	2022
Race/Ethnicity/National Origin	11	5	7	29	24
Religion	3	1	2	11	3
Sexual Orientation	3	2	1	2	11
Gender	1	0	2	0	0
Disability	0	0	0	0	0
TOTAL	18	8	12	42	38

The Department led a coordinated multi-city department response to the Council referral item on improving hate crimes reporting and response. Several recommendations were completed including a public-facing mapping tool for hate crimes, a public outreach video in collaboration with the Mayor and PAB, ongoing relationships with at-risk communities, and connections with BUSD and UCPD staff. BPD provided a Council update on progress on this referral in November of 2022. Work continues on developing additional partnerships with targeted groups and creating a multi-lingual public outreach video.

Additional Property Crimes:

In addition to the Part One Property Crimes data provided above, additional Property Crimes data is as follows:

	2019	2020	2021	2022
Catalytic Converter Thefts	150	523	477	995*
Auto Burglary	2473	1042	1021	1288

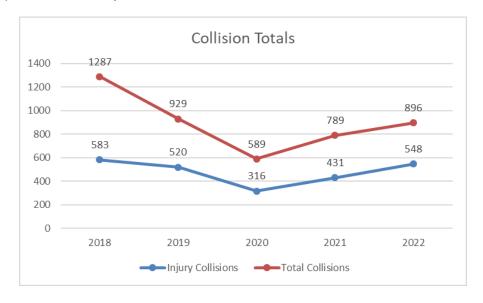
^{*}The total for 2022 includes attempted catalytic converter thefts and reports of damage. In 2022, 809 catalytic converters were reported stolen.

COLLISION DATA

In 2022, there were a total of 896 collisions. They included, 548 injury and 346 non-injury collisions. Total collisions increased by 107, or 13.6% from 2021. Non-injury collisions decreased by 1.4% and fatal collisions decreased by 71.4%. Injury collisions increased by 27.2% and DUI collisions increased by 35.9%.

COLLISIONS	2019	2020	2021	2022
Fatal collisions	4	2	7	2
Injury collisions	520	316	431	548
Non-injury collisions	405	271	351	346
TOTAL collisions	929	589	789	896

The most common cause of collisions (the primary collision factor or PCF) was failure to yield right of way, unsafe speed, unsafe turn, and red-light violations. Bicyclists (114) and pedestrians (83) accounted for 36% of the injury collisions. Bicyclists were found at fault in 54 of the collisions and pedestrians in 10 of the collisions. A closer examination of the 54 at fault injury collisions involving a bicycle revealed 16 involved a solo bicyclist falling or hitting an object. There have been 47 right of way violations that have caused injury to a pedestrian this year.



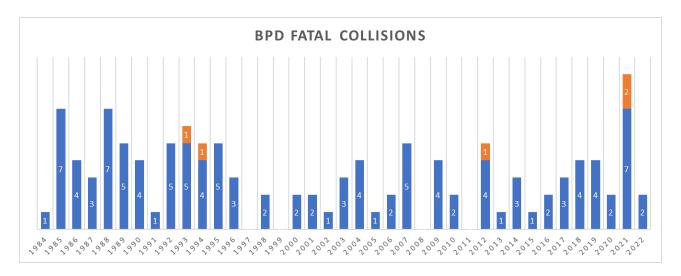
Of the two fatal collisions in 2022, one involved a pedestrian and the other a solo motorcyclist versus a fixed object (where alcohol was a factor). Additionally, 53 collisions involved a DUI driver (an increase from 39 in 2021) which resulted in 25 injuries. There have been 47 right of way violations that have caused injury to a pedestrian this year.

The two intersections which accounted for the highest number of collisions were Shattuck Ave and Haste St and Ashby and Shattuck Avenues (tied with 12 collisions each). The top twelve intersections where collisions occurred were:

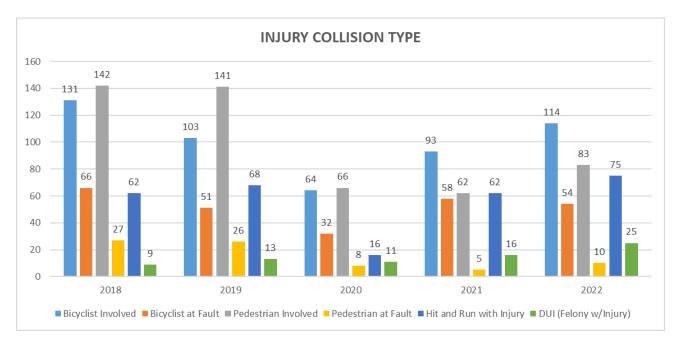
COLLISION INTERSECTIONS	Total Collisions	Injury Collisions	# of People Injured	Suspected Serious Injury
Shattuck Ave / Haste St	12	10	14	2
Ashby Ave / Shattuck Ave	12	9	10	2
Ashby Ave / San Pablo Ave	11	6	14	1
Ashby Ave / Sacramento St	11	6	6	0
University Ave / 6th St	10	4	5	0
MLK Jr Way / Ashby Ave	10	5	5	0
University Ave / Acton St	8	4	6	1
Dwight Way / Sacramento St	6	4	5	0
San Pablo Ave / Cedar St	5	2	2	0
University Ave / MLK Jr Way	5	5	6	1
Ashby Ave / College Ave	5	5	6	0
Shattuck Ave / Dwight Way	5	2	2	0

[•] Suspected serious injury is any injury other than a fatality that results in significant injury as defined in the CHP Collision Investigation Manual (CHP, 2017, p. 5-5)

The following provides historical data on fatal collisions in the City of Berkeley:



As previously stated, bicycles were involved in 114 of the injury collisions and pedestrians were involved in 83. Right of way violations affected pedestrians in 47 of those collisions. The primary collision factor was found to be the bicyclist in 54 collisions, the pedestrian in 10 collisions and DUI in 25 collisions.



BPD applied for and was awarded grant funding that supports our efforts to reduce traffic collisions and impaired driving in Berkeley. Grant sources include the Office of Traffic Safety (Selective Traffic Enforcement Program / STEP Grant) and the California Highway Patrol Cannabis Tax Fund Grant to provide additional enforcement, education and traffic safety programs. The funding allows us to standup DUI checkpoints, DUI patrols and provide enforcement in locations identified as high collision areas targeting dangerous driving behavior. Grant funding allows officers to attend training to become proficient in field sobriety testing to detect both alcohol and drug impairment. In partnership with OTS and other law enforcement agencies throughout the state BPD participates in national campaigns such as pedestrian safety month, winter DUI mobilization, distracted driving awareness, bicycle safety, motorcycle safety, walk to school day and click it or ticket enforcement.

A 2020 survey from the AAA Foundation for Traffic Safety found that people who drove more than usual during the pandemic were more likely to engage in risky behaviors including reading text messages, speeding, running red lights on purpose, aggressively changing lanes, not wearing seat belts, or driving after having consumed alcohol or cannabis. According to the National Highway Traffic Safety Administration (NHSTSA) traffic fatalities decreased in 2022 overall; however, pedestrians, motorcyclists and bicyclist fatalities were up.

Currently, there are two full time traffic enforcement (motorcycle) officers, one data analyst, one sergeant and one lieutenant assigned to the Traffic Bureau. With three

officers short, the Traffic Bureau issued 38% of all moving violations for the department. Staffing shortages within BPD have made enforcement of dangerous driving behaviors challenging.

The BPD has reprioritized traffic enforcement efforts around a three-prong approach that focuses on primary collision factors, community member reports and observations reported to the BPD and community caretaking. Community caretaking functions consider safety violations that aren't always noted as the primary collision factor but can be a significant contributing factor in serious collisions. The BPD will continue to collect, analyze collision data to understand and guide needs, the effectiveness of enforcement strategies and shape future deployment and resource allocation.

STOP DATA REPORT

In October 2020, the Berkeley Police Department began tracking and ultimately supplying the State of California with our stop data pursuant to the Racial Identity Profiling Act (RIPA). BPD began this data collection a full two and a half years before agencies our size were required to comply with RIPA. Berkeley began this process early as part of the department's efforts to better capture, understand and share the data associated with our stops.

During 2022, BPD averaged 258 vehicle stops, 162 pedestrian stops, and 8 bicycle stops per month for a 2022 total of 3,101 vehicle stops, 1942 pedestrian stops, and 94 bicycle stops. Here's the monthly breakdown:

Type of Stop



Overall, the majority of all of our stops (64.67%) were self-initiated and focused on traffic violations. The remaining 35.33% of our stops were in response to a call for service. The following graph outlines the reasons for the stop, with blue bars representing self-initiated activity and red bars indicating a response to a call for service.

Reason for Stop



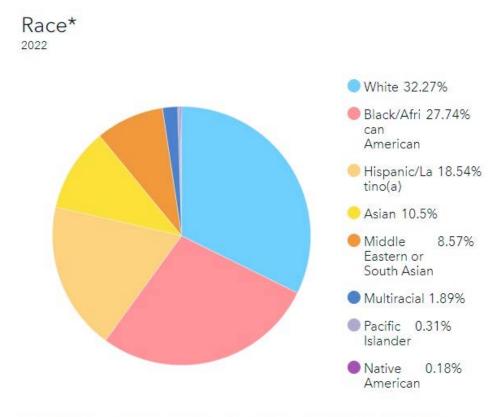
The table below outlines the moving violations associated with our stops. The violations related to this year's stop data correlate with primary collision factors (discussed earlier in this report), as well as other serious traffic safety violations geared toward community caretaking.

Most frequent moving violations*



^{*}Excludes stops made in response to calls for service and information-based stops

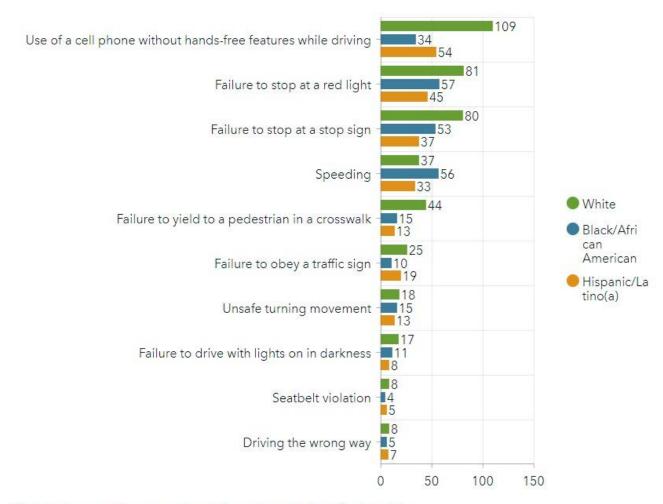
A review of the stop demographics excluding stops made in response to calls for service and information-based stops over the last year showed White individuals made up 32.27% of those stops, Black individuals made up 27.74%, and Latinx 18.54%. Further, 51.12% of those stopped were not Berkeley residents.



^{*}Excludes stops made in response to calls for service and information-based stops

The chart below again looks at the moving violations associated with our stops and breaks down how they compare among different demographic groups.

Most frequent moving violations*



^{*}Excludes stops made in response to calls for service and information-based stops

RIPA data entry also allowed us to capture information about search rates. In 2022 BPD's search rate for all stops was 20% and had an overall contraband yield rate of 51%. Those searches resulted in the seizure of 92 weapons, including 16 firearms.

One method of determining whether officer discretion is influenced by implicit racial bias is to measure whether the officer's decision to search is subject to a lower threshold of suspicion for Black and Brown people as compared to for White people. Often called yield rate analysis, the method assumes that race-neutral indicators observable by an officer will accurately predict the probability that a search will turn up contraband. The logic follows that a search triggered by a given level of suspicion based on race-neutral

factors will 'yield' contraband at the same rate across racial groups. Conversely, a lower yield rate for searches of White people as compared to searches of Black people would indicate that officers are deciding to search White people when they have a higher confidence of finding contraband.

Breaking down the demographic and contraband yield rate by race reveals the following:

•	Black	28% search rate	51% yield rate
•	White	20% search rate	50% yield rate
•	Hispanic/Latino(a)	17% search rate	59% yield rate

The 1:1 yield rate ratio for searches of Black and White subjects suggests that officers are making decisions to search based on race-neutral factors.

USE OF FORCE REPORT

Berkeley Police Department takes pride in our ability to accomplish our work with minimal reliance on force through approaches that include de-escalation techniques, as well as an awareness of mental health crisis issues and appropriate responses. The department reinforces these skills and strategies through regular training.

A review of the Berkeley Police Department's use of force statistics reflects the department's commitment to using minimal force. Data covering January 2015 through December 2022 shows the department responded to an annual average of 71,113 calls for service per year and effectuated 2,765 arrests. Under the department's prior reporting standards, there was an average of 75 uses of force per year.

In February 2021, BPD transitioned to a new Use of Force Policy that had several substantial changes, that included a de-escalation requirement and an expanded use of force reporting standard. Under this policy, reportable force is delineated into the following four categories:

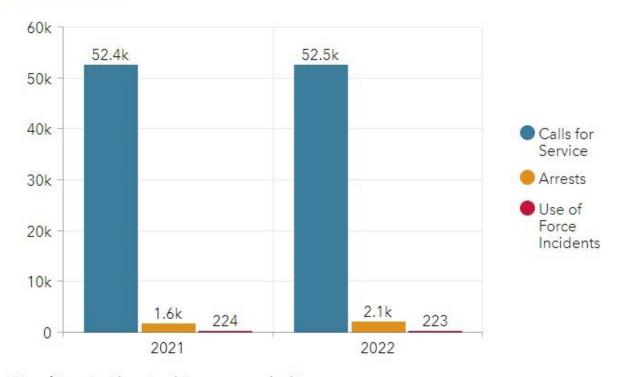
- Level 1 Involves grabs, control holds, the use of leverage, or body weight with no injury or complaint of pain.
- Level 2 Applies when an officer points or deploys a firearm while interacting with someone. It also applies to a Level 1 force that involves more than momentary discomfort but does not have an injury or complaint of pain.
- Level 3 Parallels our old Use of Force reporting standard and involves the use
 of a weapon, subject injury, or complaint of pain. This category also applies to
 specific circumstances when an officer does not activate their body-worn camera.
- Level 4 Applies when an officer uses a firearm or when there is an in-custody death.

The department use of force policy requires officers to report uses of force to their sergeant, who documents these incidents in a formal report. A lieutenant and captain

review each report, including associated body worn camera (BWC) footage, before forwarding it to Internal Affairs. In a given incident, more than one technique or type of force may be used to bring a resistant or combative individual into custody, and more than one officer may use force during the incident.

During 2022 there were 62,245 Calls for Service and 2478 arrests. Under the new reporting standard, in 2022 there were 369 incidents that involved 1301 uses of force. Of the 369 incidents where force was used, 68.5% were Level 1 uses of force, and 27.6% were level two. These two categories accounted for 96.1% of uses of force, demonstrating BPD officers' commitment to using minimal force when it is required. The department started capturing our updated use of force data in March of 2021, the Chart below compares our 2022 statistics for the same time period.

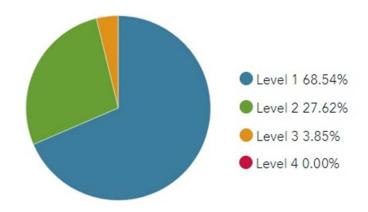
All Calls for Service, Arrests, and Use of Force Incidents*



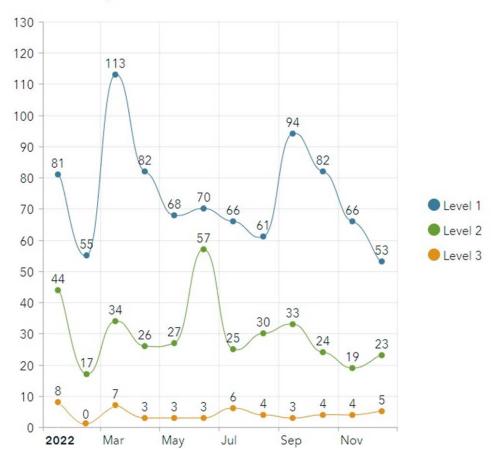
^{*}Use of Force Incidents involving an arrested subject

While the department has consistently evaluated individual use of force incidents, our expanded data collection and analysis tools allow us to understand and evaluate our use of force trends and share them with the community. We also use this information to help inform our policies and training. Here is a summary of our key findings:

Use of Force Level (by Uses)

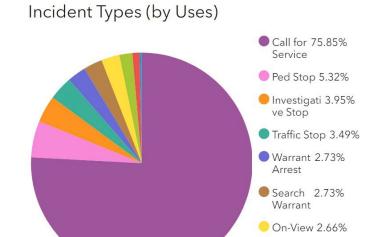


Total Uses by Level



Data indicates that the majority of our uses of force occurred when officers responded to calls for service from the community. Use of Force occurred most often in relation to arrests and the majority of the force incidents involved the lowest level of force.

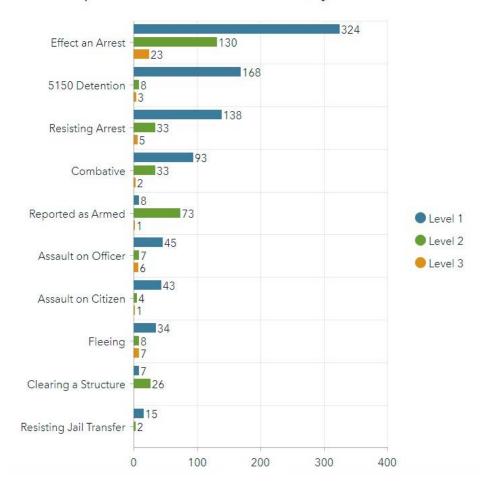
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Booking 1.9%

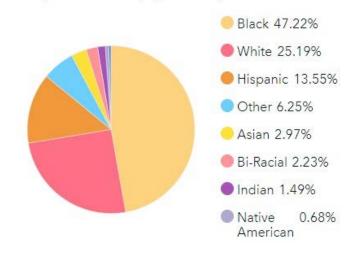
Assisting 1.06% Jail Staff

Most Frequent Use of Force Reasons (by Uses)



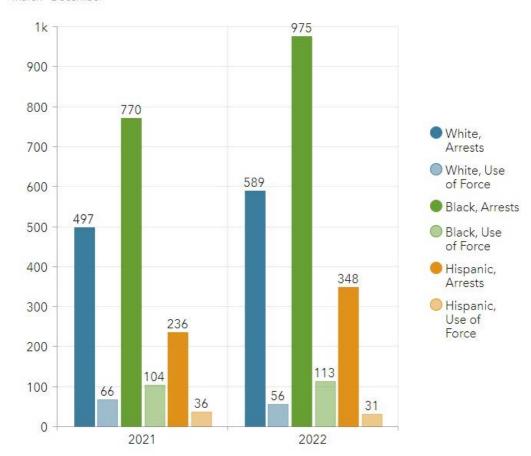
Demographic breakdown of uses of force:

Subject Race (by Uses)



Arrests and Use of Force Incidents*

March - December



^{*}Use of Force Incidents involving an arrested subject

This year's use of force trends parallel last year's, and show that BPD officers minimally use force and apply the lowest levels of force when circumstances require it. Of the 62,245 calls for service that BPD received in 2022, only 0.42% (266 incidents) resulted in a use of force incident, and only 0.03% (19) resulted in a use of force that produced more than a minor complaint of pain or where a weapon was used (Level 3 and 4). Additionally, trends show that calls for service account for a larger percentage of cases where force was used this year (75.85% versus 68.5%), much of which was attributed to a reduction in force incidents associated with investigative stops.

One of the other ways the department evaluates our responses is by tracking data associated with use of force complaints. While all of our use of force cases are always reviewed by a Lieutenant and Captain, those associated with a personnel complaint are also subject to an Internal Affairs Bureau (IAB) investigation. The results of the investigation (including BWC footage) are given to a Board of Review that evaluates the case and makes a recommendation to the Chief.

In 2022 the department received a total of five complaints associated with use of force incidents involving 19 applications of force. To date, three of those investigations have been completed while two are still being evaluated. Additionally, two out of those three cases were also independently assessed by the Director of Police Accountability and Police Accountability Board. None of the cases reviewed by the department or the DPA /PAB resulted in sustained findings of misconduct.

The department will continue to collect, evaluate, and assess our use of force data and use it to inform our policies and training with a focus on achieving positive outcomes.

DEPARTMENT PERSONNEL

The Berkeley Police Department prides itself on rigorous evaluation of police officer applicants, as well as hiring and training some of the profession's best officers who exemplify the Department's overall mission as well as the values of our diverse and vibrant City. Beyond the expectations to successfully complete training and education requirements, the Department demands that officers hold themselves to a departmental culture of integrity, respect and professionalism.

We are currently staffed at 150 sworn police officers, well below our current authorized staffing level of 181 sworn personnel. Three of those positions are held by recruit officers who are currently in academy training and will not reach solo officer status until Fall 2023. Twenty of the 150 officers are eligible to retire and several of them have stated an intent to retire over the course of 2023.

Berkeley Police Department currently is authorized 36 dispatch positions, and is currently staffed with 20 dispatchers and 4 dispatch supervisors. There are currently 5 dispatchers and 1 supervisor that are eligible to retire. The Communications Center is supported by several per diem and other dispatch qualified employees who alleviate some of the strain of understaffing. In a recent consultant report by Federal

Engineering, the recommendation is to increase the total staffing number from 36 to 60 employees (Section 6.2). The goals of the higher staffing number include ensuring the ability to provide Emergency Medical Dispatching (EMD), improve the span of control for supervisors, increase minimum staffing and creating a Training & Quality Assurance Coordinator position.

We are also in the process of hiring additional Community Service Officers (CSO). We are authorized 29 CSO and are currently staffed with 23. For the last several years we were authorized 22 CSO but six CSO and a CSO Supervisor were added to the Fiscal Year 2023 budget as a recommendation stemming from the reimagining public safety process. The additional CSO will be trained to respond to lower priority calls and a variety of tasks that would have traditionally fallen to a sworn officer. Community outreach and engagement will be part of the work of CSO as well. Staff has encountered difficulty identifying the scope of necessary training and attracting existing CSO to this developing position since it was only funded on a limited three-year term in the FY 2023 budget. The Department is committed to supporting this reimagining public safety goal and will continue work to develop this program.

Low staffing numbers challenge the department's ability to proactively address and solve problems in the community. It also negatively impacts morale and the overall wellness of the Department. The Department continues to actively recruit and work with Human Resources to facilitate open and continuous recruitments to reach full staffing of police officers and dispatchers. Furthermore, to help address the challenges associated with hiring, in 2022 the Department committed to the creation of a Recruitment and Retention Team. That team is comprised of officers and dispatchers who work with Personnel and Training on a part time basis to attend job fairs, work on our social media outreach, respond to applicants who submit interest cards and facilitate ride-alongs with officers and sit-alongs with dispatchers. In 2022, the Department worked on a Recruitment and Retention Incentive Program that was recently approved by City Council. The Department is currently working through the logistics and is excited about the potential the program provides for recruiting and retention.

CITY AUDITOR REPORTS

There are currently three open audits involving BPD that were produced by Auditor Wong and her staff;

- 1. 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale
- 2. Data Analysis of Berkeley's Police Response
- 3. Berkeley Police: Improvements Needed to Manage Overtime and Security Work for Outside Entities

The Department will be submitting audit updates to City Council in May 2023 regarding the three open audits. Working with the City Auditor's Office in this process, we anticipate completion of the first two audits before May with all items having been addressed. The third audit is not complete but we have made significant progress on the recommendations listed in the report. This includes the implementation of a significant technology project related to an electronic staffing software. We are eager to continue working with Auditor Wong's office to accomplish all of the recommendations in this budget related audit.

FAIR AND IMPARTIAL POLICING UPDATE

Implementing the FIP Task Force recommendations remains a priority of the Berkeley Police Department. The Professional Standards Division is responsible for managing the project of implementing the recommendations. This report provides a quarterly update on the implementation of the Task Force recommendations.

The FIP Task Force recommendations required the department to amend its policies and establish a number of new protocols. As part of the process, members of BPD engaged with the Mayor, Council and their representatives, the Police Review Commission (now the Police Accountability Board or PAB), FIP Task Force members, and the PAB Subcommittee on FIP recommendation implementation. During these meetings, BPD staff collaborated with and updated each group on the substance and progress of this important project.

The Berkeley Police Department remains committed to equitable and unbiased policing and we are proud to have implemented almost all of the FIP recommendations. A policy in the form of a special order has been released to ensure that current and future members of the Berkeley Police Department carry forward and build upon this important foundational work initiated by the Fair and Impartial Policing Task Force. Below are the updates since the last reporting period. Once the final recommendations of the referral are completed the Department will continue efforts related to fair and impartial policing and provide annual updates and progress in this report.

Recommendations related to: Implement Procedural Justice Reforms

Pursuant to the FIP recommendation and after meeting with the FIP task Force stakeholders, language was added to the current Early Warning System (EWS) policy to include data around traffic, bicycle, and pedestrian stops as a category that supervisors will consider for early intervention if merited. This new EWS policy has been implemented.

Ongoing efforts include implementing new systems for the monitoring of officer's individual stop data by their respective supervisors. The Audits and Inspections Sergeant began conducting separate and random quarterly audits of officer's stop data,

complaints, uses of force incidents and other factors and report the findings to the Chief of Police. Results of these audits are provided to the Police Accountability Board.

• Recommendations related to: Conduct a Capacity Study of police calls and responses and use of officer time outside of case work.

The City's Auditor's report was released which analyzed Computer Aided Dispatch data. Recommendations from this analysis were provided to the Police Department and findings were referred to the Reimagine Public Safety Task Force. BPD has implemented the recommendations and an assessment of overall staffing levels as well as patrol beat specific analysis will be conducted as part of the sworn staffing assessment described above. This assessment will study our organizational structure, resource allocation, and geographical patrol boundaries.

Internally the Strategic Analysis Team has been directed to continue their work to refine the way and type of data that is collected, and analyze call response time to support the likely upcoming consultant work.

DEPARTMENT INITIATIVES

The Berkeley Police Department mission is to safeguard our diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect. As discussed, the BPD is experiencing significant staffing issues in several critical classifications but especially in sworn officers and dispatchers. We forecast that recruitment and retention will be key to weathering unprecedented staffing pressures. Department initiatives underway support and guide this mission despite our expected challenges. Some of these are listed below:

Sworn Staffing Study:

Both the Re-imagine Policing work and Auditor's Audit on Police Overtime called for independent analysis of our workload, service demands, staffing levels, and allocation of resources. The Department opened a request for proposals from consultants that specialize in public safety staffing. All the bids received exceeded the current budget authority, which may affect the breadth of the analysis that we can complete. We are evaluating several proposals and will take the appropriate next steps to contract a consultant to advise on the long-term deployment of police services in Berkeley. We expect that work to inform decision-making as we rebound from a low point expected in the next year to 18 months. It should also help us to incorporate recommendations from the Re-Imagining Public Safety process.

In the meantime, the department is making adjustments to cope with low staffing. This has included reducing staffing in special assignments, delaying work on longer term

projects, and looking for additional ways to increase efficiencies. As the majority of the sworn personnel are deployed in our Operations Division as patrol officers, the department conducted analysis on call for service volume as it occurs throughout the day and week. Our existing 16 beat structure was deployed nearly a decade ago. At the time, it was balanced in terms of workload and service delivery. Over time, crime patterns and demands for services change. Further, our critically low staffing has made the 16-beat deployment difficult to staff requiring more forced overtime for our shrinking patrol resources. Our Strategic Analysis Team worked on a 14 beat map was able to create more efficiency and parity in service delivery and workload. The new structure should be more resilient to what we expect to be a very difficult year. The Patrol Operations division will transition to the new beat structure in April of 2023. The 14 beat project will also provide useful data for the sworn staffing study.

From Pilot to Best Practice: Recovery Officer

In response to multiple high-profile in-custody deaths, Berkeley Police Department officers have developed new ideas to improve their response to these challenging events. Central to these recommendations was a plan to reinforce the sanctity of life. In October of 2021, BPD identified a new role of Recovery Officer during certain inprogress incidents. This role has three basic objectives: improve scene management on incidents where an involved party has undergone extreme exertion, evaluate medical needs sooner, and decrease BFD response time so any necessary treatment can occur more rapidly. De-escalation wherever possible remains the department's goal. However, in those instances where de-escalation efforts fail, there will be a proactive plan to get the subject evaluation and care as soon as practical.

The Recovery Officer Pilot Program was launched with great success. We are currently studying the deployment to continue to improve the transition from physical altercation to care. Initial analysis suggests Officers are calling BFD Paramedics to more scenes involving physical altercations and have positively impacted response times. We couldn't have achieved the positive change without the support of the Berkeley Fire Department. The Strategic Analysis Team is partnering with use of force experts as well as Berkeley Fire Department to assess the practice, its impacts both qualitative (data, response times, outcomes) and quantitative (procedure, de-escalation, communication) to continue to develop and refine our practices around combative subjects. At the conclusion of the analysis, we will incorporate the practice into future trainings and formalize the approach in policy.

Reinforcing Best Practices: Duty to Intercede

Berkeley PD has had a "Duty to Intercede" policy for over a decade. Use of Force Policy (BPD Policy 300.1 - Use of Force) requires; "Whenever possible, officers shall intervene when they know or have reason to know that another officer is about to use, or is using, unnecessary force. Officers shall promptly report any use of unnecessary force and the efforts made to intervene to a supervisor." Since, George Floyd's death, Duty to Intercede is a fundamental training element in our use of force training scenarios. Officers are trained and expected to take decisive action to prevent abuse and to protect the sanctity of life. One example in 2022 was an eight-hour training session for our staff that covered use of force decision-making. Several scenarios and debriefs specifically covered the duty to intercede.

Improved Training for Sergeants

In the past year, we have increased training for supervisors in Patrol Operations. We have had mandatory leadership meetings with all patrol supervisors twice a year. These meetings improve clarity on leadership and help emphasize how we are leading during an unprecedented period of change in our industry. We have also introduced Operations Leadership Work Groups, where leaders solve problems, strategize, and deploy solutions to challenges. The BPD established several internal work groups to include develop data analysis tools supporting evidence-based policing strategies, update and realign our patrol officer and supervisor annual performance evaluations, evaluate alternative schedule deployments to better cope with critically low staffing, and improve training, departmental practice, and leadership around the use of Body Worn Cameras.

Strategic Analysis Team and Problem-Solving Approaches:

BPD has hired two analysts to further the goal of establishing a unit that focuses primarily on crime prevention, supporting investigative strategies, strengthening problem solving approaches and providing transparency to our community.

Referred to as the Data Analysis team in previous reports, the Strategic Analysis Team (2 data analysts and 1 officer) launched the Berkeley Police Transparency Hub in 2022 as part of an effort to enhance our communication with the community about our work. The Transparency Hub features the following data dashboards that the community can use to follow our work at their own leisure: Stop Data, Calls for Service, Use of Force and Crimes Data. The Transparency Hub contains a page for Community Engagement, so the community may follow the many events throughout the city in which BPD participates. Additionally, the Community Engagement page allows for community members to engage with BPD's initiatives of Crime Prevention and Merchant Partnerships. A key tool utilized by BPD to support these initiatives is the multidisciplinary survey assessment, Crime Prevention Through Environmental Design

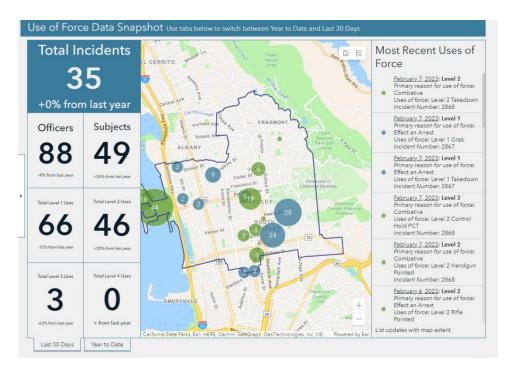
(CPTED). A CPTED survey can be requested online by any community member at any time. Finally, the Transparency Hub includes a page of Current Trends. This page contains specific data of interest to the community. Currently the page includes data related to the following topics: Gun Violence, Hate Crimes, Ghost Guns and Catalytic Converter Thefts. The Transparency Hub provides the transparency and accountability for BPD which the community demands.

The Strategic Analysis Team also launched internal tools to assist officers' understanding of the people, locations and behaviors that most negatively impact public safety. The tools are specific to areas and people, updated daily and accessible to all officers. Additional internal tools include problem specific data for the following topics: Retail Crime, Catalytic Converter Theft and Traffic. The purpose of these internal tools is to provide officers with information to more accurately indicate the proper intervention for the problem with which they are faced. This may mean enforcement or collaboration with other providers and/or city partners.

The Strategic Analysis Team has provided BPD with the necessary tools to respond to people, locations and behaviors with the most appropriate, optimal and equitable interventions. The data and tools to provide the most appropriate, optimal and equitable interventions allows for a more positive BPD "footprint" within the community. As officers increase their work with these tools, we expect there to be increases in yield rates in the stop data, but an overall reduction in the total number of stops. Analysis of the effectiveness and impact of these efforts will be important and is ongoing.

Upcoming work from the Strategic Analysis Team includes the addition of a Traffic Data page to the Transparency Hub. The page will provide quarterly counts of collisions of all types and analysis of primary collision factors, as well as highlight BPD's ongoing work to reduce unsafe driving patterns.

The below screenshots are examples of what is found on the Transparency Hub for the community:





ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects, climate impacts, or sustainability opportunities associated with the subject of this report.

CONTACT PERSON

Jennifer Louis, Interim Chief of Police, 981-5900

MARCH 2023

Maternal Mortality Rates in the United States, 2021

by Donna L. Hoyert, Ph.D., Division of Vital Statistics

This report presents maternal mortality rates for 2021 based on data from the National Vital Statistics System. A maternal death is defined by the World Health Organization as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (1)." Maternal mortality rates, which are the number of maternal deaths per 100,000 live births, are shown in this report by age group and race and Hispanic origin.

This report updates a previous one that showed maternal mortality rates for 2018–2020 (2). In 2021, 1,205 women died of maternal causes in the United States compared with 861 in 2020 and 754 in 2019 (2). The maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births, compared with a rate of 23.8 in 2020 and 20.1 in 2019 (Table).

In 2021, the maternal mortality rate for non-Hispanic Black (subsequently, Black) women was 69.9 deaths per 100,000 live births, 2.6 times the rate for non-Hispanic White (subsequently, White) women (26.6) (Figure 1 and Table). Rates for Black women were significantly higher than rates for White and Hispanic women. The increases from 2020 to 2021 for all race and Hispanic-origin groups were significant.

Rates increased with maternal age. Rates in 2021 were 20.4 deaths per 100,000 live births for women under age 25, 31.3 for those aged 25–39, and 138.5 for those aged 40 and over (Figure 2 and Table). The rate for women aged 40 and over was 6.8 times higher than the rate for women under age 25. Differences in the rates between age groups were statistically significant. The increases in the rates between 2020 and 2021 for each of these age groups were statistically significant.

Data source and methods

Data are from the National Vital Statistics System mortality file (3). Consistent with previous reports, the number of maternal deaths does not include all deaths occurring to pregnant or recently pregnant women, but only deaths with the underlying cause of death assigned to *International Statistical Classification of Diseases*, 10th Revision code numbers A34, O00–O95, and O98–O99. Maternal mortality rates are per 100,000 live births, based on data



NCHS Health E-Stats March 2023

from the National Vital Statistics System natality file. Maternal mortality rates fluctuate from year to year because of the relatively small number of these events and possibly due to issues with the reporting of maternal deaths on death certificates (4). Efforts to improve data quality are ongoing, and these data will continue to be evaluated for possible errors. Data are shown for only the three largest race and Hispanic-origin groups for which statistically reliable rates can be calculated.

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Suggested citation

Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: https://dx.doi.org/10.15620/cdc:124678.

Table. Number of live births, maternal deaths, and maternal mortality rates, by race and Hispanic origin and age: United States, 2018–2021

	2018			2019			2020			2021		
Race and Hispanic origin and age	Number of live births	Number of deaths	Maternal mortality rate ¹	Number of live births	Number of deaths	Maternal mortality rate ¹	Number of live births	Number of deaths	Maternal mortality rate ¹	Number of live births	Number of deaths	Maternal mortality rate ¹
Total ²		658	17.4	3,747,540	754	20.1	3,613,647	861	23.8	3,664,292	1,205	32.9
Under 25	907,782	96	10.6	877,803	111	12.6	825,403	114	13.8	797,334	163	20.4
25–39	2,756,974	458	16.6	2,739,976	544	19.9	2,658,445	607	22.8	2,731,223	854	31.3
40 and over	126,956	104	81.9	129,761	98	75.5	129,799	140	107.9	135,735	188	138.5
Non-Hispanic Black ³	552,029	206	37.3	548,075	241	44.0	529,811	293	55.3	517,889	362	69.9
Under 25	176,243	27	15.3	169,853	32	18.8	159,541	46	28.8	149,435	62	41.5
25–39	358,276	137	38.2	360,206	179	49.7	351,648	198	56.3	349,170	242	69.3
40 and over	17,510	42	239.9	18,016	30	166.5	18,622	49	263.1	19,284	58	300.8
Non-Hispanic White ³	1,956,413	291	14.9	1,915,912	343	17.9	1,843,432	352	19.1	1,887,656	503	26.6
Under 25	391,829	41	10.5	374,129	49	13.1	348,666	40	11.5	336,792	57	16.9
25–39	1,504,888	207	13.8	1,480,595	248	16.8	1,433,839	253	17.6	1,486,249	364	24.5
40 and over	59,696	43	72.0	61,188	46	75.2	60,927	59	96.8	64,615	82	126.9
Hispanic	886,210	105	11.8	886,467	112	12.6	866,713	158	18.2	885,916	248	28.0
Under 25	275,553	21	7.6	270,948	23	8.5	258,635	20	7.7	255,806	36	14.1
25–39	579,553	72	12.4	584,109	71	12.2	576,690	111	19.2	597,703	184	30.8
40 and over	31,104	12	*	31,410	18	*	31,388	27	86.0	32,407	28	86.4

^{*} Rate does not meet National Center for Health Statistics standards of reliability.

NOTES: Maternal causes are those assigned to categories A34, O00–O95, and O98–O99 of the *International Classification of Diseases*, 10th Revision. Maternal deaths occur while pregnant or within 42 days of being pregnant.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality and Mortality.

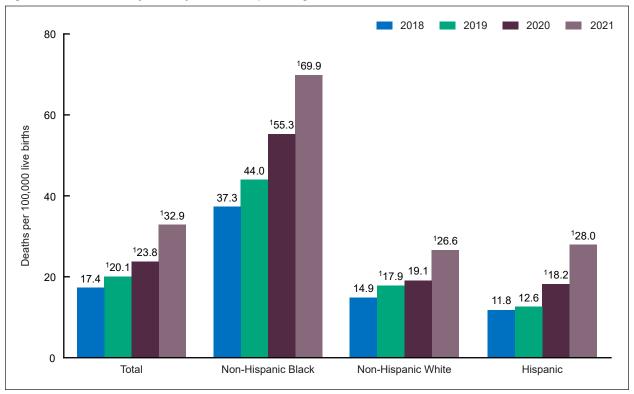
¹Maternal mortality rates are deaths per 100,000 live births.

²Includes deaths for race and Hispanic-origin groups not shown separately, including women of multiple races and origin not stated.

³Race groups are single race.

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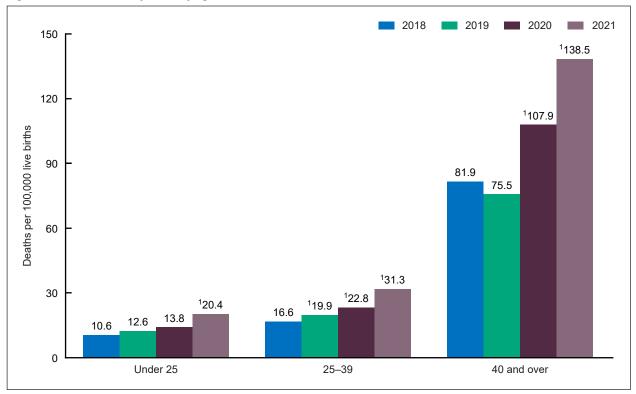
Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



 1 Statistically significant increase from previous year (p < 0.05). NOTE: Race groups are single race. SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

NCHS Health E-Stats March 2023

Figure 2. Maternal mortality rates, by age: United States, 2018-2021



 1 Statistically significant increase from previous year (p < 0.05), SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

MARCH 2023

Maternal Mortality Rates in the United States, 2021

by Donna L. Hoyert, Ph.D., Division of Vital Statistics

This report presents maternal mortality rates for 2021 based on data from the National Vital Statistics System. A maternal death is defined by the World Health Organization as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (1)." Maternal mortality rates, which are the number of maternal deaths per 100,000 live births, are shown in this report by age group and race and Hispanic origin.

This report updates a previous one that showed maternal mortality rates for 2018–2020 (2). In 2021, 1,205 women died of maternal causes in the United States compared with 861 in 2020 and 754 in 2019 (2). The maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births, compared with a rate of 23.8 in 2020 and 20.1 in 2019 (Table).

In 2021, the maternal mortality rate for non-Hispanic Black (subsequently, Black) women was 69.9 deaths per 100,000 live births, 2.6 times the rate for non-Hispanic White (subsequently, White) women (26.6) (Figure 1 and Table). Rates for Black women were significantly higher than rates for White and Hispanic women. The increases from 2020 to 2021 for all race and Hispanic-origin groups were significant.

Rates increased with maternal age. Rates in 2021 were 20.4 deaths per 100,000 live births for women under age 25, 31.3 for those aged 25–39, and 138.5 for those aged 40 and over (Figure 2 and Table). The rate for women aged 40 and over was 6.8 times higher than the rate for women under age 25. Differences in the rates between age groups were statistically significant. The increases in the rates between 2020 and 2021 for each of these age groups were statistically significant.

Data source and methods

Data are from the National Vital Statistics System mortality file (3). Consistent with previous reports, the number of maternal deaths does not include all deaths occurring to pregnant or recently pregnant women, but only deaths with the underlying cause of death assigned to *International Statistical Classification of Diseases*, 10th Revision code numbers A34, O00–O95, and O98–O99. Maternal mortality rates are per 100,000 live births, based on data



NCHS Health E-Stats March 2023

from the National Vital Statistics System natality file. Maternal mortality rates fluctuate from year to year because of the relatively small number of these events and possibly due to issues with the reporting of maternal deaths on death certificates (4). Efforts to improve data quality are ongoing, and these data will continue to be evaluated for possible errors. Data are shown for only the three largest race and Hispanic-origin groups for which statistically reliable rates can be calculated.

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- 1. World Health Organization. International statistical classification of diseases and related health problems, 10th revision (ICD–10). 2008 ed. Geneva, Switzerland. 2009.
- 2. Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: https://doi.org/10.15620/cdc:113967.
- 3. Xu JQ, Murphy SL, Kochanek KD, Arias E. Mortality in the United States, 2021. NCHS Data Brief, no 456. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/cdc:122516.
- 4. Hoyert DL, Miniño AM. Maternal mortality in the United States: Changes in coding, publication, and data release, 2018. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020.

Suggested citation

Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: https://dx.doi.org/10.15620/cdc:124678.

Table. Number of live births, maternal deaths, and maternal mortality rates, by race and Hispanic origin and age: United States, 2018–2021

	2018			2019			2020			2021		
Race and Hispanic origin and age	Number of live births	Number of deaths	Maternal mortality rate ¹	Number of live births	Number of deaths	Maternal mortality rate ¹	Number of live births	Number of deaths	Maternal mortality rate ¹	Number of live births	Number of deaths	Maternal mortality rate ¹
Total ²		658	17.4	3,747,540	754	20.1	3,613,647	861	23.8	3,664,292	1,205	32.9
Under 25	907,782	96	10.6	877,803	111	12.6	825,403	114	13.8	797,334	163	20.4
25–39	2,756,974	458	16.6	2,739,976	544	19.9	2,658,445	607	22.8	2,731,223	854	31.3
40 and over	126,956	104	81.9	129,761	98	75.5	129,799	140	107.9	135,735	188	138.5
Non-Hispanic Black ³	552,029	206	37.3	548,075	241	44.0	529,811	293	55.3	517,889	362	69.9
Under 25	176,243	27	15.3	169,853	32	18.8	159,541	46	28.8	149,435	62	41.5
25–39	358,276	137	38.2	360,206	179	49.7	351,648	198	56.3	349,170	242	69.3
40 and over	17,510	42	239.9	18,016	30	166.5	18,622	49	263.1	19,284	58	300.8
Non-Hispanic White ³	1,956,413	291	14.9	1,915,912	343	17.9	1,843,432	352	19.1	1,887,656	503	26.6
Under 25	391,829	41	10.5	374,129	49	13.1	348,666	40	11.5	336,792	57	16.9
25–39	1,504,888	207	13.8	1,480,595	248	16.8	1,433,839	253	17.6	1,486,249	364	24.5
40 and over	59,696	43	72.0	61,188	46	75.2	60,927	59	96.8	64,615	82	126.9
Hispanic	886,210	105	11.8	886,467	112	12.6	866,713	158	18.2	885,916	248	28.0
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SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality and Mortality.

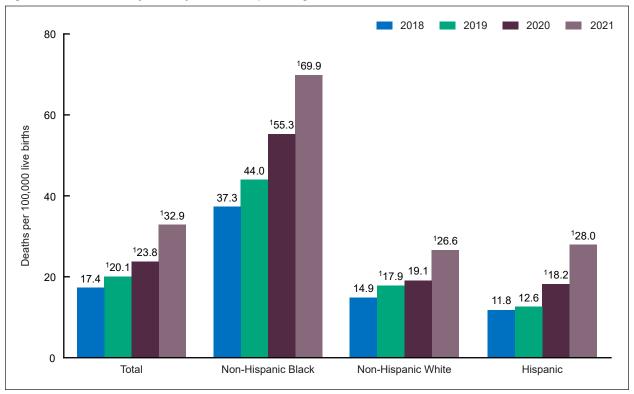
¹Maternal mortality rates are deaths per 100,000 live births.

²Includes deaths for race and Hispanic-origin groups not shown separately, including women of multiple races and origin not stated.

³Race groups are single race.

NCHS Health E-Stats March 2023

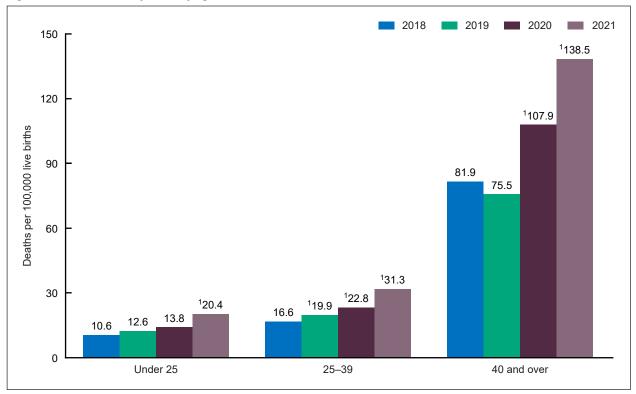
Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



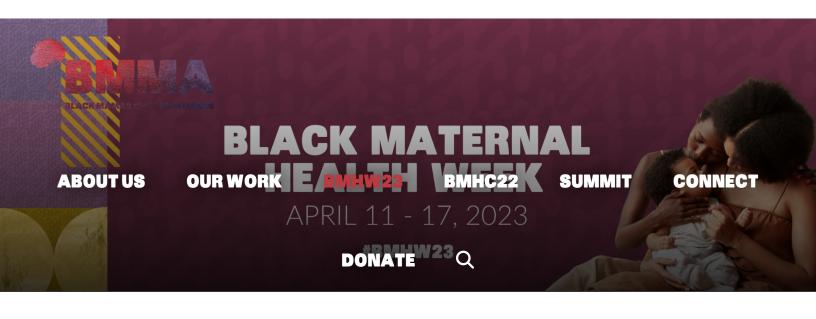
 1 Statistically significant increase from previous year (p < 0.05). NOTE: Race groups are single race. SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

NCHS Health E-Stats March 2023

Figure 2. Maternal mortality rates, by age: United States, 2018-2021



 1 Statistically significant increase from previous year (p < 0.05), SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



BMHW23 TOOLKIT

LOCAL EVENTS

BMH WALK GUIDE

BMHW23 NATIONAL CALL

BMH X CLTR FEST

BMHW23 PRESS RELEASE

We are thrilled to reveal the official theme for Black Maternal Health Week 2023 (#BMHW23): "Our Bodies Belong to Us: Restoring Black Autonomy and Joy!" In light of the steadily alarming rise of maternal mortality in the U.S., which recent data shows has been exacerbated by the pandemic; and amidst growing cases of clear neglect in care in hospital systems immediately after labor and delivery, BMMA continues to highlight and center culturally-congruent practices with a focus on Black Midwifery care and full-spectrum Black-led Doula care as sound, evidence-based solutions. Most importantly, these are practices and solutions that incorporate the true needs, wants and desires of Black women and birthing people.

Held annually on April 11-17th, BMHW is a week-long campaign founded and led by the Black Mamas Matter Alliance to build awareness, activism, and community-building to amplify the voices, perspectives and lived experiences of Black Mamas and birthing people. The week is intentionally held during National Minority Health Month and begins on April 11th annually to join dozens of global organizations in marking this day as **International Day for Maternal Health and Rights** – an opportunity to advocate

for the elimination of maternal mortality globally. The activities and conversations the the week intentionally center the values and traditions of the reproductive and birth justice movements.

ACCUTE Excited CLIG WORL filled with HINGS that dealing of Black Mamas and Birthing People.

Check out what's to come!

Tues. 4/11	Int'l Day of Maternal Health & Rights + Official BMHW23 Kick-off Tweetchat
Wed. 4/12	BMH Policy – Virtual Rally
Thur. 4/13	Support the BMH Movement
Fri. 4/14	BMH Data + Innovation
Sat. 4/15	BMH Walk – Atlanta, GA
Sun. 4/16	BMH in Your Neighborhood
Mon. 4/17	An Ode to Black Mamas Joy

Subscribe to our newsletter for news and updates on 2023 programming and how you can participate!

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'What's Going on With Our Black Girls?' Experts Warn of Rising Suicide Rates.

Researchers have uncovered worrisome trends among Black youth.



Credit...Getty Images

By Christina Caron

Published Sept. 10, 2021Updated Sept. 12, 2021

For more than a decade, suicide rates have been increasing in Black children and adolescents, and a new study says the sharpest rise occurred among young girls.

The study, <u>published on Thursday</u> in the Journal of the American Academy of Child and Adolescent Psychiatry, found that just over 1,800 Black children died by suicide between 2003 and 2017, and while most of the deaths were among boys, especially those ages 15 to 17, the gender gap is narrowing. The suicide rate of the girls increased an average of 6.6 percent each year — more than twice the increase for boys, the study said. Nearly 40 percent of the girls were 12 to 14 years old, indicating that this age group may need additional attention or different types of interventions.

"That was just like, 'Whoa' — what's going on with our Black girls?" said Arielle H. Sheftall, the lead author of the study. "It caught me a little off guard."

Mortality data shows that suicide rates of U.S. teenagers and young adults remain highest in boys, particularly whites, Native Americans and Alaskan Natives. But in recent years researchers have found that the suicide rate of Black youth is increasing. A study published in May, for example, found that the suicide rate of Black males ages 15 to 24 years old rose by 47 percent between 2013 and 2019 — and by 59 percent for Black females of the same age — but it decreased in white youth.

"I think in the past suicide — or suicidal behavior — was just thought of as a white thing," said Dr. Sheftall, a principal investigator at the Center for Suicide Prevention and Research at the Abigail Wexner Research Institute at Nationwide Children's Hospital in Columbus, Ohio. "And that's not the case."

Tips for Parents to Help Their Struggling Teens

Card 1 of 6

Are you concerned for your teen? If you worry that your teen might be <u>experiencing</u> <u>depression or suicidal thoughts</u>, there are <u>a few things</u> you can do to help. Dr. Christine Moutier, the chief medical officer of the American Foundation for Suicide Prevention, suggests these steps:

Look for changes. Notice shifts in sleeping and eating habits in your teen, as well as any issues he or she might be having <u>at school</u>, such as slipping grades. Watch for angry outbursts, mood swings and a loss of interest in activities they used to love. Stay attuned to their social media posts as well.

Keep the lines of communication open. If you notice something unusual, start a conversation. But your child <u>might not want to talk</u>. In that case, offer him or her help in finding a trusted person to share their struggles with instead.

Seek out professional support. A child <u>who expresses suicidal thoughts</u> may benefit from a mental health evaluation and treatment. You can start by speaking with your child's pediatrician or a mental health professional.

In an emergency: If you have immediate concern for your child's safety, do not leave him or her alone. Call a suicide prevention lifeline. Lock up any potentially lethal objects. Children who <u>are actively trying to harm themselves</u> should be taken to the closest emergency room.

Resources If you're worried about someone in your life and don't know how to help, these resources can offer guidance:1. The National Suicide Prevention Lifeline: <u>Text or call 988</u> 2. The Crisis Text Line: Text TALK to 741741 3. <u>The American Foundation for Suicide Prevention</u>

Another study, also published this year, said that over the last two decades, the biggest increase in self-reported suicide attempts was among Black adolescents. And in 2018 Dr. Sheftall and other researchers revealed that Black children under 13 are dying by suicide at nearly twice the rate of white children the same age.

Why is this happening? There are no definitive answers. Dr. Sheftall and her colleagues pulled data from a state-based surveillance system to better understand the characteristics of those who died and factors that may have led to their deaths.

They found that most of the Black children who died by suicide did not have a current mental health concern, but of those who did, the younger children were far more likely than the older kids to have been diagnosed with attention deficit hyperactivity disorder, or A.D.H.D. The younger kids were also more likely to have experienced problems in school or within their families.

For the girls, a diagnosis of depression or anxiety was more common than for the boys. About 9 percent of the older girls experienced a relationship crisis before the suicide and nearly 20 percent had an argument within 24 hours of their death, suggesting that conflict resolution skills and coping mechanisms might be possible interventions for Black girls, the authors wrote.

The most common methods of suicide among youth are hanging, strangulation and suffocation, which is reflected in this study as well, Dr. Sheftall said. Earlier examinations of suicide methodology have suggested that females are more likely to attempt suicide using less lethal means, but "that may not be the case anymore," she added.

A limitation of the study was that one of the data sets contained only 35 states and did not include information on potential risk factors like poverty, exposure to trauma, difficulties accessing mental health care, or L.G.B.T.Q. status and experiences with racism.

"The experiences of the African American child are like none other in the United States," said LaVome Robinson, a clinical psychologist and professor of psychology at DePaul University in Chicago who has studied suicidality in Black adolescents. "We live in a society that marginalizes us — more so probably than any other group — and has historically for years."

In the Black community, suicide as we typically define it remains rare, Dr. Robinson added, but the numbers may be higher than we think because of indirect suicide, she said, where adolescents deliberately put themselves in harm's way.

"The question you should ask is, 'Why is it that their will to live was so weak, or not strong enough, to prohibit them from engaging in those very risky behaviors that could in fact be deadly?" Dr. Robinson said.

Certain protective factors, like positive messaging and a sense of pride about one's racial and ethnic group, can reduce the effects of racism on mental health, said Kate Keenan, a clinical psychologist at the University of Chicago whose research includes racial disparities in health.

"If experiences with racism and discrimination are increasing at a faster rate than we are increasing protective factors, then that might be related to the reported increase in suicidality among Black youth," she said.

Suicide is rare in young children, but it remains the <u>second leading cause</u> of death among all adolescents.

If your child is having thoughts of suicide, call the National Suicide Prevention Lifeline: 1-800-273-8255 (TALK) or text TALK to 741741.

How to Talk to a Child Who Is Struggling



Olivier Douliery/Agence France-Presse — Getty Images

When a younger child seems to be struggling with depression or anxiety, it can be difficult to talk about it.

Here are some ways to help kids open up about tough emotions \rightarrow





CDC data shows U.S. teen girls 'in crisis' with unprecedented rise in suicidal behavior

Health Feb 13, 2023 5:10 PM EDT

The pandemic took a harsh toll on U.S. teen girls' mental health, with almost 60 percent reporting feelings of persistent sadness or hopelessness, according to a government survey released Monday that bolsters earlier data.

Sexual violence, suicidal thoughts, suicidal behavior and other mental health woes affected many teens regardless of race or ethnicity, but girls and LGBTQ youth fared the worst on most measures, according to the Centers for Disease Control and Prevention report. More than 17,000 U.S. high school students were surveyed in class in the fall of 2021.

In 30 years of collecting similar data, "we've never seen this kind of devastating, consistent findings," said Kathleen Ethier, director of CDC's adolescent and school health division. "There's no question young people are telling us they are in crisis. The data really call on us to act."

The research found:

- Among girls, 30 percent said they seriously considered <u>attempting suicide</u>, double the rate among boys and up almost 60 percent from a decade ago.
 - Almost 20 percent of girls reported experiencing rape or other sexual violence in the previous year, also an increase over previous years.
- Almost half of <u>LGBTQ students</u> said they had seriously considered a suicide attempt.
- More than a quarter of American Indians and Alaska natives said they had seriously considered a suicide attempt — higher than other races and ethnicities.
- Feelings of persistent sadness and hopelessness affected more than one-third of kids of all races and ethnicities and increased over previous years.
- Recent poor mental health was reported by half of LGBTQ kids and almost onethird of American Indian and Alaska Native youth.

The results echo previous surveys and reports and many of the trends began before the pandemic. But isolation, online schooling and increased reliance on social media during the pandemic made things worse for many kids, mental health experts say.

The results "reflect so many decades of neglect towards mental health, for kids in particular," said Mitch Prinstein, the American Psychological Association's chief science officer. "Suicide has been the second- or third-leading cause of death for young people between 10 and 24 years for decades now," and attempts are typically more common in girls, he said.

WATCH: Ken Burns film explores youth mental health

Prinstein noted that anxiety and depression tend to be more common in teen girls than boys, and pandemic isolation may have exacerbated that.

Comprehensive reform in how society manages mental health is needed, Prinstein said. In schools, kids should be taught ways to manage stress and strife, just as they are taught about exercise for physical disease prevention, he said.

In low-income areas, where adverse childhood experiences were high before the pandemic, the crisis has been compounded by a shortage of school staff and mental health professionals, experts say.

School districts around the country have used federal pandemic money to hire more mental health specialists, if they can find them, but say they are stretched thin and that students who need expert care outside of school often can't get it because therapists are overburdened and have long waitlists.

AP writer Jocelyn Gecker contributed in San Francisco contributed to this report.

By – Lindsey Tanner, Associated Press

LGBTQ community works to bring acceptance

and joy amid increasing threats

Health Dec 20

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Nearly a third of teen girls say they have seriously considered suicide, CDC survey shows

BY ALEXANDER TIN

EERRIIARY 13 2023 / 3:33 PM / CBS NEWS

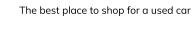




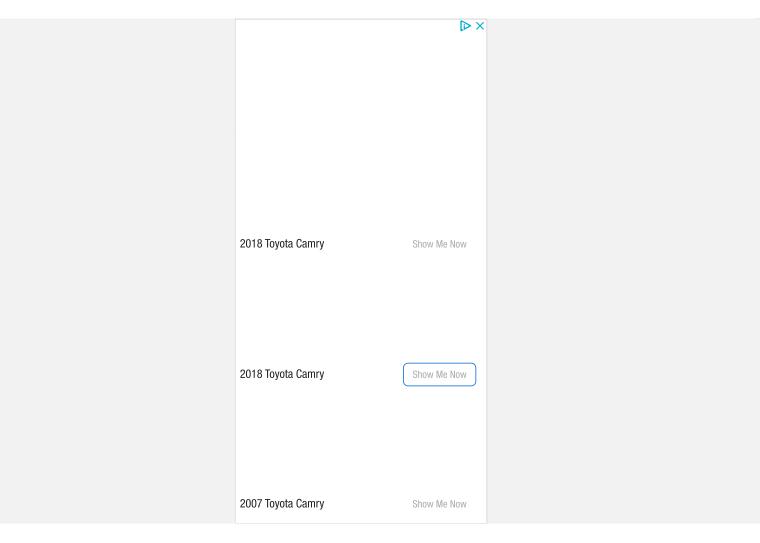
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Around 1 in 3 high school girls in the U.S. have seriously considered attempting suicide, according to new results from a Centers for Disease Control and Prevention survey from 2021, up from less than a fifth of teen girls in 2011. And more than half of teen girls, 57%, reported feeling "persistently sad or hopeless" – a record high number.

By contrast, 14% of high school boys told the 2021 survey that they had seriously considered attempting suicide, up from 13% in 2011.

The statistics are among several mental health trends in high schoolers that have worsened most among girls over the past decade, according to data from the CDC's Youth Risk Behavior Survey <u>published</u> Monday.

Overall, 22% of high schoolers said they have considered suicide. That is somewhat better than the 29% when the CDC first began its biennial <u>survey</u> in the 1990s, but is an increase from the record low 13.8% tallied in 2009.

"While much attention has been given to the youth montal health crisis during the COVID-19 pandemic, YRBS data have



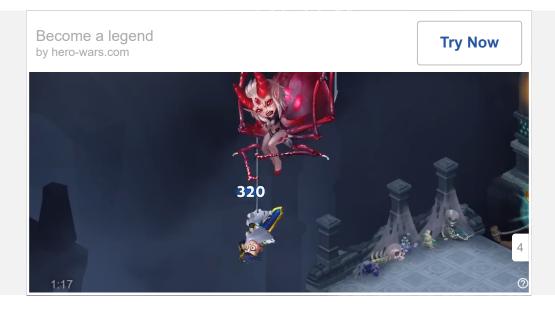
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irection before the pandemic. These data show the mental Ethier, director of the CDC's Division of Adolescent and School







The CDC says gaps persist between boys and girls among several trends.

In the survey, 17% of teen girls say they were bullied at school, compared to 13% of boys; 20% of girls say they were bullied over social media, nearly double the 11% of boys. And 18% of girls say they have faced sexual violence over the past year, versus 5% of boys.

When asked about substance abuse, girls had often ranked better or around the same compared to boys over the past decade.

But as of 2021, teen girls are now more likely than boys to have drunk alcohol (27% of high school girls compared to 19% of high school boys), used marijuana (18% of girls versus 14% of boys), used e-cigarettes (21% of girls versus 15% of boys), or misused prescription opioids (15% of girls versus 10% of boys).



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irls are engulfed in a growing wave of sadness, violence and ve experienced dramatic increases in experiences of violence Dr. Debra Houry said.

dentify as lesbian, gay, bisexual, questioning or another non-





"Close to 70% of LGBQ+ students experienced persistent feelings of sadness or hopelessness during the past year and more than 50% had poor mental health during the past 30 days. Almost 25% attempted suicide during the past year," the report states. It also notes they are "significantly more likely" than other peers to experience violence.

While many of the trends have substantially worsened over the past decade, the report's authors do point out that a handful of indicators are now moving "in the right direction."

The share of high school students who say they are sexually active or have already had more than four partners has fallen. Just 6% overall have had four or more partners in 2021, down from 15% in 2011.

Several overall rates of substance use have also declined since 2011 among high schoolers.

Just 23% of high schoolers overall had drunk alcohol in the 2021 survey, compared to 39% in 2011; 16% had used marijuana, down from 23%; and 13% had ever used illicit drugs like cocaine or heroin, compared to 19%.

More results from the CDC's school-based <u>survey</u> are expected to be released in April, which also spans other issues like diet and exercise. A total of 17,508 questionnaires were completed across 152 private and public schools around the country.

The agency said the findings underscore a need for more investment in <u>strategies</u> schools can employ to intervene in worsening mental health trends.

"Schools are on the frontlines of the mental health crisis, and they must be equipped with the proven tools that help students thrive," Houry said.

If you or someone you know is in emotional distress or a suicidal crisis, you can reach the <u>988 Suicide & Crisis</u>

Lifeling by calling an tarting <u>988 Variance also about with</u> the <u>988 Suicide & Crisis Lifeline here</u>.



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<u>es and support</u>, The National Alliance on Mental Illness (NAMI) n.-10 p.m. ET, at 1-800-950-NAMI (6264) or email

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orothers



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In: <u>Centers for Disease Control and Prevention</u> <u>Mental Health</u> <u>Suicide</u>

Alexander Tin

CBS News reporter covering public health and the pandemic.

First published on February 13, 2023 / 3:33 PM

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TIME

Suicide Among Black Girls Is a Mental Health Crisis Hiding in Plain Sight

BY KYRA AURELIA ALESSANDRINI

MAY 11, 2021 7:00 AM EDT

hen Dionne Monsanto was pregnant, she decided that she wanted to find a name that means "blessing" for her daughter. Though Monsanto—a Black American—has no specific ties to South Africa, she chose the name Siwe, an adaptation of the Zulu name Busisiwe.

Siwe grew to be a talented artist. "She was brilliant. She was beautiful. She was a writer. She was a guitar player. She was a dancer," her mother says. Siwe was such a gifted dancer that, at age 10, she received a scholarship to the extracurricular program at the prestigious Ailey School in her hometown of New York City. But Siwe was also often troubled. From early on, Siwe "was very emotional, and would tend to cry a lot," Monsanto says in the quiet of the Harlem studio where she used to teach yoga and West African dance before the studio closed due to the COVID-19 pandemic. Siwe was diagnosed with anxiety and depression at the age of 9. Schoolwork worsened her anxiety. But, Monsanto says, most adults and peers in her daughter's life didn't have much awareness of mental-health issues, and were ill-equipped to help.

The Post Office Made a Christian Employee Work on Sundays. Now He's at the Supreme Court

POSTED 2 HOURS AGO

"What I would get from doctors was like, 'Well, she's a girl, you know, her period is starting'—dismiss," says Monsanto. But she knew there had to be something more going on. "I couldn't identify it," Monsanto says, "but I felt it." Then, in the summer of 2011, at the age of 15, Siwe took her own life.

In the 10 years since Siwe died, stories like hers have become all too common. Across the board, suicide rates among young Americans have risen; from 2007 to 2018, suicide rates for Americans ages 10 to 24 rose by 57%, and the increase was particularly significant among young girls, contributing to a narrowing of the persistent suicide gender gap. Rates plateaued from 2018 to 2019—the most recent year with available federal data—but they stood far higher than those of decades past. A multinational study published in the *Lancet Psychiatry* in April found that U.S. suicide rates actually decreased somewhat during the early months of the pandemic, compared to the year before it—but given spiking anxiety and depression rates during the pandemic, which studies suggest took a particularly harsh toll on young people, there's good reason for continuing concern.



PAID CONTENT

Grass is greener for last of the reindeer herders

BY CHINA DAILY

Girls of color are increasingly accounting for this trend. According to one 2019 *Pediatrics* study, the number of white children attempting suicide in the U.S. decreased from 1991 to 2017, while the number of Black children attempting suicide went up. All told, about 15% of Black female high school students attempted suicide in the year leading up to the CDC's 2019 Youth Risk Behavior Survey, compared to about 9% of white female students and about 12% of Hispanic female students. Actual suicide death rates for Black American girls ages 13 to 19 increased by 182% from 2001 to 2017, according to a 2019 study published in the *Journal of Community Health*.

"Black youths are two times more likely to die by suicide compared to their white counterparts," says Arielle Sheftall, a researcher at the Center for Suicide Prevention and Research at Nationwide Children's Hospital in Columbus, Ohio, and one of the authors of the 2019 *Pediatrics* study. Now, she says, "we're trying to figure this out." There's rarely a single thing that drives someone to attempt suicide, and similarly there are many factors—from bullying to stigma to childhood trauma and racism—but no one cause that could help to explain the increase in suicides among Black youth. "We want to intervene, but we don't know what the best intervention is yet," Sheftall says. "It's going to take a village, to be honest, to uncover what" could help reverse the trend, particularly when no two suicide deaths are exactly alike.

In Siwe's case, there may have been a devastating trigger. When she was 11, she was sexually assaulted by her father, from whom Monsanto had separated eight years earlier but was co-parenting with at the time. Monsanto says she learned

about the incident directly through Siwe's father; he was arrested shortly after for his crimes and ended up being incarcerated for four years. The impact on Siwe was cataclysmic. "A piece of my daughter died that day," she said in a 2019 talk for Dadasphere, an organization that aims at giving a voice and a platform to women of color, primarily from Africa, but also around the world. Sexual violence often has a long-term effect on victims. They are more prone to depression and having suicidal thoughts than the general population; a 2014 Bureau of Justice Statistics study found that 75% of victims of sexual assault experience "socioemotional problems," a number that is higher than for almost every other crime. "It was the trigger that took her over the edge," says Monsanto. Indeed, Siwe attempted suicide for the first time when she was 12 years old.

Over the next three years, Siwe continued to struggle, feeling pressure to succeed at school, in her extracurricular life and socially. On June 29, 2011, Monsanto woke her daughter before leaving their home, but Siwe crawled back under the covers in protest. Monsanto left for an appointment with the heads of Robert Louis Stevenson School, which she was considering as a possible transfer destination for Siwe; her daughter's mental health had been declining, and she thought a change of environment could help. In the middle of the meeting, Monsanto's Blackberry started ringing. She ignored it. The phone rang again. Her neighbor was trying to reach her. She ignored the call a second time, but the third time it rang, Monsanto picked up.

"It's Siwe," her neighbor said.

Monsanto ran out to the street, and hailed a taxi to NewYork-Presbyterian/Columbia University Medical Center. When she arrived, she was stopped at the front desk, where she was told that a child without identification had been admitted for attempted suicide. Monsanto was led to a back room, where she showed pictures of Siwe and herself to a detective and a social worker to verify her relationship with her daughter. They led her through what seemed like endless hallways and turns. As she neared Siwe's room, Monsanto saw a doctor standing outside the door who seemed visibly distressed.

"We're too late. She's already dead," she murmured to herself. She was right.

It's not clear whether Black girls are dying by suicide in larger proportions than they were in the past, or if those deaths are simply more likely to be counted now. Indeed, a general lack of data is one of the key reasons why so much remains unknown: people of color, women and adolescents are all underrepresented in many types of medical research, with Black girls at the center of that Venn diagram.

For a long time, Rheeda Walker says she assumed, "like a lot of other African Americans do, that Black people don't kill themselves." Growing up in the 1980s and '90s, she rarely heard suicide discussed, not in the classroom and certainly not socially. It was only when she started a graduate program in clinical psychology at Florida State University in 1995 that she learned what she had been overlooking. At that time, Walker says, the suicide rate among Black boys was rising concerningly fast. The rate was trending back downward again by the time she graduated in 2002, but her earlier discovery was enough to make Walker realize that her long-held assumptions about Black suicide weren't true—and to pique her academic interests when Black youth suicide rates began to rise again through the mid-2000s.

Now, Walker researches African-American mental health and suicide trends at the University of Houston. Some of her most recent research confirms that racial discrimination can increase a person of color's risk for suicide, but finds that if the individual can find a way to mentally reframe experiences of racism—viewing them as something that can be overcome, rather than ruminated upon—it can help protect their mental health. That doesn't mean people should accept racism, Walker says, but it does suggest that the way painful events are internalized matters. "The alternative is to hope racism goes away," Walker says. "That would be perfect and wonderful, but I try to deal with the reality."

Given that reality, and the mental-health problems it breeds, many researchers are joining Walker in grappling with why suicide attempts among Black people, and in particular Black girls, are increasing at such concerning frequency. One potential factor that keeps coming up, Walker says, is that fears of being seen as "weak" or "crazy" can keep Black Americans from seeking help, even though they're precisely the people who need it most. "People who feel marginalized, who don't feel like their lives are of value, who don't feel like they are connected in the ways others are connected, are going to be more at risk of suicide," she says. "It seems to me, inherently, that when you're a member of a racial minority group you will, almost, by default, end up in those groups." Add the many stresses of being a teenage girl, from social media to sexism, and you get a potent mixture of risk factors for self-harm.

Stormiyah Denson-Jackson dreamed of becoming a model when, at 12 years old, she was found unconscious in her dormitory room at the SEED School of Washington, D.C., in January 2018. William J. Lightfoot, her mother's attorney, says Stormiyah had reported being bullied to teachers and administrators, but no one listened. Her parents filed a lawsuit against the SEED charter school, charging that the school did nothing to prevent the constant bullying. Lightfoot says his client is happy with the settlement agreement reached in December 2020, though would not comment any further on the case. (The SEED School of Washington, D.C., did not respond to TIME's multiple requests for comment.)

Other experts in the field, however, say that bullying seems to be one of the causes of the increase in suicide attempts among Black youths. "Being bullied can definitely have an adverse impact on depression, anxiety, suicidal ideation and attempt," says Amanda Nickerson, the director of the Alberti Center for Bullying Abuse Prevention at the University at Buffalo. And in the case of Black youths, that bullying is often racist. Meanwhile, a 2020 study published in the *Journal of Applied Developmental Psychology* found a strong correlation between experiences of racial discrimination and signs of depression among Black teens. According to the study, Black teenagers face an average of five racially discriminatory experiences every day.

The research also suggests that most of the discriminatory incidents occur online. That's especially problematic during the pandemic, when many people—particularly young people—are effectively living their lives behind screens, with little reprieve available for those facing cyberbullying. Research has shown that girls are more susceptible than boys to mental-health issues related to social media use and cyberbullying, and for children of color, the Internet can be a particularly traumatic place. Online, images of lynching and the use of slurs are posted frequently. Videos of Black people being brutalized have been widespread in the last decade.

Nickerson says that authority figures like parents and teachers are less likely to notice cyberbullying than offline bullying. That, in turn, could foster more systematic bullying. All of that combines to make policing social media platforms and ensuring safety for the young Black people on them even more critical. "App and social media administrators have an ethical and moral obligation to explicitly practice antiracism, to not tolerate racist rhetoric to be on their platforms," says Devin English, one of the authors of the 2020 *Journal of Applied Developmental Psychology* study. "When they don't address racism, they are implicitly validating and accepting its expression."

Experts agree that suicide can be avoided, through a combination of regular social, emotional and psychological support. But preventing suicide among Black women and girls necessitates a better understanding of the risk factors that precede it. Some research suggests that teaching kids skills like resilience and emotional regulation—equipping them with the tools required to understand, vocalize and manage their feelings—could help promote healthy coping strategies for life. And many experts say schools should play a primary role in not only monitoring a child's mental health but teaching them these sorts of skills. In some parts of the U.S., these tactics are being tested in the real world. Since 2012, the South Capitol Street Memorial Amendment Act in Washington, D.C., requires teachers to undertake behavioral health training through Kognito, an online platform designed to prepare teachers to identify signs of distress among students and direct them to appropriate support if

needed. Other states, like New York, New Mexico and Maine, require mentalhealth instruction to be given to children in all grade levels.

But for Stormiyah Denson-Jackson, that training came too late. Personnel at her D.C. public charter school had their first mental-health training in July 2018, over five months after her death, says Lightfoot, the family's lawyer. He also says the school should be held accountable for failing to correctly assess Stormiyah's mental health prior to her death. She was marked as low risk for suicide in a December 2017 school assessment. A month later, Stormiyah was gone.

Lillian Polanco-Roman, an assistant professor of psychology at the New School for Social Research in New York City, says there's a fundamental lack of data about the risk factors for youth suicide. Clinicians know the signs to look for in adults—but many children never exhibit these same red flags before attempting suicide, Polanco-Roman says. Among Black youth, depression can manifest as interpersonal or behavioral problems, low self-esteem or pessimism, rather than the low mood and lethargy typically associated with adult depression. "If these kids are not being flagged for depression," and are instead punished or marked as "problem" children, Polanco-Roman says, "they're overlooked."

The entrenched consequences of systemic racism mean Black children also are more likely to experience "adverse childhood events" at disproportionate rates, says Polanco-Roman. These could include traumas like the death or incarceration of a parent, poverty, community violence or neglect. If these issues aren't rightfully treated as potential precursors to a mental-health issue, kids may slip through the cracks.

One way to address this is to hold schools accountable for combatting bullying and harassment against minorities—and one of the best approaches to do that is to ensure they are teaching tolerance, says Nickerson. Schools need to make certain students "learn about the injustices that have been done in the past and that will continue to happen," she says, if they want to prevent ethnic-based harassment. Discussion and dialogue about historical events such as the civil rights movement or the Holocaust is key; so is making a greater effort to present minority figures as role models and giving positive examples of

diversity. "When you encounter someone who is different than you, it's a pretty normal reaction to have stereotypical thoughts," Nickerson says. "But how can you consciously think about that and get to know people as individuals and recognize their strengths?"

The majority of U.S. primary-school teachers in the country are white and female, according to data from the National Center for Education Statistics, and this lack of diversity presents a barrier to preventing bullying directed toward minorities, says Francis Huang, an associate professor of educational, school and counseling psychology at the University of Missouri. For these teachers, understanding the challenges minorities are faced with may be difficult as they are outsiders to that community, says Huang. Further, these teachers don't have access to the resources they need to better understand the challenges of their students of color, because there is no national antibullying organization that focuses on children of color, Nickerson notes.

Another significant challenge is the stigmatization of mental health in Black communities, says Sheftall, which leads to a crucial lack of information regarding mental illness or emotional distress. Many Black children struggle to find adults in their lives who are willing to take their mental-health concerns seriously. "There's stigma in the generation they're supposed to be getting help from," Walker says. "Adults are asleep at the wheel, and I think adults are asleep at the wheel because of [their own] undiagnosed depression and anxiety." That makes it difficult to know when a child is at risk. "Because of that, we're reaching out to kids when it's too late," says Sheftall, when they "already are in a really unsafe space." Helping Black youth may require untangling generations-old ideas of what it means to seek mental-health care, and what it can do for the person who seeks it.

There are reasonable explanations for the existence of these stigmas, given the fraught history Black Americans have with the U.S. health care system. Perhaps the most well-known example is the Tuskegee syphilis study, a series of experiments conducted on Black American men by the U.S. Public Health Service between 1932 and 1972. Hundreds of men with syphilis infections were told they had "bad blood" and were promised medical care. It was a lie.

Mistrust in the health care system remains an ongoing concern in the Black community. A 2020 study conducted by The Undefeated and the Kaiser Family Foundation, for example, found that 70% of Black adults surveyed agreed that the U.S. health care system treats people differently based on their race or ethnicity. Maternal mortality is one particularly glaring example. A Black woman in the U.S. is more than three times more likely than a white woman to die from pregnancy-related causes, according to CDC data. All told, about a fifth of Black U.S. adults are in fair or poor health, in part because of strained relationships with the health care system. "They might not be willing to actually go and see a physician, or see a psychologist, or see a therapist, because they don't feel like they're going to get the help that they need," says Sheftall. Compounding that issue, Sheftall says, is the lack of diversity among psychiatrists and psychologists, particularly in rural areas.

Because some Black Americans turn away from specialized mental-health centers, they may be more likely to seek help at community gathering places like churches or barbershops, says Dr. William Lawson, the former head of psychiatry at Howard University and a board member of the Health Ministry at Zion Baptist Church in Washington. Sheftall says this could be a good thing. "If we are able to do some prevention in places where people feel safe, it would make it more palatable," says Sheftall. Barbershops and salons, Sheftall notes, could open up "gatekeeper training" to their clients—educating them on how to recognize the signs of mental-health distress and what puts individuals at risk, and offering practical solutions in case a child needs help.

Social support is a well-established predictor of mental well-being. One 2010 study published in the *Social Service Review* even found that support from one's community could sometimes moderate the negative effects of trauma. For people of color, community identity may be particularly important: Studies dating back decades have shown that people who view their racial or ethnic identity positively also tend to have higher self-esteem and better mental health.

Community-based mental-health programs could help, but such initiatives are scarce, because they rely on personal initiative from members of the community. Most nationwide mental-health organizations do not create

programs specifically targeted to children of color. Some parents affected by their children's mental-health issues have tried to fill in those gaps. Dionne Monsanto, for example, started volunteering at the American Foundation for Suicide Prevention (AFSP) even before her daughter's death. Today, Monsanto is one of the board members of AFSP's Chapter Leadership Council, which oversees all chapters across the country.

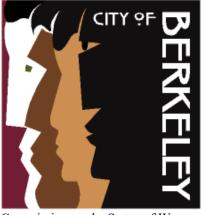
The day Siwe died is still fresh in her memory, and Monsanto replays it regularly, in search of answers. On her first Christmas without Siwe, Monsanto posted a video to a Facebook page memorializing her daughter. In it, Siwe sits on a couch, her eyes focused on a tablet she holds on her lap, reading the lyrics to "Santa Baby." She's singing along merrily. Across the page, Monsanto writes "#loveNEVERdies."

- With reporting by Leslie Dickstein, Jamie Ducharme, and Julia Zorthian

If you or someone you know may be contemplating suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255 or text HOME to 741741 to reach the Crisis Text Line. In emergencies, call 911, or seek care from a local hospital or mental health provider.

Correction, May 13

The original version of this story misstated where Siwe was bullied. It was Leake and Watts School, not Midtown West Elementary School. The original version of this story also misstated how long Siwe's father was incarcerated. While he was sentenced to five years, he spent four years in prison.



Commission on the Status of Women

Date: April 17, 2023

To: Mayor and Members of the Berkeley City Council

From: Commission on the Status of Women

Submitted by: Carole Marasovic, Chair

Subject: Transition house for those fleeing domestic violence/gender-based

violence/intimate partner violence and sex trafficking victims

The Commission on the Status of Women voted during the March 15, 2023 commission meeting as follows:

Action: M/S/C Rodriguez/Seshagiri voted to write a letter to Council in support of the Homeless Services Panel of Experts' letter of recommendation to City Council to allocate funding towards a transition house for women and women-identifying fleeing from domestic violence, gender-based violence, intimate partner violence and sex trafficking.

Vote: Ayes: Marasovic, Rodriguez, Seshagiri

Noes: None. Abstain: None. Absent: Henneman, Posey. Excused: Simon

Respectfully submitted,

Carole Marasovic, Chair Commission on the Status of Women

cc: Attachment: Homeless Services Panel of Experts' letter to Council February 1, 2023



Berkeley Homeless Services Panel of Experts

To: Mayor and Members of the Berkeley City Council

From: Homeless Services Panel of Experts

Submitted by: Cameron Johnson, Chair

Subject: Gender-based/domestic violence transition house-ARP/HOME monies

The Homeless Services Panel of Experts (HSPE), during the 2022 Measure P funding process, submitted a recommendation that monies in the amount of \$600,000 be allocated towards a gender-based/domestic violence transition house:

Action: M/S/C Marasovic/Bookstein move to recommend that some Measure P monies be allocated to people experiencing domestic violence/gender-based violence in a shelter and/or transitional housing program. This residential setting should provide services for singles as well as families with targeted services and resources available for domestic/gender-based violence. The program should serve approximately ten singles or families.

Vote: Ayes: Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Meany, Feller.

Noes: None. Abstain: None. Absent: None.

In February, 2023, HSPE reaffirmed their commitment to funding in that direction.

Action: M/S/C Marasovic/Jones move to recommend affirming earlier HSPE recommendations for a crisis stabilization center and a domestic violence transition house, both to be funded through Measure P monies.

Vote: Ayes: Johnson, Jones, Marasovic, Feller, Kealoha-Blake, and Meany.

Noes: None. Abstain: None. Absent: Bookstein.

Since that time, HSPE has become aware of the 2.7 million available in HOME-ARP funding to address homelessness for which a staff report, and recommendation, was issued that went to the Housing Advisory Commission. In the future, HSPE recommends that all homeless funding recommendations also come to HSPE as HSPE has assumed the previous role of the Homeless Commission as well as making other recommendations on how homeless services monies are to be spent.

As to the HOME-ARP monies, one of the priority populations, established by the federal government, to be served is domestic violence survivors. Throughout the staff report, there are references to the significant numbers of women fleeing domestic violence in Berkeley.

Furthermore, in the staff survey of programs serving the homeless as to gaps, on p. 3-4 of the report, the Berkeley Police Department identified the lack of shelter/housing for victims of domestic violence and sex trafficking as a critical need.

During the last 3 years, there has been no domestic violence setting not only in Berkeley but anywhere in Alameda County for women to go who are fleeing domestic violence. As BPD pointed out, the same lack of housing/shelter is also not available to women fleeing sex trafficking. Women cannot be immediately sheltered and if they wait several days, will be placed in a general homeless shelter where their confidentiality and thus, safety is compromised. If women seek a domestic violence residential setting, they are referred out of county to Antioch and Pittsburgh.

Staff has prioritized supportive services for ARP-HOME funding. While HSPE also recommends supportive services, HSPE requests that a portion of these 2.7 million in monies be directed towards a gender-based/domestic violence transition house or that Council otherwise fulfill this critical safety, treatment and homelessness need.

Om March 8, 2023, the Homeless Services Panel of Experts passed a motion as follows:

Action: M/S/C Marasovic/Meany recommends that the staff recommendation for support services for HOME-ARP monies include a segment of those monies be directed to a gender-based/domestic violence transition house which would also serve sex trafficking victims. If HOME-ARP monies are not to be so utilized, then that Council identify another source of funding for this purpose and refer to staff for implementation.

Vote: Ayes: Johnson, Bookstein, Marasovic, Kealoha-Blake, and Meany.

Noes: None. Abstain: None. Absent: Jones, Feller.

Respectfully,

Cameron Johnson, Chair Homeless Services Panel of Experts