

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH AND
HUMAN SERVICES

Room 400, City Hall
Philadelphia, Pennsylvania
Monday, April 2, 2018
10:25 a.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CHAIR
COUNCILMAN DEREK S. GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN AL TAUBENBERGER

BILLS 171125 and 180215
RESOLUTIONS 170651 and 170837

- - -

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 COUNCILWOMAN BASS: This
3 hearing is called to order. This is a
4 public hearing of the City Council
5 Committee on Public Health and Human
6 Services, and the purpose of this meeting
7 is to hear testimony on Resolution No.
8 170651, Resolution 170837, and Bill No.
9 180215. Bill No. 171125 is being held at
10 the request of the sponsor.

11 Members of the Committee in
12 attendance are Councilman Bill Greenlee,
13 Councilman Derek Green is here somewhere.
14 I just saw him.

15 And just one procedural note
16 before we get underway, after all
17 testimony on Resolutions No. 170651 and
18 170837 has been given, we will hear
19 testimony on Bill No. 180215 and then go
20 into a public meeting to consider action
21 on that bill. So at some point, we
22 probably will be interrupted to take
23 testimony on Bill No. 180215.

24 And we can now have the Clerk
25 read the title of the resolution.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 THE CLERK: Resolution 170651,
3 authorizing the Committee on Public
4 Health and Human Services to hold
5 hearings regarding the provision of
6 Behavioral Health services for people of
7 color and the state of mental health and
8 mental health awareness in the Black
9 community and other communities of color.

10 COUNCILWOMAN BASS: Thank you.
11 Can we have the Clerk call forward the
12 first panel.

13 THE CLERK: David T. Jones,
14 Commissioner, Department of Behavioral
15 Health and Intellectual disAbility
16 Services; Chad Dion Lassiter, Professor
17 of Race Relations, West Chester
18 University, President, Black Men at Penn
19 School of Social Work, and Engaging Males
20 of Color Consultant.

21 (Witnesses approached witness
22 table.)

23 COUNCILWOMAN BASS: Good
24 morning.

25 (Good morning.)

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 COUNCILWOMAN BASS: Please
3 state your name for the record and begin
4 your testimony, whoever wants to go
5 first.

6 COMMISSIONER JONES: Good
7 morning, Chairwoman Cindy Bass, Vice
8 Chairwoman Maria Quinones-Sanchez,
9 members of the Committee on Public Health
10 and Human Services, I am David T. Jones,
11 Commissioner of the Department of
12 Behavioral Health and Intellectual
13 disAbility Services. Joining me is
14 Deputy Commissioner Roland Lamb. Thank
15 you for this opportunity to testify in
16 response to Resolution No. 170651.

17 DBHIDS is responsible for
18 oversight of a provider network that
19 serves children, youth, adults, and
20 families in Philadelphia with behavioral
21 health challenges and/or intellectual
22 disabilities. Much of this work occurs
23 throughout three of the six divisions
24 that comprise DBHIDS: Intellectual
25 disAbility Services, Division of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Behavioral Health, and Community

3 Behavioral Health, or CBH, which is the

4 City-governed non-profit managed care

5 entity that authorizes behavioral health

6 services for individuals eligible for

7 Medicaid.

8 Today I will speak to how

9 DBHIDS has worked diligently to reflect

10 the population of Philadelphia with our

11 internal workforce, program and service

12 development, the grassroots

13 community-based organizations with which

14 we partner and support and, most

15 importantly, the individuals we serve.

16 Today's testimony will focus on the

17 following areas: diversity of DBHIDS's

18 network, innovative strategies to promote

19 engagement in services among minority

20 groups and, lastly, network support and

21 expansion.

22 In 2016, the demographic data

23 reflecting the race of Philadelphians was

24 reported at 44 percent African American,

25 nearly 35 percent Caucasian, 14 percent

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Hispanic/Latino, and 7 percent Asian. I
3 am happy to share that the racial and
4 ethnic diversity of our members served by
5 CBH continues to reflect the overall
6 population of our city. The demographic
7 composition of members served by CBH in
8 Calendar Year '17 was nearly 53 percent
9 African American, 24 percent Hispanic, 19
10 percent Caucasian, 3 percent other, 2
11 Asian, and 1 percent Native American.

12 We've increased the cultural
13 and linguistic diversity among our staff
14 and those employed through our provider
15 network to reflect those we serve, in
16 addition to providing more opportunities
17 for individuals with lived experience.
18 The workforce demographics of DBHIDS City
19 employees are 71 percent African
20 American, 21 percent Caucasian, 4 percent
21 Hispanic, 3 percent Asian, and less than
22 1 percent other. As of June 2017, the
23 workforce demographic of CBH are 45
24 percent African American, 39 percent
25 Caucasian, 9 percent Hispanic, 6 percent

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Asian, and less than 1 percent Native
3 American. The CBH provider network
4 consists of 177 providers, of which 46
5 percent are minority, women,
6 disabled-owned business enterprises.
7 From FY14 through FY17, non-profits
8 contracting with DBHIDS have shown an
9 increase in minority presence on
10 executive teams and boards of directors.

11 We value including people with
12 lived experience in the workforce as they
13 bring the richness of their experience to
14 helping others. We work with
15 stakeholders to offer training to
16 individuals with behavioral health lived
17 experience to address achieved employment
18 throughout our department and provider
19 network. Since 2006, we have trained 816
20 certified peer specialists. Last year 50
21 providers reported employing a total of
22 350 certified peer specialists. We've
23 also trained 265 individuals in DBHIDS
24 Storytelling Training, which targeted
25 faith-based and Latino communities within

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Kensington, West Philadelphia, Southwest
3 Philadelphia, Germantown, and South
4 Philadelphia neighborhoods.

5 We take our responsibilities to
6 ensure the availability of culturally
7 competent services to our diverse members
8 very seriously. In an effort to identify
9 racial disparities among individuals
10 participating in behavioral health
11 services via Medicaid, DBHIDS partnered
12 with the University of Pennsylvania's
13 Center for Mental Health Policy and
14 Services Research to gain an
15 understanding of the extent to which
16 disparities existed. The evaluation was
17 published in 2014. Because we strive to
18 provide equal access and quality
19 treatment, we delved into the data to
20 explicitly understand who we serve and
21 how well we serve them.

22 Early findings from these
23 evaluations provided insights into the
24 need for more efforts to keep African
25 American members engaged, especially

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 younger African American men. We found
3 this population to be returning more
4 frequently to inpatient psychiatric
5 hospitalization and not engaging in
6 outpatient service options such as mental
7 health or substance use treatment. As a
8 result, specific interventions were
9 introduced to assist engagement,
10 including text message reminders and
11 greater linkages after an inpatient
12 admission to outpatient follow-up.
13 Additionally, we created the Engaging
14 Males of Color initiative to reduce
15 stigma and raise awareness of behavioral
16 health treatment among young African
17 American men. From 2014 to 2017,
18 Engaging Males of Color reached more than
19 4,000 participants through various
20 venues, including town halls and
21 symposiums.

22 In 2015, CBH added an
23 innovative incentive for providers who
24 support the Department's goal of minority
25 engagement. The Disparities in

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Engagement measure was included in
3 pay-for-performance for mental health and
4 substance use outpatient providers.

5 Engagement rates are calculated by
6 provider for each racial/ethnic group and
7 compared to the provider's overall
8 engagement rate. Although many managed
9 care organizations have implemented
10 pay-for-performance models, only CBH
11 created a measure to incentivize
12 providers to serve diverse racial and
13 ethnic groups. Providers are rewarded
14 for ensuring minorities not only
15 participate in services, but these
16 disparities are eliminated. Intervention
17 was effective, resulting in improvement
18 in disparities in engagement for adult
19 mental health outpatient providers
20 between 2015 and 2017. The findings from
21 our racial disparity evaluation also
22 informed service expansion decisions.
23 For example, the Latino population was
24 under-utilizing substance use services.
25 As a result, Latino substance use

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 services were expanded through a request
3 for proposal. Of note, the rate of both
4 Asian and Hispanic populations using more
5 services over time increased.

6 Within the DBHIDS network, it
7 is critical for our department to create
8 and maintain strong partnerships with
9 diverse community organizations through
10 initiatives that work to decrease stigma
11 and promote awareness and access to
12 services. We partner with grassroots
13 community organizations to provide
14 counseling and behavioral health
15 referrals that are non-Medicaid
16 compensable through memorandums of
17 understanding. Examples include Grands
18 as Parents, Mothers in Charge, Hebrew
19 Immigrant Aid Society, African Cultural
20 Alliance of North America, Southeast
21 Asian Mutual Assistance Association
22 Coalition and more.

23 Since 2010, our Faith and
24 Spiritual Affairs unit has hosted an
25 annual conference informing diverse faith

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 and spiritual communities in Philadelphia
3 about behavioral health services. The
4 annual conference attracts 500 attendees
5 each year. Partnerships include New
6 Courtland Senior Services, Black Clergy,
7 Enon Tabernacle Baptist Church and more.

8 Since 2012, 1,600
9 Philadelphians have been trained through
10 Mental Health First Aid, with trainings
11 organized for African American-serving
12 organizations, including faith-based
13 organizations, fraternities, and
14 sororities. Overall, as of March 2018,
15 27,000 Mental Health First Aiders now
16 live, work or study in Philadelphia.
17 Between 2016 and 2017, more than 45
18 percent of our behavioral health
19 screening events in the community took
20 place in predominantly neighborhoods of
21 color.

22 In 2017, our Immigrant Affairs
23 and Language Access Service units played
24 a key role in dissemination of mental
25 health information in immigrant

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 communities. By partnering with
3 community-based organizations, they
4 shared critical information, conducted
5 focus groups to assess needs and
6 challenges, and created a refugee and
7 immigrant support network. In addition,
8 this unit continued to work with
9 community partners to use telephonic and
10 in-person interpretation for limited
11 English proficient individuals,
12 translating resources into more languages
13 and completing language access and
14 cultural competency trainings for our
15 network. The unit also conducted 16
16 community focus groups in Southeast
17 Philadelphia by partnering with community
18 and faith-based organizations, which
19 included Cambodian, Laotian, Vietnamese,
20 Chinese, Bhutanese, Nepali, Burmese, and
21 Spanish-speaking communities.

22 Our Community Coalition
23 Wellness initiative, which began in 2014,
24 has four coalitions, each comprised of
25 multiple organizations covering South and

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Southwest Philadelphia, Lower North
3 Philadelphia, Northeast Philadelphia,
4 each targeting a specific group. The
5 Strength Alliance, led by RHD, serves
6 LGBTQ people of color; the Reach
7 Coalition, led by Ayuda, serves Latino
8 youth and their families; the North
9 Philadelphia Wellness Collaborative, led
10 by Project HOME, serves African
11 Americans; and the Youth Wellness
12 Collaborative, led by ACANA, uses music
13 and art programs to engage youth around
14 behavioral health.

15 Minority, women, and
16 disabled-owned business enterprise
17 providers have opportunities to grow
18 within our provider network. Three
19 minority, women, and disabled-owned
20 business providers are consistently among
21 the top 15 revenue earners for Health
22 Choices through CBH. They include
23 Children's Crisis Treatment Center,
24 Warren E. Smith, and Community Council.
25 Each agency also has contracts for other

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 lines of business, including DHS, School
3 District of Philadelphia, charter
4 schools, Early Intervention, Philadelphia
5 DHS, Office of Homeless Services, and
6 Intellectual disAbility Services. The
7 following three Latino provider agencies
8 experienced percentage increases in
9 revenues from Calendar Year '15 to
10 Calendar Year '17: Hispanic Community
11 Counseling Services, Pan Am, and APM.

12 In the last three years, 36 new
13 providers from minority, women, and
14 disabled-owned business enterprise
15 providers have entered the CBH network in
16 the following levels of care:
17 Outpatient, Partial Hospitalization,
18 Crisis and others.

19 DBHIDS provides a comprehensive
20 array of ongoing training for providers
21 through our Behavioral Health Training
22 and Education Network referred to as
23 BHTEN. BHTEN had 235 days of training
24 and informational events during the past
25 year, reaching roughly 7,700 individuals.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Through the Network Development Unit, CBH
3 offers a General and Specialty Training
4 Series for all provider network staff,
5 which in 2017 included more than 45
6 trainings, reaching more than 1,000
7 attendees. Additionally, when issues
8 with the program are identified, Network
9 Development provides specialized
10 technical assistance.

11 I've demonstrated the rich
12 diversity of DBHIDS' network, innovative
13 strategies we use to ensure minority
14 groups are engaging in services, and
15 provided examples of how our network has
16 expanded and supported minority, women,
17 and disabled-owned business enterprises.

18 I am appreciative for this
19 opportunity to testify today. If you
20 have questions, I'm happy to answer them
21 now.

22 COUNCILWOMAN BASS: Thank you
23 so much for your testimony.

24 I want to acknowledge
25 Councilman Al Taubenberger has joined us.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Councilman Green.

3 COUNCILMAN GREEN: Thank you,
4 Madam Chair.

5 Thank you, Commissioner Jones,
6 for your testimony. We're going to hear
7 from the other two panelists in a few
8 moments. I just want to give a few
9 comments in reference to the context for
10 this hearing.

11 As many people in this room
12 know, I worked for Councilwoman Marian
13 Tasco for a number of years, and she
14 chaired this Committee of Public Health
15 and Human Services. Over the years,
16 there's always been a challenge in
17 reference to some of the diversity in
18 reference to dollars spent for behavioral
19 providers of color.

20 I know over the past number of
21 years there has been an attempt to
22 address that issue through Commissioner
23 Jones and also through Commissioner
24 Evans, but there's still a concern in
25 reference to how we're providing

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 resources to providers of color in this
3 city, and that's been an ongoing issue
4 for a number of years, although we're
5 making some improvements, and I think
6 Commissioner Jones's testimony provides
7 that.

8 And this is important because
9 historically when you look at behavioral
10 health issues, traditionally people of
11 color have not received the services or
12 been encouraged to receive the services
13 they need regarding behavioral health
14 issues. There's often been a stigma,
15 especially in the African American
16 community and other communities of color,
17 about actually even getting behavioral
18 health, and I think part of that stems to
19 not having enough resources, enough drive
20 to provide resources to communities of
21 color from those providers of color that
22 can really make those cultural
23 connections to increase the number of
24 services that are needed and provided.

25 So the goal of this hearing is

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 to continue that dialogue and that
3 conversation. And this dialogue also
4 started from a conversation I had with
5 both Jaynay Johnson and Farida Boyer, who
6 started an initiative called The Black
7 Brain Campaign to really talk about the
8 issues in reference to mental health and
9 some of the things I just spoke about,
10 that we don't often see the direction as
11 well as the push to really address some
12 of the behavioral health issues in the
13 African American community and also
14 communities of color.

15 So hopefully through this
16 conversation we will start this dialogue
17 and continue the dialogue about how we
18 can take additional steps to really make
19 sure that people in the City, especially
20 the people of color, get the resources
21 and services they need to deal with some
22 of our mental and behavioral health
23 challenges in our city.

24 So thank you.

25 COUNCILWOMAN BASS: Thank you,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Councilman.

3 And can we have our next
4 panelist, state your name for the record
5 and begin your testimony.

6 PROFESSOR LASSITER: Good
7 morning. My name is Chad Dion Lassiter.
8 I'm a Professor of Race Relations at West
9 Chester University, in addition to being
10 the President of the Black Men at Penn's
11 School of Social Work, Incorporated, and
12 over the three years, past three years,
13 I've been fortunate and blessed to be a
14 consultant with the Department of DBHIDS
15 and specifically with our Engaging Males
16 of Color initiative.

17 Just really briefly today, I'm
18 not going to haggle you with statistics
19 or scientific discoveries, but rather
20 just paint a picture of some of the work
21 that we've been doing in this space with
22 EMOC and then actually share with you
23 what we're attempting to do moving
24 forward.

25 Once again, let me say good

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 morning to each person on City Council.

3 In America, we have two mental
4 health care systems, separate and
5 unequal. You gain access to one by going
6 in through the front door, the door for
7 those who have wealth or good healthcare
8 insurance. This system emphasizes early
9 intervention in treating intellectual
10 disabilities such as depression. It
11 provides psychotherapy and medication as
12 long as they are needed.

13 You get into the other system
14 through the back door and you are treated
15 accordingly. This system is for those
16 who are poor and/or among the nation's 50
17 or so million uninsured. Most often
18 patients don't enter this system until
19 their intellectual disability has reached
20 a serious stage. The usual points of
21 entry include hospital emergency rooms,
22 homeless shelters, and jails and prisons
23 and other non-traditional spaces. If
24 psychotherapy and medication are made
25 available at all in this system, it is

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 only for a limited time.

3 The people who use this
4 lower-tier mental health system look like
5 America. They are men, women, and
6 children from diverse racial and ethnic
7 groups. But males of color and
8 specifically black men suffering from,
9 let's say, depression make up a
10 disproportionate number of those who
11 enter treatment through the back door.

12 In America, depression and
13 intellectual disabilities of all sorts
14 are still somewhat taboo subjects. In
15 communities of color, and specifically
16 the black community, they are topics that
17 are almost completely shrouded in
18 secrecy. As a result, millions of black
19 men are suffering in silence or getting
20 treatment only in the most extreme
21 circumstances, as mentioned above.

22 The neglect of emotional
23 disorders among men in the black
24 community is nothing less than racial
25 suicide. However, the back door has been

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 opened wider for black men. The primary
3 reason for that is America's jails and
4 prisons are used as repositories for
5 people with intellectual disabilities.
6 African American men who wind up behind
7 bars in disproportionate numbers have
8 been caught in the nation's tide of
9 incarcerated people with intellectual
10 disabilities.

11 Prisons are depressing places.
12 I know because under the Nutter
13 Administration I was on the Board of
14 Trustees for the Philadelphia Prison
15 System for eight years. And our prisons
16 are primarily punitive, not therapeutic,
17 which is why we should not allow them to
18 become poor people's mental hospitals.

19 However, there is another door,
20 and this door was created by DBHIDS under
21 the leadership of Dr. Arthur Evans,
22 Dr. Marquita Williams, and has been
23 maintained and strengthened under the
24 leadership of the new Commissioner, David
25 T. Jones, and Roland Lamb. This door has

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 been about improving men's health through
3 the Engaging Males of Color initiative.
4 We have created a model based on theory
5 that what contributes to the well-being
6 of males of color is measurable and
7 includes health literacy, health
8 activation, and access to services when
9 needed.

10 Additionally, the goal of EMOC
11 has been to improve health literacy and
12 collect mixed data to inform outcomes and
13 to improve health status of males of
14 color, such that they maximize their
15 ability to perform their social and
16 familial functions within their
17 communities.

18 We've been able to accomplish
19 this by partnering with arts
20 organizations and community-based
21 organizations in which we created
22 non-intimidating conversations between
23 males of color and the healthcare system
24 that sometimes serves them. These males
25 of color initiatives have been very

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 important and empowering. These
3 dialogues have amplified the voices of
4 males of color, and the first one was
5 entitled Building Brotherhood in
6 partnership with Mural Arts where we held
7 four town halls in the African American,
8 Asian American, Pacific Islander, Latino,
9 and immigrant refugee communities around
10 community/social impact that focused on
11 societal stigmas around behavioral
12 health, safe and nurturing social
13 environments for discourse around
14 behavioral health.

15 Our partnership with Mural Arts
16 resulted in the Males of Color that we
17 worked with to improve health literacy, a
18 first of its kind in the country Mural
19 dedicated solely to the males of color.
20 This could be viewed over at 42nd and
21 Chestnut. It's really a site to behold,
22 and it was lauded by Broderick Johnson,
23 the former Executive Director of
24 President Obama's My Brother's Keeper
25 initiative.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Furthermore, our other
3 innovative outreach strategies to reach
4 males of color has been our partnership
5 with First Person Arts and our Beyond
6 Expectations Storytelling events. These
7 storytelling events are not just merely
8 just for the sake of storytelling, but
9 they're narratives that talk about the
10 peculiar experiences of hopelessness,
11 despair, nihilism, also resiliency, and
12 males of color. Our first one was held
13 at the Suzanne Roberts Theatre where it
14 was attended by over 400 males of color.
15 Some of our well-known storytellers were
16 Black Thought from the Roots, who told an
17 impassionate story about losing his
18 mother and how people still see him as
19 this individual who is this -- on the
20 today -- on the Tonight Show with Jimmy
21 Fallon, but nevertheless he is still
22 struggling with the loss of his mother,
23 the loss of his father. It also was an
24 opportunity for us to hear from Freeway,
25 and everyone sees Freeway from the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 identity of being with Roc Nation and Jay
3 Z, but he talked about some of the
4 struggles he had. And then what we do
5 with that is, we pair them up with
6 regular everyday individuals who are
7 doing great things in their communities,
8 and we do it along the continuum of the
9 color line.

10 We also had another one, and I
11 remember Councilman Derek Green was at
12 that one, that we had at Girard College
13 with Mayor Kenney and many others, and
14 that was attended by over 1,000 males of
15 color. And so these story events have
16 been empowering, and they give us the
17 data that we need to do the things that
18 we're trying to do.

19 Our measurements are along
20 individual lines, community lines, as
21 well as systems lines. We're asking
22 questions like are individuals more
23 likely to seek help? Are they more
24 informed about resources available? Have
25 we reduced the psychological barriers to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 resources? Have we reduced the societal
3 stigma around behavioral health issues?
4 Have we created safe, nurturing, and
5 social environments for discourse around
6 behavioral health issues? Within the
7 programs metrics, are we within the
8 system -- are we working within the
9 system and improving the system?

10 From a provider standpoint, are
11 providers more culturally competent to
12 what Councilman Derek Green said? It's
13 very important that we have culturally
14 competent providers to deal with some of
15 the societal frameworks, the theoretical
16 frameworks that are deeply rooted in our
17 American democracy as it relates to
18 access and care.

19 And then with regards to
20 access, have we reduced physical and
21 psychological systematic barriers to
22 resources?

23 At the present time, this year
24 we're in the midst of creating a
25 replicable engagement model that can

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 teach other systems and is being
3 developed, and we continue to strengthen
4 our already strong partnerships. We're
5 partnering with the Governor's Commission
6 on African American Affairs, the
7 Governor's Commission on Latino Affairs,
8 and the Governor's Commission of Asian
9 American-Pacific Islander Affairs, and
10 the Department of Health and Human
11 Services' Minority Office to just name a
12 few.

13 Lastly, I just want to say that
14 we're in the midst of establishing
15 reports, and these reports will be
16 forthcoming that will give us
17 dissemination, will give us some
18 qualitative and quantitative data of how
19 to engage males of color. And I can say
20 that for the past three years, this has
21 been some of the most rewarding work that
22 I've been a part of. Just the manner in
23 which we're working in the space with
24 providers of color and we're using
25 non-traditional ways as well as

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 traditional ways to reach males of color,
3 and it's been very, very rewarding.

4 Thank you.

5 COUNCILWOMAN BASS: Well, thank
6 you for your testimony.

7 Mr. Lamb, if you want to state
8 your name for the record and begin your
9 testimony.

10 DEPUTY COMMISSIONER LAMB: Good
11 morning. My name is Roland Lamb. I'm
12 Deputy Commissioner for the Department of
13 Behavioral Health and Intellectual
14 disAbility Services, and I'm here to
15 share this morning about the efforts that
16 we've made as far as building and
17 perpetuating community coalitions.

18 Councilman Green, I want to
19 thank you for raising the word of the
20 morning, and that's stigma. One of the
21 things that we've been working
22 consistently around is addressing the
23 issue of stigma throughout the community.
24 Stigma has three basic impacts. On an
25 individual level, it pervades a sense of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 unworthiness, and that is the reason why
3 we have so many people who don't seek
4 treatment, because of the fact that they
5 themselves have been stigmatized.

6 On a public level, stigma
7 encourages disparity in care, which is
8 why we have certain areas where there's
9 not enough health literacy, there's not
10 enough services available, and people
11 don't seek those services.

12 On a social level, stigma
13 creates conflicts that affect the quality
14 of care. And so we have to begin to
15 address issues on a community level by
16 creating community organizations and
17 groups.

18 In 2012, there were no
19 drug-free communities in Philadelphia. A
20 drug-free community is a community
21 supported by the Office of National Drug
22 Control. There were 5,000 across this
23 country. In 2012, we had none. They
24 receive about \$125,000 a year for five
25 years. We now have three. Part of our

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 initiative has been to encourage the
3 development of community coalitions.

4 Every year we have between three and four
5 who are in a cohort who are trying to get
6 through to actually receive the funding.

7 We also have community
8 coalitions that we're funding with many
9 grants throughout the City of
10 Philadelphia who are doing cleanup
11 exercises, who are supporting providing
12 services in the community to people who
13 are using drugs and who are addicted. We
14 also have community coalitions that are
15 providing education throughout the
16 community.

17 The idea for us is to
18 continually support those things that are
19 in the community that provide ongoing
20 information and ongoing orientation to
21 folks in the community to empower them.
22 So besides the word "stigma," I think the
23 word I want to end with is the idea that
24 we're moving more and more towards
25 empowering. So we have the four that

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 have been mentioned here that

3 Commissioner Jones mentioned. We also

4 have the three that are in South

5 Philadelphia, and we have approximately

6 another six that we are supporting

7 throughout the community.

8 COUNCILWOMAN BASS: Excellent.

9 Thank you so much for your testimony.

10 Councilman Green.

11 COUNCILMAN GREEN: Thank you,

12 Madam Chair.

13 Thank you all for your

14 testimony, and I wanted to touch on some

15 of the commentary that Mr. Lassiter made,

16 because it's definitely a link between

17 the lack or the challenge in receiving

18 behavioral health services and connection

19 to the criminal justice system, and it

20 also impacts our education system,

21 because I think many of the challenges

22 that we have -- and you used the phrase

23 "suffer in silence." Many of our --

24 especially our young African American men

25 are dealing with issues of behavioral

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 health, which cause them to suffer in
3 silence, which impacts their ability not
4 only to move through the educational
5 system in a positive way but also can
6 make that connection to criminal justice,
7 which ultimately impacts our city from a
8 poverty perspective. And I don't think
9 people make the connections between
10 behavioral health, criminal justice
11 system, and poverty.

12 When you have such a large
13 number of people of color, especially
14 African American men, who may be in the
15 criminal justice system, that robs not
16 only the African American community, but
17 the City as a whole of people that can
18 provide either from an entrepreneurship
19 perspective or just working that can
20 address some of the poverty in our city.

21 So what are some of the efforts
22 that can be done in reference to making
23 the connection between in the Criminal
24 Justice Center and the education system?
25 I know, Commissioner Jones, you talked

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 about a lot of different initiatives, but
3 what steps can we take to really start
4 working with our young people, especially
5 our young men in the School District, as
6 well as those who are currently
7 incarcerated or returning citizens to
8 address some of those issues of
9 behavioral health?

10 COMMISSIONER JONES: So a
11 couple things. First of all, before I
12 even go to speak to some of the
13 prevention initiatives, because I think
14 that's part of what we really want to do
15 is get further upstream so we are not --
16 we are reacting as little as possible and
17 really being more proactive.

18 I think, Councilman Green, the
19 point that you made around stigma, again,
20 is significant. One of the things I
21 think that Philadelphia continues to
22 benefit from, though, is the fact that we
23 have, through Community Behavioral
24 Health, a health plan that's actually
25 pretty significantly robust in terms of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 the benefits that are allowed, and
3 there's two or three points that I always
4 like to make to make sure that we all
5 understand the benefits. So in part, the
6 Community Behavioral Health just in terms
7 of when you -- if you compare it to other
8 health plans, the fact that it has such a
9 low administrative spend in terms of
10 administrative overhead -- it's 7 to 8
11 percent -- and that they retain no profit
12 and that in fact probably 92 to 93
13 percent -- 92 to 93 cents of every dollar
14 is spent on medical claims is significant
15 in terms of being able to provide
16 treatment. And then to the extent that
17 there are -- when there is a small
18 profit, it is always reinvested back into
19 the system so that when we recognize, for
20 example, that there are disparities, as
21 we talked about the issue of so how is it
22 that we reach people of color, one of the
23 strategies was the work that we had done,
24 as I mentioned in testimony, with Penn
25 was to say, okay, so we had these

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 disparities, how is it that you reach --
3 we really need to go through probably
4 more non-traditional means in order to
5 engage folks.

6 And so that was some of the
7 work that you heard that we've done with
8 Dr. Lassiter and others in terms of
9 saying, so let's create these more
10 wellness initiatives, let's use people
11 who -- people like as he mentioned, who
12 people respect and let them tell their
13 stories as a way to say that there are
14 many different ways to come in and get
15 your kind of both emotional and
16 psychological needs met, not necessarily
17 going always through your traditional
18 inpatient and then to outpatient.

19 And so we felt like it's
20 important to have kind of both, if you
21 will, options available, and I think that
22 we are experiencing some success in doing
23 that.

24 The other piece is is that from
25 a prevention perspective, so we have, I

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 would say, approximately 13 providers or
3 so. Six are in schools. Seven are in
4 the community. They've served probably
5 over -- I would say they're in 90
6 schools, served about 30,000 individuals.
7 And so we recognize that that is, again,
8 another strategy of saying let's get to
9 individuals before, again, the
10 psychiatric needs that are creating
11 challenges really start to manifest.

12 We also know the data continues
13 to say that it is -- for symptoms of
14 mental illness and actually substance use
15 experimentation, the average age is
16 really somewhere between about 10 and 13
17 that the onset of both occurs. And so
18 what we realize is that if you can
19 intervene sooner and earlier, in fact,
20 you can help put people on a different
21 pathway.

22 And so the prevention program
23 that I just mentioned, I think that's
24 part of the strategy there. There's
25 also, as Deputy Commissioner Lamb

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 mentioned, was that we also have -- there
3 are about eight providers here doing some
4 early intervention work specifically
5 around trying to prevent substance use
6 disorder. So they actually are going
7 out, they're working with individuals.
8 They're working with families. They are
9 conducting groups around just that there
10 are different choices, that this is what
11 it looks like in terms of the
12 manifestation of substance use and the
13 impact it has on families, and giving
14 strategies around kind of how to address
15 that.

16 So I just -- I covered a bit
17 just in terms of some of the prevention
18 work we're doing, some of the work that
19 we continue to do in schools. There's
20 also really -- and I'll pause here, but
21 there's also pretty significant treatment
22 work that's also happening in the schools
23 that we continue to support, both for
24 people who are insured and uninsured.
25 And so I can speak to that later as well,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 but just wanted to give you some idea of
3 kind of the girth in terms of how we're
4 trying to address the issues for people
5 of color, again, getting a little more
6 upstream as opposed to just solely
7 responding.

8 PROFESSOR LASSITER: Yes. And
9 I'll just add that with regards to EMOC,
10 we're embarking upon having town halls
11 with young people. We've had two so far.
12 One was at the Kingessing Recreation
13 Center and the second one was at the
14 Lonnie Young Recreation Center. These
15 were really impactful, because it was an
16 opportunity for the young people to sit
17 on the panel and to tell us all the
18 things that they're experiencing, some of
19 the risk-contributing factors in their
20 neighborhoods, some of the stressors that
21 they're under.

22 In addition to when you
23 remarked this whole aspect of looking at
24 the school-to-prison pipeline, one of the
25 things that emerged from these town halls

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 with the young people was not so much
3 just drop-out, but also being pushed out,
4 pushed out simply because maybe the
5 curriculum is not culturally affirming of
6 who they are, pushed out because maybe
7 because of aggression and anger or
8 bullying or maybe during the time of
9 coming to school they had to go through a
10 series of risk-contributing factors to
11 get to school.

12 One of the things we also did
13 was, we collected data from them, and
14 we'll be disseminating that data, and
15 some of that data was just how they deal
16 with trauma, not just the trauma of
17 seeing black and brown people killed by
18 state violence all over the country, but
19 also the trauma that they experience in
20 their home vis-a-vis domestic violence,
21 vis-a-vis a friend being beat up or going
22 to school in an environment where there's
23 a lot of urban decay or you pass by a
24 corner and that corner is flooded with
25 teddy bears because a friend just got

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 killed.

3 I think one of the other things
4 too, I'd be remiss if we didn't mention
5 the work that the coordinator of EMOC is
6 doing, Gabriel Bryant. One of the things
7 that Gabe has done is, he has situated
8 young people on our EMOC committee. So
9 the committee is comprised of males of
10 color, but it also has young people,
11 because they keep us relevant. They let
12 us know what's happening in their various
13 communities.

14 And I think one of the things
15 that all of us can do is to look at the
16 Fulfilling Philadelphia's Promise where
17 we're looking at the School District and
18 we're also looking at workforce
19 development and the intersectionality of
20 that and how everyone is not going to go
21 to college. We want to promote that, but
22 we can make sure that males of color,
23 specifically black men, can become
24 productive and valuable in Philadelphia
25 through the trades, through the unions.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 The Ph.D.'s don't understand what's going
3 on with a leak in their house, but the
4 people that they call will come in. They
5 will do the carpentry, they will do the
6 plumbing, they will do the electrical
7 work.

8 And so I think one of the
9 things that we're looking forward to
10 doing now is just really getting in the
11 space where we have two more town halls
12 that we're going to do and we're
13 collecting the town halls based on the
14 high incident rates of violence and some
15 of the data that we're getting from those
16 particular police departments in those
17 catchment areas. And so we have two more
18 scheduled. The first two have been well
19 attended, and just pushing the narrative
20 for young people to tell us their
21 stories. And as you can imagine, some of
22 these stories are not just from a deficit
23 model, but also from a strength-based
24 perspective, that even in the midst of
25 some of this chaos, they find comfort in

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 talking about their narratives. And so
3 that's really good, where in other
4 traditional means, males of color will
5 kind of like be kind of taken aback and
6 not want to talk about some of the things
7 that are happening. So we have seen some
8 of these young people be liberated with
9 their narratives.

10 COMMISSIONER JONES: And if I
11 can add also, the other piece too, as
12 Chad just mentioned in terms of youth,
13 because I think we also have a really
14 dynamic leader who works with Gabe Bryant
15 whose name is Shaiheed Days. Shaiheed
16 takes the lead in Youth MOVE, Youth
17 Motivating Others through Voices of
18 Experience. They actually have been
19 doing a phenomenal job of helping young
20 people to not only find their voice,
21 because young people already know their
22 voice, but really to have those voices
23 shared at various venues. They are a
24 system of care work that's happening, so
25 that's across a number of kind of City

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 agencies. That work continues to happen.

3 Shaiheed has actually also been
4 a part of a number of national
5 conferences where they're able to talk
6 about the work that's happening in
7 Philadelphia. And I think that we're
8 constantly looking for opportunities, for
9 example, for young people to be able to
10 even dialogue with Councilmembers to then
11 talk about what is working in the
12 community, where there is opportunities
13 for improvement.

14 And then the only other thing I
15 will say just as it pertains to back to
16 our network is that we also when you
17 think about -- because you guys -- you
18 all know that we don't really provide in
19 the Department of Behavioral Health and
20 Intellectual disAbility Services, we
21 don't really provide direct services. We
22 oversee a provider network. And so if we
23 contract with -- let's say that the
24 numbers are about 177 -- particularly in
25 CBH it's a little larger and more

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 broadly, but of that 177, 81 of those
3 providers are either minority or
4 women-led enterprises. So I think we
5 also are approaching it from that
6 perspective as well just in terms of
7 being conscientious of making sure that
8 the people who receive services are
9 receiving it from organizations that
10 represent them.

11 DEPUTY COMMISSIONER LAMB: One
12 of the last things I wanted to say is
13 that we have been very vigilant about
14 expanding case management, to get to your
15 point about reentry. The need that we
16 have to engage people not just an episode
17 of care, but in a continuum of care has
18 led us down to where we are now providing
19 case management on a routine basis for
20 people who are coming out who have been
21 identified for us as having challenges in
22 terms of both mental health as well as
23 substance use disorder. So we're seeing
24 an exponential increase in the amount of
25 case management that we're using to keep

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 ourselves -- to keep our arms wrapped
3 around folks as they reenter the
4 community and go back to the very areas
5 in which they struggled as far as
6 addiction is concerned and certainly
7 where mental health challenges are.

8 COUNCILMAN GREEN: Thank you,
9 Madam Chair.

10 Thank you for your commentary.
11 We'll hear from providers of color a
12 little bit later, as well as also other
13 organizations more at the grassroots
14 level about some of the challenges they
15 face, and hopefully -- we may have some
16 additional questions for you. But I
17 think from a 10,000 foot level, I think
18 there probably needs to be an ongoing
19 conversation and dialogue with both
20 Commissioner Ross, Commissioner Carney
21 regarding some of the ways we can
22 integrate some of the data information
23 you have and how that impacts both from
24 the Police Department as well as the
25 Prison System and having an ongoing

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 dialogue of how we can use the
3 information and resources and the skill
4 sets that you're using, how that can
5 better help us from a public policy
6 perspective, especially with the Prison
7 System as well as the Police Department.

8 Thank you, Madam Chair.

9 COUNCILWOMAN BASS: Thank you.

10 Councilman Taubenberger.

11 COUNCILMAN TAUBENBERGER: Madam
12 Chair, thank you. Thank you very much.

13 Dr. Lassiter, if I could -- and
14 thank you very much for your fine work --
15 ask you the following, and I want to just
16 make one comment. I think mental health
17 as a practice has been put in the corner
18 for so many years in this country and
19 maybe in other places in the world too
20 that it is really awful. If you're a
21 minority, if you're poor, then you're
22 really in a bad situation, and some of
23 your testimony brings this out.

24 Is there any municipality or
25 city in the top ten cities of the United

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 States that have it right, that are doing
3 it well, or are we all kind of in the
4 same boat?

5 PROFESSOR LASSITER: So I would
6 defer to my colleagues to the right. I'm
7 sure they would know.

8 COUNCILMAN TAUBENBERGER: Sure.

9 COMMISSIONER JONES: So I would
10 say that I have had the benefit of
11 working in a number of cities and also
12 different states. Prior to coming to
13 Philadelphia, I had an opportunity to
14 work in Baltimore. Prior to that,
15 Washington, DC. I had done some work in
16 the states of Virginia and Illinois.

17 One of the things that I will
18 say about Philadelphia and it is one of
19 the things that I think continues to
20 attract a lot of talent and, that is, the
21 way the behavioral health system is
22 structured here is one where -- so
23 typically in other places you may have
24 mental health under one department, you
25 may have substance use in yet another,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 intellectual disabilities in another, and
3 certainly you typically do not have the
4 pair in terms of a health plan as part of
5 kind of behavioral health. In
6 Philadelphia, the structure is extremely
7 unique. In fact, probably we have
8 sponsored -- and this is clearly for the
9 last 10, 15 years -- study tours where
10 other states, other cities, and in fact
11 people have come internationally to look
12 at the way the behavioral health is
13 organized here.

14 And so I would say while
15 behavioral health continues to suffer
16 from obviously significant stigma and all
17 the challenges that go with kind of
18 providing treatment, that Philadelphia
19 has among probably the most effective
20 structures.

21 COUNCILMAN TAUBENBERGER: Thank
22 you. Thank you very much.

23 Madam Chair, thank you.

24 COUNCILWOMAN BASS: Thank you.

25 No more questions from the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 panel. Thank you very much, gentlemen,
3 for your testimony this morning.

4 And if we can have the Clerk
5 call up the next panel.

6 THE CLERK: Mel Wells,
7 President, Executive Director, One Day at
8 a Time; the Honorable John White,
9 President, CEO of The Consortium;
10 Patricia Booker, COO, The Consortium; and
11 LaJewel Harrison, Executive Director, WES
12 Healthcare.

13 (Witnesses approached witness
14 table.)

15 COUNCILWOMAN BASS: Good
16 morning.

17 (Good morning.)

18 COUNCILWOMAN BASS: Can we have
19 you state your name for the record and
20 begin your testimony.

21 MS. POWELL-FOLKS: I'm Jennifer
22 Powell-Folks. I'm the Director of
23 Finance and Administration for One Day at
24 a Time. I'll be testifying for ODAAT.

25 MR. WHITE: I'm the Honorable

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 John F. White, Jr., President and CEO of
3 The Consortium.

4 MR. HARRISON: Good morning.
5 LaJewel Harrison, Executive Director of
6 WES Healthcare.

7 COUNCILWOMAN BASS: And if we
8 could start with One Day at a Time, if
9 you want to start your testimony.

10 MS. POWELL-FOLKS: Absolutely.
11 Good morning, panel.

12 COUNCILWOMAN BASS: Good
13 morning.

14 MS. POWELL-FOLKS: Thank you so
15 much for giving us as providers the
16 opportunity to testify.

17 City Council members, fellow
18 providers, and the community at large,
19 thank you for this privilege to testify
20 today on Resolution 180651. I would like
21 to get started first by thanking you all
22 for your support over the past 36 years
23 for One Day at a Time. Without your
24 love, support, and guidance, especially
25 from Councilwoman Blackwell, President

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Clarke, Councilman Jones, Councilwoman
3 Bass, Councilman Johnson, Councilwoman
4 Quinones-Sanchez, One Day at a Time's
5 work would not be possible. Thanks to
6 your dedicated public service, we are
7 able to save lives and repair families
8 because of it.

9 Because of the partnership
10 between City Council and our funders;
11 namely, Mr. Jones, Liz Hersh, Roland
12 Lamb, David Holloman, One Day at a Time
13 was able to reach over 46,000 contacts in
14 the year -- in our FY18 year in the
15 following areas through our programming:
16 We've had women's groups called Women's
17 Rap; our Neighborhood Constituent
18 Services, over almost 1,000 people.
19 We've reached on Friday Groups 7,500
20 people practically; Community Outreach.
21 That's kind of introduced as street
22 corner outreach, almost 14,000 people;
23 Prevention Teams, which are individuals
24 on the corners; Homeless Outreach, 2,500
25 people; BMXlife, which is a youth group

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 that works with youth in North
3 Philadelphia just working with young
4 people and bikes, if you've seen them on
5 the street. 1,000 Strong is our
6 mentoring program where we've donated a
7 number of things to families. We've
8 worked with over 100 children and
9 families. And through our PHS Community
10 LandCare contracts, we've employed
11 ex-offenders; our Neighborhood
12 Information Linkage; and through our
13 Candlelight Vigil program, we've had over
14 2,000 individuals.

15 The reason ODAAT continues to
16 host all of these activities is because
17 we see that it is often not just the
18 individual that is in need of recovery,
19 but the entire community.

20 These programs have afforded
21 jobs to a number of ex-offenders and
22 individuals recovering from substance
23 abuse, mental health issues, who are
24 currently employed now, earned their GED,
25 and house even more from the streets and

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 the opioid epidemic.

3 On the last note, we must all
4 come together to do something to tear
5 down the walls dividing us, the City, the
6 funders, the providers. My partners
7 sitting here at the table, we make saving
8 lives the only priority.

9 There are too many unnecessary
10 barriers between the City of Philadelphia
11 and the departments that hinder providers
12 in the community from housing those in
13 need on the street and providing or
14 connecting individuals to the appropriate
15 services. I am asking that the
16 community-based organizations, the City,
17 and the departments work with more
18 transparency to fully understand the true
19 state of emergency we are facing and
20 eliminate these barriers to serving those
21 in need.

22 I do believe that we can do
23 more on the street level to address the
24 opioid epidemic as well as mental health
25 if providing the appropriate -- if

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 provided the appropriate resources. The
3 only way we will initiate the much-needed
4 change in our city is to put more boots
5 on the ground through outreach,
6 prevention efforts, and housing to reach
7 those in the most marginalized areas.

8 If we continue to allow
9 barriers and roadblocks that are directly
10 detrimental to our ability to serve those
11 in need, we will not save the lives we
12 need to. We are not only doing ourselves
13 a disservice, but the City's most
14 vulnerable populations.

15 Thank you.

16 COUNCILWOMAN BASS: Thank you
17 for your testimony.

18 Mr. White, how are you? It's
19 good to see you.

20 MR. WHITE: It's good to be
21 here. Some of my most enjoyable moments
22 took place right here in these Chambers,
23 and I want to thank the members of
24 Council and Councilman Green for your
25 attentiveness to this issue.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 If I could, I'd like to address
3 it in somewhat a broader context. As I
4 look at this panel and I look at the
5 people in the audience, it reminds me
6 that Tuesday night they're going to
7 launch a new comedy series called The
8 Last OG. I think that's most appropriate
9 for me sitting here at this table.

10 With the closure of
11 Philadelphia State Hospital, as early as
12 1948 the reputation of Philadelphia State
13 Hospital or Byberry had become
14 solidified. It was described by a
15 journalist whose last name is Deutsch as
16 Philadelphia's bedlam. He compared it to
17 the London homes for the mad, akin to
18 Nazi concentration camps. That was in
19 1948 describing the care and the
20 treatment of people in our state hospital
21 system.

22 By the 1980s, it was still a
23 clinical and management nightmare. It
24 just happened that on one February
25 evening in an unannounced visit to the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 hospital, I witnessed firsthand the type
3 of care that was being provided. That
4 weekend, that Friday we came back and
5 announced to the staff that they had 90
6 days to clean up their act or else we
7 were going to close it. In the interim,
8 we established a Blue Ribbon Committee to
9 review the clinical aspects of the
10 hospital to make a determination of
11 whether or not, quote/unquote, state
12 government could save it. We concluded
13 that that was not going to be possible,
14 and in June we announced that we were
15 going to close it.

16 Closing it was not the point.
17 The point was to build a community
18 network of services and supports for
19 people being released from that hospital
20 that would be holistic and that would
21 represent the quality of care and
22 treatment that all of us were seeking.

23 I think in response to the
24 question that Councilman Taubenberger
25 asked, when you look at the major cities

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 around this country, Philadelphia's
3 behavioral health system would rank at
4 the top. Accessibility, the quality of
5 care, the financial accountability really
6 signify how far Philadelphia has come.
7 As a member of this body, my concern
8 would be does it work. In many
9 instances, it does. The services that
10 are provided yield positive outcomes. We
11 should be glad about that, but when we
12 talk about diversity, we should not just
13 be talking about the providers, the ones
14 who are providing the service. Diversity
15 also touches upon the needs of
16 individuals in various communities.

17 There are different needs and
18 different approaches that work with
19 different populations, and it's important
20 for the agency to be sensitive to that,
21 to recognize that a functional family
22 therapy program, which we happen to
23 operate, that it works. It reduces the
24 criminal offenses, repeat offenders
25 almost 40 percent in Philadelphia,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 working hand in hand with the Family
3 Court, with the Department of Human
4 Services chipping in and making sure that
5 no one is denied service whether they
6 have insurance or not. That is
7 forward-thinking and recognizing that you
8 know what, there is no such thing as a
9 cookie cutter in this.

10 The word "stigma" was
11 mentioned. It's not just to stigmatize
12 the people with mental illness. It
13 happens to be unfortunately in some cases
14 minority providers are stigmatized too.

15 We remember recently we
16 responded to an RFP, the previous
17 Administration, for support services for
18 people with intellectual disabilities.
19 The last question that we were asked --
20 now, this is of an agency that has been
21 around for 50 years, that clearly had the
22 most diverse board, the most diverse
23 leadership staff. The last question we
24 were asked was, what makes you think you
25 can serve the whole City of Philadelphia,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 as if the fact that we were located in
3 West Philadelphia would somehow inhibit
4 our ability to provide quality care and
5 supports for people from the Northeast
6 and from other sections of the City. I
7 could not help but take offense then, and
8 I made it known that I was offended.

9 I'd like to believe that we've
10 gotten past that with the Administration
11 that is now in place. You see, the
12 stigma is not about the leadership. It
13 lies within the bureaucracy. The culture
14 change taking place within a bureaucracy
15 can make a difference in how people are
16 treated, who gets the money, and who
17 provides the service.

18 As fine as the work of CBH is,
19 it is important for you to remember that
20 the providers make up the system. If the
21 providers are given the opportunity to
22 present to those in authority what we
23 identify as the specific needs of the
24 populations that we serve, we would
25 expect that CBH will continue to respond.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 They've done so recently with their
3 initiative to provide behavioral health
4 at the high school level. For years that
5 did not happen.

6 People have no idea the level
7 of trauma that high school young men and
8 young women, particularly in the African
9 American community, are facing every
10 single day. As dangerous and as bad as
11 that is, fast forward and think about
12 what happens when trauma goes untreated.
13 Trauma can change the way you look at
14 life. Trauma can also change the way you
15 value life, yours and someone else's.

16 The fact that they stepped
17 forward and identified agencies to
18 provide the service is a tribute to them,
19 and I hope that they will contribute to
20 real effective measures to reduce the
21 incidence of trauma that our young people
22 are facing. If you can't reduce it, at
23 least let us treat it.

24 So now we face an opioid
25 crisis. I remember when there was a

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 heroin crisis. Unfortunately, we did not
3 draw this kind of attention. We started
4 screaming about a heroin crisis in
5 Philadelphia, a heroin epidemic, in the
6 early 2000s. Not much has changed. Case
7 management, yes. We serve over 400
8 people a day. We have one case manager
9 and one peer specialist. It is
10 impossible at that level of staffing and
11 that level of funding that you're going
12 to be able to identify ways in which you
13 can really bring about recovery.

14 The definition of recovery
15 needs to be clarified. Recovery is not
16 maintenance. It is not maintenance.
17 Recovery is lifting someone out of the
18 holes in which they find themselves and
19 giving them a path to where they can
20 reach or at least try to reach their
21 fullest potential. You can't do that
22 simply by sitting in front of a
23 counselor.

24 The problems of people needing
25 homes, people need food, people need

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 better education, people need jobs, all
3 the various social determinants work
4 against you if your definition of
5 recovery consists of anything concerning
6 maintenance. It is about improving the
7 lives of people.

8 The advent of Vivitrol,
9 Suboxone, and other opportunities to
10 assist in the medication-assisted
11 treatment programs are essential, and
12 they can make a difference. Vivitrol and
13 Suboxone allows the flexibility where if
14 you have a job, you can go to work and
15 you can catch your treatment later after
16 work or before work, without interfering
17 as it does now with methadone, where you
18 literally have to make a decision, do you
19 go on that job interview or do you go to
20 your counseling session.

21 We can do something about that
22 by really strengthening the social
23 determinant cords that the integrated
24 systems in Philadelphia, with DHS, the
25 Office of Addiction Services, Behavioral

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Health, and others, can truly make a
3 difference.

4 One of the largest obstacles
5 affecting our young people in behavioral
6 health is the lack of effective
7 coordination between the system and the
8 School District. I will tell you that
9 there for years, there was an argument
10 about whether or not behavioral health
11 was covered by special education funds.
12 And we looked to schools to use special
13 education funds to provide services that
14 are easily paid for under behavioral
15 health. This Administration has made
16 giant strides in trying to improve there,
17 but they're not where we need to be yet.
18 The red tape, the bureaucracy, the
19 obstacles that are placed in front of you
20 in order to provide or to get into a
21 school to provide services that are
22 clearly needed can sometimes be
23 overwhelming, but they've been diligent
24 about forcing people to the table on
25 behalf of all students, including those

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 of color.

3 And so, yes, there is clearly a
4 need for minority-led, minority-operated
5 agencies to have some degree of parity
6 with respect to how funding is
7 distributed, but to also offer the points
8 of services that those agencies are
9 providing. We're the closest to the
10 people. We have the first chance, we are
11 the first ones to know that things are
12 different before this system -- before
13 those in authority realize it.

14 We appreciate the attentiveness
15 that they've given to us, the financial
16 support and other supports that have been
17 needed, but we still have a long way to
18 go. I'm proud of what we developed. I'm
19 proud of what I think can be accomplished
20 if this Council takes the lead and holds
21 us all accountable to the quality of
22 work, to the fiduciary responsibility
23 that we have, and making sure that in
24 Philadelphia, along with having a fine
25 behavioral health system, those who are

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 in the minority category have a fair shot
3 at improving the quality of care and the
4 quality of work that we're doing here.

5 Thank you very much.

6 COUNCILWOMAN BASS: Thank you
7 for your testimony, Mr. White. A lot of
8 information. Thank you very much.

9 Ms. Harrison.

10 MS. HARRISON: Good morning
11 again. Again, my name is LaJewel
12 Harrison, Executive Director -- please
13 excuse my voice, but this is like really
14 much better than it was two weeks ago --
15 Executive Director of WES Healthcare.
16 I'd like to thank Councilman Green,
17 Councilwoman Parker, and Chairwoman Bass
18 for convening this hearing on behavioral
19 health providers of color and for
20 providing WES Health System an
21 opportunity to provide testimony on the
22 subject of mental health delivery
23 services in the African American
24 community. Thank you, Councilman Jones,
25 Councilman Taubenberger, and Councilman

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Greenlee for your attention to this
3 matter.

4 The month of May has recently
5 been designated as Mental Health
6 Awareness in the Black Community, and as
7 such, I'd like to acknowledge with
8 gratitude the members of The Black Brain
9 Campaign for their efforts to bring
10 attention to marginalized people. I have
11 worked in the behavioral health field in
12 Philadelphia for almost 20 years.

13 During, my tenure, I have served in
14 multiple positions. I provided both
15 direct care and managed service programs.

16 WES Health System is one of the
17 largest African American behavioral
18 healthcare providers. Our services in
19 Philadelphia include outpatient therapy,
20 case management, in-school therapy,
21 in-home mental health services, in-home
22 intellectual disability services, and
23 community-based mental health recovery
24 services. Our long history of providing
25 culturally competent services to a

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 neglected population in Philadelphia
3 provides the foundation for understanding
4 the issues that prevent African Americans
5 from accessing proper mental healthcare.

6 Mental health issues affect all
7 aspects of life across all social
8 stratification, and when treatment is not
9 accessed, we see an increase in
10 homelessness, violence, drug abuse, and
11 an overall diminishment in the quality of
12 life.

13 In 2007, approximately 12
14 percent of Philadelphia's adult
15 population had mental health conditions.
16 Today, only ten years later, the City's
17 Community Health Assessment reports that
18 over 20 percent of the adult population
19 have mental health diagnoses. The need
20 for treatment is growing while
21 simultaneously government funding for
22 these services are decreasing.

23 Philadelphia, with a 26 percent
24 poverty rate, is experiencing high rates
25 of drug-related deaths. Many of these

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 deaths are attributable to
3 self-medication with street drugs to
4 alleviate the pain of untreated mental
5 illness. We need more direct and
6 targeted cultural competent services for
7 the African American population of
8 Philadelphia.

9 The definition of cultural
10 competence, it is to be mindful and
11 respectful of the social, culture, and
12 linguistic needs of the consumer.
13 Providing culturally competent services
14 improves mental health outcomes and
15 provides a better quality of care. In
16 order to provide better care, we need to
17 address access and engagement.

18 The Office of Minority Health
19 and Human Service Division reports that
20 African Americans are 20 percent more
21 likely to experience mental health
22 problems than the general population.
23 However, only one-quarter of that group
24 of African Americans actually seek mental
25 health treatment. While there is an

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 increasing need for services in the
3 African American community, they're
4 actually less likely to access service
5 and to receive service.

6 Part of the problem is
7 accessibility and the need to provide
8 services in their community; access to
9 cultural competent care providers;
10 placing clinics within neighborhoods and
11 near public transportation; treatment
12 plans that incorporate cultural
13 sensitivities and norms; accessing care
14 providers with knowledge and training in
15 cultural sensitivity. These additions
16 will go a long way in creating
17 therapeutic systems reform necessary to
18 incorporate the above-referenced
19 recommendation.

20 The current system is a
21 one-size-fits-all, and that leaves a
22 great many people to drop out of
23 treatment. If appropriate culturally
24 competent care is not provided, the
25 locations of the services do not matter.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 We need both. Inappropriate care is
3 ineffective care.

4 The state of mental health in
5 the black community in Philadelphia urges
6 us as providers to reform our system.

7 There are many behavioral health
8 providers in Philadelphia. These
9 providers have formed multiple
10 coalitions. The coalitions, in addition
11 to the in-network provider community,
12 allow for various streams of
13 communication. It is in collaborative
14 meetings with fellow providers and with
15 our managed care organizations that ideas
16 are born, best practices are discussed,
17 and alterations are made to the manner in
18 which we provide service. Although the
19 system is big, there is actually a
20 structure that allows for necessary
21 communication that is beneficial to the
22 recipients of service.

23 WES is currently in discussion
24 with CBH to amend current outpatient
25 program structure to make more -- to make

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 care more accessible in the African
3 American communities we serve. WES has
4 noticed that better outcomes are achieved
5 when we spend time educating and reaching
6 out to the community to inform them of
7 the services we provide. Participants
8 are also more likely to return when the
9 therapists incorporate greater case
10 management. We must ensure accurate
11 information is disseminated to the
12 community regarding mental health issues.
13 Non-therapy time is allotted to establish
14 trust, and case management time is
15 increased to address medical,
16 socioeconomic, and familial dynamics that
17 are contributing factors to the overall
18 health and recovery of the participant.

19 We must guarantee access to
20 mental health care by ensuring that the
21 system is offering appropriate services.
22 U.S. Public Health reports that one of
23 the main ways African Americans tackle
24 mental illness is by finding a provider
25 they trust. The African American

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 community must have providers that are
3 relatable and unbiased in order to gain
4 this needed trust. Care must be
5 culturally competent. The providers must
6 have the ability to understand the
7 beliefs, values, language, and
8 experiences of a community. Lack of
9 cultural competence leads to
10 misdiagnosis, inadequate treatment, and
11 subsequently discourages the person from
12 continuing treatment.

13 It is imperative that the RFPs
14 contain language regarding cultural
15 competency standards, give more weight to
16 this requirement than previously
17 allocated.

18 In order to eliminate any
19 mental health disparities, we must meet
20 them head-on. We must acknowledge that
21 people are having different life
22 experiences which lead to different
23 views. Thus, there is diversity in how
24 people choose to access mental healthcare
25 services, and as providers, we must offer

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 a diversity of approaches that are
3 flexible enough to welcome those in need.

4 In summation, the most
5 vulnerable citizens of Philadelphia can
6 be better serviced with greater outreach,
7 increased case management, and culturally
8 competent care.

9 Thank you for your time.

10 COUNCILWOMAN BASS: Thank you
11 for your testimony. Very good.

12 Just so much information
13 provided today, and I just really want to
14 thank each of you for being here. I did
15 have just two things I wanted to ask
16 Mr. White just in your experience and
17 from hearing your testimony. If you
18 could talk a little bit further about
19 trauma untreated, which is something that
20 you mentioned, and if you ladies would
21 like to weigh in as well, because I do
22 believe that we have a significant -- a
23 clear and significant issue with mental
24 health in our city being untreated and
25 that it just snowballs. Something that

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 could have been handled with maybe
3 counseling or other services ends up
4 snowballing into a full-out traumatic
5 emergency situation. And so how do we
6 get in front of the trauma that's left
7 untreated in so many cases in our city
8 where you have someone shot right in
9 front of you? How do we address the
10 person who has witnessed that trauma, and
11 how do they get their lives back on
12 track?

13 We hear so many stories about
14 folks who have lost someone, folks who
15 have witnessed something -- seen
16 something that they really never should
17 have seen or been exposed to, including
18 children. And so how do we even begin as
19 a city with so many needs begin to deal
20 with trauma that is untreated? So I
21 wanted to just see if you could touch on
22 that a little bit.

23 MR. WHITE: I think the first
24 step is to recognize the symptoms and
25 have the diagnosis so that we can know

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 what type of treatment to provide.

3 CBH has recently launched an
4 initiative for training amongst
5 conditions for trauma-related issues as
6 it affects children and adolescents.
7 Prior to that, that training had been
8 mainly geared towards adults, but I think
9 their recognition of the density of this
10 problem that we're facing within our
11 communities led them to see the need for
12 us to have better training and more
13 clinical options for folks to adhere to
14 in terms of addressing it.

15 That's what you have to do now
16 to address those who are facing it now.
17 Preventing it, that's over my pay grade,
18 because there's so many other issues, so
19 many things that impact on trauma, that
20 bring trauma to light. But we need to
21 have a rapid response system almost is
22 what you might want to call it.

23 I often will hear on the news
24 where an incident takes place and a
25 traumatic event and they'll make mention

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 of mental health workers being on the
3 scene. It never -- I never understood
4 why if I'm working in that community, why
5 ain't you calling me? When something
6 happens at Olney High School, you know
7 more about the students at Olney than
8 anybody else. They don't call us. Now,
9 I'm crazy and my folks know it, so if we
10 read about it in the newspaper, we just
11 show up. That's the kind of thing where
12 why not have the professionals on site,
13 readily available to treat people who you
14 know have experienced this trauma?

15 So the rapid response thing is
16 the first thing that comes to mind for
17 me. The training that CBH is about to
18 offer or started to offer is the second
19 thing, but I'm not even going to attempt
20 to try to figure out how we prevent it.
21 Like I said, that's over my pay grade.
22 That's why you got elected, right?

23 COUNCILWOMAN BASS: So I've
24 been told.

25 Did you want to weigh in?

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 I do want to acknowledge,
3 before you start, Councilman Curtis
4 Jones, formally acknowledge Councilman
5 Jones has joined us and also Councilwoman
6 Blondell Reynolds Brown has joined us as
7 well.

8 MR. WELLS: Good morning. Mel
9 Wells.

10 First of all, it's about
11 getting in the homes, working with the
12 youth. We got to build trust in the
13 community. We've been working with a
14 broken system for the last 30, 40 years.
15 So individuals in the community don't
16 trust the system anymore, but they trust
17 the peers within the system. So we have
18 professionals right in our community that
19 can be a part of the rapid response team.
20 And not only that, but the other trauma
21 that we're talking about that's totally,
22 totally out of the box that these kids
23 have to see day in and day out, which we
24 probably can't even mention really in
25 this room of some of these nightmares

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 that they deal with that actually make
3 them become a part of the trauma and
4 create a lot of trauma in the community.
5 So we got to figure out a way to deal
6 with these nightmares that we maybe can
7 speak about even later.

8 MS. HARRISON: I just want to
9 add, I grew up in Nicetown Philadelphia,
10 and so it was a norm for us to hear that
11 our friend had been shot and to show up
12 the next day at school and have other
13 students missing. So when I speak of
14 things being a norm, we have to educate
15 and inform people about what is actually
16 trauma, right? So undoing some of these
17 norms because we just live with it. And
18 so certain people are actually showing up
19 to receive treatment, because they don't
20 even know yet that they need to be
21 treated or that they've just experienced
22 trauma.

23 So when I speak of having
24 downtime in our communities and making
25 sure we're getting out and informing the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 public of what is a healthy lifestyle,
3 what is trauma and identifying that, yes,
4 you have experienced trauma and this is
5 how you can receive treatment on it, but
6 a lot of them just don't know.

7 COUNCILWOMAN BASS: And I
8 couldn't agree with you more, because so
9 much of what -- things that happen in our
10 community have become normalized.
11 They've become what we do and just
12 somebody got shot, okay, back to business
13 as usual. And it's like, okay, no, this
14 is not normal. There is something
15 really, really wrong with what's
16 happening in our communities and the way
17 that a lot of our neighborhoods are
18 functioning.

19 Yes, ma'am.

20 MS. POWELL-FOLKS: Yeah. So my
21 previous background is in youth services,
22 and so what are we in, 2018? Ten years
23 ago you can almost track the trauma. You
24 can almost track the trauma and the
25 behavior on the streets nowadays to when,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 for those who have been around that long
3 in this world, when DHS started dropping
4 off prevention services, when Rec started
5 losing their dollars, when all of those
6 services started to go away. We are now
7 living with the effects of just what
8 Mr. White said about the support in
9 schools.

10 I ran programs that were fully
11 funded by the City, not the School
12 District, but we literally just went in
13 schools and did prevention work,
14 old-fashioned prevention work, with kids,
15 knocked on doors. Literally I had case
16 managers who found kids in -- I know
17 where my kid is, he's at the Burger King,
18 and snatched him out the Burger King and
19 made sure they went to school. We didn't
20 look at it as truancy. We looked at it
21 as case management and saving children's
22 lives.

23 And I think what Mel's approach
24 is, not just because he's my boss but
25 because of the attitude he has, which is

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 every person's life is a family. And so
3 if we're attacking it from that
4 perspective, if we're getting kids
5 earlier, which we have programs that now
6 thanks to just what Mr. White said, we
7 now have a program that's funded by
8 DBHIDS that is a youth -- we're in the
9 middle schools, because they took a
10 chance on that program to go into middle
11 schools. So now we're working with 60
12 middle school kids so that we can start
13 to work with them in that space. And
14 those kids are traumatized from so much
15 going on in their lives, and if we just
16 have the opportunity to work with them,
17 then we work with their families, we're
18 finding majority of the kids are not only
19 traumatized but there's housing, there's
20 education, there's all kinds of things
21 going on with the family, to just work
22 with them. But a lot of that stuff was
23 done ten years ago through the DHS
24 process. That's not happening anymore.
25 Nowadays it's strictly -- it's a case

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 management process. It's a DYA process.

3 If you're not -- this is what Mel says.

4 If you look and smell like DHS, they

5 don't want anything to do with you. And

6 so now there's that feeling folks have.

7 They don't want to even deal with you.

8 There's that stigma attached. And so how

9 do we come at them uniquely, right?

10 I'm a fan of LaJewel Harrison,

11 not just because I know who she is but

12 because of the work that they do. And so

13 it's unique. I've literally stolen

14 Mr. White's employees, so I like what

15 he's done. So it's a matter of what we

16 understand in the world going on, because

17 those are the folks doing the work on the

18 street. They understand what the clients

19 need. They've seen it before. They know

20 how to deal with it at the level, as Mel

21 says, boots on the ground. So if we're

22 not going to attack it, understanding

23 that it's a family process, that it

24 happens very young and that we have to

25 incorporate all levels of systems, not

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 just DBHIDS, that the School District and
3 DHS, if we're not going to come at this
4 comprehensively, we're not looking at a
5 real comprehensive system cure. So, you
6 know, that's just my...

7 COUNCILWOMAN BASS: I couldn't
8 agree more. We can't treat gunshot
9 wounds with Band-Aids. So thank you very
10 much.

11 Councilman Greenlee and then --
12 oh, I'm sorry. Councilman Jones.

13 COUNCILMAN JONES: I'll yield
14 to the Committee.

15 COUNCILWOMAN BASS: You yield
16 to the Committee. Okay.

17 Councilman Greenlee, Councilman
18 Green, and then Councilman Jones.

19 COUNCILMAN GREENLEE: Thank
20 you, Madam Chair.

21 Just very quickly. Mr. Wells,
22 in your written testimony, you talk about
23 the continuing challenges presented by
24 L&I to be able to provide some of your
25 services, which, by the way, I think One

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Day at a Time is doing a great job.

3 MR. WELLS: Thank you, sir.

4 COUNCILMAN GREENLEE: Could you
5 just maybe briefly give some specifics or
6 examples of what you're talking about?

7 MR. WELLS: Well, we have
8 barriers in our community. You may have
9 issues with L&I and, you know, you have
10 contracts with the City, but in our
11 contracts, what we do need more of is
12 maybe capital building dollars to
13 actually work along with L&I to come up
14 to be -- to actually have property that's
15 in compliance with the services that we
16 need to do.

17 For me, I know I'll be trying
18 to clean up the Gurney Street epidemic
19 that we have up there up in Kensington.
20 So as soon as we start to house
21 individuals, these individuals somehow
22 get kicked back out onto the street. And
23 then what happens? My overdose team try
24 to administrate Narcan, but we have to
25 call an ambulance because they get passed

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 way from an overdose.

3 And so if we all can come in
4 together. Because I'm actually a fan of
5 L&I, not against L&I, but we need to
6 figure out a way to work more together to
7 save lives instead of putting lives on
8 the street that's dying on the streets.

9 COUNCILMAN GREENLEE: You mean
10 because of L&I violations, you can't use
11 the property? Is that what you're kind
12 of referring to?

13 MR. WELLS: Well, the rules
14 have changed over the years. The rules
15 change. Sometimes the funding does not
16 change for the actual organization to
17 actually work in compliance with the
18 people we must house. So when the rules
19 change, you actually become out of
20 compliance, because you may be able to
21 house a certain amount of people.
22 Compared to ten years ago, now you only
23 can house these amount of people. But
24 when our dollars are so tight with a
25 contract, you know, I guess come out of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 the box.

3 A few years ago, maybe about
4 I'd say five or ten years ago actually,
5 we had reinvestment dollars that we were
6 able to reinvest in our community. We no
7 longer have those reinvestment dollars to
8 reinvest into other community. So the
9 neighborhood loved One Day at a Time.
10 Why? Because we invested everything back
11 into our community, not only the home but
12 actually the individuals a part of the
13 community.

14 COUNCILMAN GREENLEE: Okay.
15 And are you having discussions with the
16 Administration on these issues?

17 MR. WELLS: Yeah. I can
18 actually say that the City Council and
19 actually the funders are all with open
20 arms trying to really help us out to
21 figure this out, to even we actually have
22 hired a marketing team to go out and we
23 started actually raising our own dollars
24 to match some of the dollars in our
25 contracts to go above and beyond for our

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 people.

3 COUNCILMAN GREENLEE: Thank

4 you.

5 Thank you, Madam Chair.

6 COUNCILWOMAN BASS: Thank you.

7 Councilman Green.

8 COUNCILMAN GREEN: Thank you,

9 Madam Chair.

10 As many people in this room
11 know, I'm very involved in the autism
12 community, having a son on the autism
13 spectrum, and the City of Philadelphia
14 probably has one of the best autism
15 support networks in the nation. So
16 listening to the testimony, especially
17 from Mr. White talking about CBH and the
18 current system we have, we probably have
19 one of the better systems in the country,
20 but just because it's better does not
21 mean it's the best. There's a lot more
22 we can do. And the two themes I keep
23 hearing are bureaucracy and awareness.
24 And when I say "bureaucracy," how can we
25 work better through City agencies to come

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 together to address some of these issues
3 and bring out some of the barriers that
4 really inhibit some of the work that you
5 do and make your work better.

6 I think that's something from a
7 Council perspective we can delve into how
8 we can address the bureaucracy
9 perspective. And then awareness is
10 really how do we continue to do the work,
11 and Dr. Lassiter talked about this
12 earlier in the first panel of how we
13 really try to provide more information,
14 and I think, Ms. Harrison, you also
15 talked about this in reference to trauma,
16 letting people of color know, especially
17 men of color, that you don't need to
18 suffer in silence and that the stuff
19 you're going through is just not normal.

20 I know from an African American
21 perspective, more often people have a
22 cultural perspective where we just don't
23 go to a therapist. That's not something
24 we do. So we've got to try to change
25 that dynamic, that paradigm, and try to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 bring out that more awareness about these
3 are things that should not be the norm.
4 I'm not sure how we do that, but there
5 needs to be a grassroots mainstream
6 perspective how we change awareness about
7 the services that are available, and then
8 also we got to step up provider services.
9 So I'm curious about your comments.

10 MR. WELLS: Well, one of the
11 main things is coming out to see what we
12 actually do. We actually have the
13 privilege of many City Council members
14 and funders in this room who actually
15 come out to the community to see what we
16 actually are doing.

17 I was working with my homeless
18 outreach team, and they said, well, you
19 need to really see what we're doing.
20 When I went out there and I went on those
21 train tracks, I came back to Jennifer
22 that day and I said, I don't care what
23 you do. Them men need a raise right now
24 for the job that they're doing, because
25 they're doing a much harder job than the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Philadelphia Police Department, trying to
3 get these people off of drugs and from
4 the overdose epidemic.

5 But we need people to come from
6 the higher-ups and come down low to see
7 what's really going on, to see the battle
8 that's going on in the field. It's
9 really sad, especially dealing with the
10 youth, the nightmares that they have to
11 live in, but we're really quick to throw
12 them away when they're 18 or 21 and they
13 create a murder, but then you don't
14 realize what they have suffered all their
15 life to become this type of individual.

16 MR. WHITE: The issue or what I
17 call the siloization of government is an
18 age-old problem. A lot goes into it. We
19 become very selfish about the money. We
20 often don't see where the integrated
21 cooperation with another agency
22 necessarily meets our immediate
23 objectives. We're not necessarily graded
24 in terms of our performance based on our
25 ability to work with others.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 But I can tell you that in my
3 experience, I see CBH, surprisingly,
4 really being a bull in a China closet
5 when it comes to having their way and
6 forcing other agencies to work
7 cooperatively with it. I can only use
8 our agency as an example. DHS and their
9 involvement with the Functional Family
10 Therapy program that we operate, working
11 closely with Family Court, they cover the
12 needs of the people who are uninsured.

13 The District Attorney's Office
14 is involved in providing diversion for
15 individuals who appear in court with a
16 drug offense.

17 The School District, I think
18 the School District is the major elephant
19 in the room, and I think that CBH has to
20 continue to really put pressure on them
21 to make sure that they're working
22 cooperatively in meeting the needs of the
23 students. A very simple example, in
24 order to provide services in the high
25 school, we found out that there's a

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 process called the SAP that the School
3 District puts in place. Before any child
4 can go into treatment, they have to have
5 this SAP completed. I think they may
6 have one and a half people serving all of
7 the schools in the City. And so the wait
8 time to get access to services in that
9 school were insurmountable, because you
10 couldn't do anything.

11 The first day that we showed up
12 at West Philadelphia High School we had
13 44 referrals, 44 referrals in September.
14 We saw our first child in January.
15 Everybody is ready, but the School
16 District's processes to allow us or
17 representatives of CBH to come in and
18 provide that service were difficult. I
19 believe as a result of that and that
20 example, that Joan Erney and others have
21 really kind of sat with the School
22 District to get them to streamline that
23 just a little bit more, so that hopefully
24 going forward, you won't have that as the
25 obstacle.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 In terms of the recognition,
3 the awareness, Senator Hughes held a
4 meeting of about 70 ministers to talk
5 about various issues, and he afforded me
6 the opportunity to talk about in that
7 case the opioid crisis and to establish a
8 relationship where they could make
9 referrals through our program for people
10 who needed treatment. It reminded me of
11 the fact that in our community, the first
12 therapist we see oftentimes is our
13 minister. I love my ministers, but they
14 are not trained therapists in most cases.
15 Did they take counseling courses? But
16 every now and then there's a member of
17 their congregation that needs more than
18 just the counseling, that they need the
19 hands that have been blessed by God to
20 provide a higher level of care as well.
21 And so making sure that we are, one, not
22 offensive but, two, letting them know
23 that we are a resource, not competing
24 with the ministries of the church but
25 there to try to support what they're

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 doing is one way to get the word out.

3 And the more you work in schools and the

4 more you raise awareness in the schools

5 amongst the students, the teachers, that

6 also helps. So a PR campaign is

7 necessary, but is it sustainable,

8 Councilman? That becomes the question.

9 Is it sustainable? Do you ever get to

10 the point where you don't have to

11 advertise? I don't think so. I think

12 it's an ongoing conversation. It's an

13 ongoing dialogue. It's an ongoing

14 strategy to raise awareness of all of the

15 folks in the City of Philadelphia and our

16 government in particular.

17 COUNCILWOMAN BASS: Councilman

18 Jones.

19 COUNCILMAN JONES: Thank you,

20 Madam Chairman.

21 And thank you, distinguished

22 panelists. One thing became apparently

23 clear a couple of months ago when

24 somebody walked in my office and had a

25 mental health crisis, and I realized just

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 how ill-prepared I was as a public
3 servant to address it.

4 In the past, whether it's
5 former members of my staff or people that
6 I come in contact with from time to time,
7 I've had to reach out, and I've never
8 felt so helpless when a parent came in
9 and said, Councilman, I need you to get
10 my child arrested. I'm like, what? I
11 mean, that's contradictory to every
12 parenting book I've ever read, but the
13 individual who had now become an adult
14 had a touching problem and touched
15 females in an inappropriate way, and the
16 people in the neighborhoods weren't as
17 tolerant about that kind of thing,
18 whether it was their sister or their
19 mother or their wife. They weren't.

20 MR. WHITE: You called it old
21 school.

22 COUNCILMAN JONES: Yeah. I'm
23 telling you.

24 So I had to reach out to the
25 various departments, and they helped me,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 because I didn't know what to do.

3 The second part of this is in
4 the criminal justice side, Madam Chair,
5 we're struggling with people who are up
6 on State Road who should not be on State
7 Road. They should be at Norristown. And
8 fortunately enough, the federal
9 government has saw fit to try to add more
10 money to make those distinctions now, and
11 people are hopefully, God willing, going
12 to get the kind of help they really need
13 as opposed to the incarceration they find
14 themselves in.

15 So if you look at these links
16 in the chain that go all the way back to
17 public school and childhood, the
18 Defender's Chair, Keir Grey, talks about
19 this all the time. She sees people as an
20 advocate defending young people in the
21 court system, whether it's DHS or being
22 court appointed, and can tell you this
23 child needs help, and later on wind up
24 being her client as an adult.

25 So whether you are a person who

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 wants to save souls or some colleagues
3 that might want to save money, both
4 things intercede. You can -- it's easier
5 to help a child -- and I don't want to
6 plagiarize this comment -- than to fix a
7 broken adult.

8 And so we got to get you guys
9 intervening earlier. This trauma is
10 real, and it comes out in different ways,
11 not predicted at least by a layperson.

12 I know a child whose brother
13 was killed, murdered, and he went through
14 the funeral and it was like -- he was
15 like, this is nothing. I mean, but it is
16 something. This is not normal. This is
17 abnormal. And then it came out later in
18 a different way. I don't want to get
19 into the specifics because people have
20 privacy rights, but it is disheartening
21 to see -- and let me back up and say,
22 we've laid this burden on all of you, but
23 it is our jobs collectively to try to
24 make it better.

25 So I don't know how

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 structurally we need to do this, but
3 we -- I realize that a lot of the
4 behavioral health money comes from the
5 feds and they are but conduits of
6 insurance policies and insurance
7 providers of this stuff, but it starts
8 with the fact that you're not getting
9 enough to do what you need to do. I
10 heard you with my good ear, that a lot of
11 these problems aren't just mental health
12 problems. They are pressure of society
13 problems. Like it's not the fact that I
14 want to commit a murder, but on Monday I
15 got my eviction notice. On Tuesday my
16 significant other said I'm leaving you
17 because I'm not going to be homeless. On
18 Wednesday I got the layoff notice, the
19 downsize notice. And Thursday, I mean,
20 the pressure starts to build. My kid
21 just got suspended. So on Friday night,
22 I go out to get my drink. I got my last
23 \$20, and this guy just came over and
24 knocked my drink over. I mean, that's
25 how it really -- it's not the gun play

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 that we think it is. It is the mental
3 health pressures that pile up to the
4 boiling point that we got to fix.

5 And so I'm glad you're there,
6 because, again, there's nothing more
7 frightening than to not be able to help
8 someone that is crying out for help.

9 MR. WHITE: I want to just
10 comment on one point before I turn the
11 mic over. I think we missed an
12 opportunity. There was a time when we
13 were promoting Mental Health First Aid.
14 We invested in having someone trained and
15 certified, two people as a matter of fact
16 on staff. We conducted Mental Health
17 First Aid training in several
18 institutions, Rutgers University Security
19 Force, University of Pennsylvania,
20 Amtrak. Then I don't know what happened
21 after that. CBH announced that they were
22 going to be providing the service for
23 free. I don't know what has happened
24 since then.

25 Your staff, you, others, we

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 trained the community, and I don't know
3 why if first aid training -- Mental
4 Health First Aid is still not available,
5 that you cannot access that as well to
6 help you identify some of the more common
7 symptoms that people may be experiencing
8 and explain to you how you should
9 respond, how you should react, where you
10 should go, who you should call. That may
11 be something that you want to look into,
12 Madam Chair, to see if something like
13 that could be made available to
14 Councilmembers and their staff.

15 This is a public building.
16 This is a public building, and as much
17 as -- as long as people stand in line to
18 show their ID to come in, they still get
19 in. So it would not be a bad idea for
20 people to be trained to identify certain
21 traits, certain identifiers for people
22 who may be experiencing some issues.

23 MR. WELLS: I will also go and
24 say that this is not just our problem in
25 the room, you know. It's more easy in

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 our community to find trauma than it is
3 to find hope. It's easy to find a gun
4 than it is to find an education. So what
5 we also need is more bodies, more
6 departments to come together, the
7 Recreation Department. I know One Day at
8 a Time is serving in the community where
9 there's no recreation departments. I
10 talked to the young brothers on -- no
11 recreation center. I talked to young
12 brothers on the corner all the time, and
13 they said, Mel, look, we willing to work
14 with you, but can you at least get us our
15 recreation center back? We have nowhere
16 to go. This is where we hang out. This
17 is our new hangout, is the corner.

18 So what happens on that corner?
19 They see a lot of trauma. And a lot of
20 these individual kids start off at the
21 age of 5 years old, end up being 17 years
22 old, and then as Councilman Jones was
23 even saying, I have to be the one to
24 actually go to prison to get them out of
25 jail to bring them into One Day at a

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Time.

3 So it's not just our problem
4 and your problem, but it's the City of
5 Philadelphia problem. And then you see
6 the schools shutting down over the last
7 few years and the rec departments over
8 the last few years. This is what happens
9 when those types of things take place.

10 COUNCILWOMAN BASS: Thank you
11 very much. Thank you for your testimony.

12 Councilwoman Brown.

13 COUNCILWOMAN BROWN: Thank you.

14 Good morning. Good morning.

15 Good morning.

16 (Good morning.)

17 COUNCILWOMAN BROWN: I too
18 wanted to thank all of you for your
19 testimony. I worked for about seven
20 months in the world that you live and
21 breathe every day, and after seven
22 months, I had to step away from it
23 because emotionally I simply couldn't
24 handle it. Professionally I couldn't
25 handle it. So I salute you for the will

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 and commitment to the population we're
3 speaking of.

4 I want to also salute
5 Councilwoman Bass for getting this issue
6 back on the radar screen, because gaps in
7 service still exist, and while there have
8 been some movement with department heads
9 crossing across departments, clearly
10 we're not where we need to be. So to get
11 it back on the radar screen matters, and
12 then it's about what strategic steps are
13 we going to put in place to fill the
14 gaps. Clearly they are there.

15 I am committed to working with
16 Councilwoman Bass, Chairwoman Bass, on
17 the opportunity you just presented,
18 Mr. White, because we've had --
19 Councilmembers and staff have had
20 trainings of other types, and to hear
21 that offer is one I think we should take
22 you up on.

23 I do want to follow up on
24 Councilman Bill Greenlee's question to
25 Mr. Wells, and if you could please

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 provide some clarity. You said that the
3 rules have changed with regards to L&I
4 building codes. Is that what you were
5 referring to?

6 MR. WELLS: Yes. I was talking
7 about simple building codes. That was
8 just one of them.

9 COUNCILWOMAN BROWN: So walk it
10 through with me. Years ago -- what are
11 the protocols now? How many young
12 people, clients can be housed in one
13 building at one time for the services you
14 provide? What are the rules now?

15 MR. WELLS: Well, the rules
16 now, it depends upon, you know, the
17 individuals that we are housing. The
18 rules now say we can go up to maybe 14
19 individuals.

20 COUNCILWOMAN BROWN: Is that
21 right?

22 MR. WELLS: But the problem
23 what's happening -- I think it actually
24 happened years ago with Temple
25 University. When they started opening up

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 the houses for partying, a lot of L&I
3 issues have arose where they came and
4 shut down a lot of the homes. Back in
5 the day, you say One Day at a Time 30
6 years ago, we housed hundreds of people
7 right in our community. We cleaned up
8 our community. But what happened when
9 those changes came, we actually had to
10 put those people back on the street,
11 because we have to make sure that we're
12 in compliance with L&I to house those
13 individuals.

14 Then back on the contract side,
15 Madam Chair, was that we had more
16 flexible dollars to make those things
17 happen. So if L&I -- of course we got to
18 abide by the rules, but if L&I came up
19 with something for us to change within
20 that code, we had the dollars to actually
21 change those things. But right now the
22 dollars are so tight that we're actually
23 looking at individuals that we're helping
24 as numbers. And so the dollars are so
25 tight that they're not flexible enough to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 actually bring things up to code. And
3 L&I was just one of the issues I was
4 saying. We all need to sit in one room
5 and really figure out how to help our
6 community instead of putting people back
7 out in the community.

8 COUNCILWOMAN BROWN: So I think
9 I follow you. I think the interest of
10 Councilman Bill Greenlee and this panel
11 is to see where we can be useful to the
12 impediments or the challenges you're
13 facing with regards to a particular City
14 agency.

15 MR. WELLS: Right. Well, what
16 we're asking is that when these things
17 arise, that if we can all sit down in the
18 near future and put it all on the table
19 about what's working, what's not working.
20 Instead of shutting something down that
21 has been working for over the last 36
22 years, how do we enhance it so it can
23 actually do better service in the
24 community instead of just writing it off
25 as a number saying, well, listen, you

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 know, you don't have a line item for this
3 or we need to shut that down, and never
4 look at the individuals who are living in
5 the property.

6 So what I'm saying is all of us
7 to come together, not only the L&I but
8 also the Recreation Department, because
9 we're trying to put -- the stigma with
10 the word "recovery," we think about drug
11 and alcohol. Our community needs
12 recovery. We need more food cupboards in
13 our community. We need more recreation
14 centers in our community. So that's what
15 I'm speaking on today, Madam Chair.

16 COUNCILWOMAN BROWN: Okay. I
17 thank you.

18 Thank you, Council Lady.

19 COUNCILWOMAN BASS: Thank you.
20 Thank you, Councilwoman.

21 Thank you so much for being
22 here today and for your testimony.
23 Greatly appreciate it.

24 If we could have the Clerk call
25 forward the last panel.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 THE CLERK: Farida Boyer, Ann
3 Colley, Tiffany Robinson.

4 (Witnesses approached witness
5 table.)

6 THE CLERK: I'm just going to
7 read through those names again. Farida
8 Boyer, Licensed Marriage and Family
9 Therapist, Co-Founder, The Black Brain
10 Campaign; Ann Colley, Licensed Marriage
11 and Family Therapist; Tiffany Robinson,
12 Client.

13 COUNCILWOMAN BASS: Good
14 morning.

15 (Good morning.)

16 COUNCILWOMAN BASS: Almost
17 afternoon. Thank you so much for being
18 here and for your patience. If we could
19 have you state your name for the record
20 and begin your testimony.

21 Ms. Boyer, I saw you had your
22 assistant, Mr. Boyer, with you earlier.

23 MS. BOYER: He had to run out,
24 but he was here.

25 Good morning. My name is

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Farida Boyer. I am a licensed marriage
3 and family therapist. I'm the Co-Founder
4 of The Black Brain Campaign and a
5 community activist, working diligently to
6 advocate for my brothers and sisters who
7 are suffering with mental illnesses,
8 along with the clinicians who are working
9 to provide mental health treatment in the
10 City of Philadelphia.

11 The black community is unique.
12 Therefore, we have advocated for
13 increasing the usage of black clinicians
14 and black-led social services
15 organizations. Because of our unique
16 history, it is critically important that
17 the clinicians providing services in our
18 community have proper cultural competency
19 training.

20 As children, a number of us
21 were told what happens in this house
22 stays in this house. Our history affects
23 our being, and this mentality makes it
24 difficult to establish a healthy
25 therapeutic relationship with any

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 clinician regardless of their color,
3 because many blacks have difficulty with
4 sharing and being vulnerable in the
5 therapeutic setting. Unfortunately, most
6 City contracts and dollars go to
7 professionals that are not from our
8 community. This must change.

9 In 2016, I collaborated with
10 Jaynay Johnson, another marriage and
11 family therapist and an advocate for
12 teens, and together we formed The Black
13 Brain Campaign. After a social media
14 post regarding some of the disparities in
15 the black community, we deemed it
16 necessary to establish a platform that
17 would work collaboratively to provide
18 education and resources to clinicians and
19 constituents who are affected by mental
20 health.

21 You may wonder why we decided
22 to focus our energies on the black
23 community. The reality is, blacks are 20
24 percent more likely to experience mental
25 health problems than the general

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 population. Some of the common mental
3 health disorders include major
4 depression, attention deficit
5 hyperactivity disorder, suicide, which is
6 on a decline nationwide but has increased
7 in the black community, and
8 post-traumatic stress disorder due to the
9 excessive number of violent crimes.

10 In our first year, we dived
11 right in, partnering with Beckett Life
12 Center, located in the heart of North
13 Philadelphia, to offer a number of
14 educational workshops focusing on
15 bullying, trauma, drug and alcohol,
16 sexual abuse, and other common diagnoses
17 that impact the black community. In our
18 second year, we had the opportunity to
19 collaborate with State Representatives
20 Bullock, Cephas, and Harris and Joanna
21 McClinton to host community conversations
22 in each Representative's district. These
23 conversations included discussions led by
24 clinicians of color that spoke to the
25 basics of mental illness and provided a

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 safe outlet for constituents to ask
3 questions and share their experiences.
4 Constituents addressed their concerns
5 with receiving treatment in a timely
6 fashion, the difficulty of receiving
7 treatment by clinicians of color, and the
8 overall shame of being diagnosed with
9 mental illness.

10 We invited local mental health
11 agencies to participate in the
12 conversation to allow them to introduce
13 their organization in an attempt to
14 establish a relationship by reducing
15 fears associated with mental health and
16 to build a partnership when in need of
17 support.

18 In addition, other activities
19 during Mental Health Awareness Month
20 included clinicians conversations, mental
21 health conference, and a family fun day,
22 and we thank Councilman Green, Councilman
23 Jones, and Councilman Johnson for their
24 presence and assisting us with these
25 efforts.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Clinicians participated in
3 old-school games such as jump rope and
4 hopscotch to engage with community
5 members. It is important for clinicians
6 to build a healthy relationship with the
7 members of the community. This impactful
8 activity allowed parents to feel
9 comfortable with sharing their concerns
10 and speaking candidly with clinicians in
11 an isolated area about themselves, their
12 children, and other family members.

13 We have learned to meet clients
14 where they are, and sometimes that means
15 engaging in activities that are
16 non-traditional, which can help to
17 establish a healthy therapeutic
18 relationship outside of the clinical
19 setting.

20 Mental illness is not something
21 you can simply pray away, and although we
22 believe the importance of having support
23 from our spiritual leaders, they too need
24 to be properly informed. A lack of
25 information and education continues to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 increase the numbers of those who suffer
3 with untreated and undiagnosed mental
4 illness. If one understands the severity
5 associated with mental health and is able
6 to recognize the signs and the symptoms
7 of mental illness, he or she will be an
8 impactful resource to one who is in need
9 of treatment.

10 The brain is the most important
11 part of the body. It controls our mood,
12 the way we think, and the way we feel.
13 However, societal influences such as
14 homelessness, violence, and medical
15 issues are major factors that increase
16 the risk of developing mental health
17 conditions. As leadership, the
18 constituents need your help. As
19 clinicians, we need your help and
20 assistance in fighting this epidemic that
21 continues to plague our community. We
22 can help to eradicate the stigma against
23 mental health and assure that
24 Philadelphians who are struggling with
25 mental illness have an opportunity to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 live productive lives in the City of
3 Brotherly Love and Sisterly Affection.

4 Thank you.

5 COUNCILWOMAN BASS: Thank you
6 for your testimony.

7 If you'd like to state your
8 name for the record and begin your
9 testimony as well.

10 MS. COLLEY: Yes. Hello and
11 good morning. My name is Ann Lanai
12 Colley and I am a licensed marriage and
13 family therapist with a private practice.
14 I'm also an intake evaluator at Dunbar
15 Community Counseling Center, and I am a
16 member of the Board of The Black Brain
17 Campaign. I have also served in the
18 position of Associate Pastor at the
19 largest African American church in the
20 region and provided therapy and pastoral
21 counseling, as a lead clinician in an STS
22 program. I've been a mobile therapist in
23 a BHRS program, as well as a clinical
24 supervisor over an STS and BHRS program.
25 As a provider, a parent, a community

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 advocate, and an African American female,
3 this issue of access to culturally
4 diverse and competent therapists for
5 people of color in general and African
6 American people in particular is
7 extremely important to me.

8 I want to thank the Committee
9 for inviting us to be a part of this
10 discussion and the process of ensuring
11 that we have a voice in closing the gap
12 and looking at the disparity in access to
13 therapists who are African American
14 and/or people of color for African
15 American and people of color.

16 I would first like to give you
17 a brief statistical overview of the
18 demographics of Philadelphia and then
19 move into some data regarding mental
20 health in America and closing with some
21 anecdotal remarks.

22 According to the 2010
23 Philadelphia Census, African Americans
24 make up 43.4 percent of the population
25 and Hispanics make up -- Hispanic and

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Latino make up 12.3 percent. According
3 to the Pew 2017 Charitable Trusts report,
4 25.7 percent of the Philadelphia
5 population live in poverty. It is the
6 highest among the nation's ten largest
7 cities. Roughly 37 percent of the City's
8 children under the age of 18 live below
9 the federal poverty line, and nearly half
10 of all poor residents live in deep
11 poverty defined as 50 percent below the
12 federal poverty line. Although
13 Philadelphia has only 26 percent of the
14 region's residents, it is home to 51
15 percent of the poor, and that gap of 25
16 percentage points is among the largest
17 for any region in the country. And,
18 lastly, of this poor population, 42.2
19 percent are African American or black,
20 14.4 percent are Hispanic/Latino, and 7.1
21 percent are Asian.

22 In April 2002, President George
23 W. Bush established the President's New
24 Freedom Commission on Mental Health to
25 eliminate inequalities in mental health

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 care. In 2006, the Commission released
3 its final report called Achieving the
4 Promise, Transforming Mental Health Care
5 in America. The report began with the
6 following statement: The report finds
7 America's mental health systems to be in
8 shambles. The mental health system has
9 not kept pace with the diverse needs of
10 racial and ethnic minorities, often
11 underserving or inappropriately serving
12 them. Specifically, the system has
13 neglected to incorporate respect or
14 understanding of the histories,
15 traditions, beliefs, languages, and value
16 systems of culturally diverse groups.
17 Misunderstanding and misinterpreting
18 behaviors have led to tragic
19 consequences, including inappropriately
20 placing minorities in the criminal and
21 juvenile justice systems. Significant
22 barriers still remain in access, quality,
23 and outcomes of care for minorities. As
24 a result, American Indians, Alaska
25 Natives, African Americans, Asian

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Americans, Pacific Islanders, and

3 Hispanic Americans bear a

4 disproportionately high burden of

5 disability from mental disorders.

6 However, this higher burden does not

7 arise from a greater prevalence or

8 severity of illnesses in these

9 populations. Rather it seems from

10 receiving less care or poor and poorer

11 care.

12 And in 2018, not much has

13 changed, and I do applaud the previous

14 panel as talking about what has already

15 been changed, but there's still more to

16 do.

17 In the Mental Health United

18 States report, it said that clinically

19 trained mental health professionals,

20 psychiatrists and psychologists, are only

21 2 percent African American, and social

22 workers who identified themselves as

23 African American is only 4 percent.

24 African American men make up even a

25 smaller percentage of the mental health

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 professionals.

3 Why is this important? Well,
4 when you are poor, your health insurance
5 comes from Medicaid. Medicaid, a major
6 public health insurance program,
7 subsidizes treatment for the poor and
8 covers nearly 21 percent of African
9 Americans. Medicaid payments are among
10 the principal sources of financing for
11 the services of safety-net providers on
12 which many African Americans depend.
13 However, to date, most state Medicaid
14 programs, including Pennsylvania, will
15 not allow licensed marriage and family
16 therapists to be reimbursed and/or to
17 hold positions for mental health
18 reimbursement. Most of those positions
19 go to social workers. But that is a
20 discussion for another day.

21 So what has been my experience
22 as a practitioner? Additionally, it is
23 not uncommon for me as an evaluator at
24 Dunbar Community Counseling or in my
25 therapy, private clients to be improperly

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 diagnosed, and I believe that
3 statistically it has been shown that
4 these diagnoses are improper because of
5 the persons that sit before them not
6 understanding the cultural factors that
7 impact those that are before them.

8 There was a study that showed
9 that more often African American men in
10 particular are diagnosed with
11 schizophrenia, and that is not what they
12 have. They have pressures from life,
13 which you heard from previous panelists,
14 that are impacting them in a negative
15 way, that are pushing them to do things
16 and feel ways that push them to do things
17 to give them this diagnosis.

18 So I am clear that these
19 diagnoses miss the mark due to a system
20 which is not allowed to take into account
21 the mitigating circumstances, the
22 cultural works at play, and other issues
23 that plague the ecosystem in which these
24 persons find themselves.

25 And although we are a city

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 which has become a beacon of training for
3 trauma-informed care, the practical
4 implementation of these findings and
5 trainings have not trickled down to the
6 masses which are on the front line of
7 care for most in need.

8 As an example, just the other
9 day I did a trauma presentation to a
10 local charter school, and when asked were
11 they aware of trauma-informed care,
12 everybody raised their hand. Then I did
13 a follow-up question. How many of you
14 are actually using it inside of your
15 classroom? And four people raised their
16 hand. So there is a disconnect between
17 what is being said and actually what is
18 being implemented, and that was just last
19 week.

20 Lastly, every week I meet a man
21 or a woman seeking assistance for mental
22 health challenges, and inevitably I hear
23 that they are glad that we look like
24 them. As a client just said to me
25 Thursday, I've needed this a long time,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 but I don't trust the system, but I'm
3 glad you look like me, because they don't
4 understand my journey. Another woman
5 when asked if she had suicidal ideation
6 was hesitant and afraid to talk about it,
7 because she says, I'm afraid the system
8 will take my children.

9 So what would I like to see
10 change in the system? A mandate or a law
11 that requires a greater percentage of
12 mental health services to be contracted
13 to African American or black persons of
14 color agencies and individuals in private
15 practice; Medicaid, not sure how we're
16 going to do that, to add LMFT, LPCs as
17 well to those who can and should be
18 reimbursed for services; for CBH to have
19 open dialogues and discussions with
20 African American therapists in general as
21 well as -- specifically as well as other
22 therapists of color; if we could create a
23 Philadelphia Community Council that is
24 very similar to the FCQH organizations
25 that requires that not only the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 professionals be on board but also those
3 in the community that are being impacted
4 by these services and that utilize these
5 services; every agency to have regular
6 ongoing cultural and diversity trainings
7 and trauma trainings taught by African
8 Americans and/or people of color.

9 And no disrespect to my
10 Caucasian colleagues. I find it very
11 difficult for someone who does not look
12 like me to do diversity training for me
13 and about me.

14 I want to thank you for your
15 time and attention to my testimony, and I
16 look forward to continued dialogue.

17 COUNCILWOMAN BASS: Thank you
18 as well for your testimony.

19 Councilman.

20 COUNCILMAN GREEN: Thank you,
21 Madam Chair.

22 I want to thank both of you for
23 your work on addressing one of the issues
24 I brought up earlier regarding awareness.
25 The Black Brain Campaign has been doing

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 that at a grassroots level, trying to
3 bring awareness to this issue in
4 communities of color, especially the
5 African American community.

6 In listening to today's panel,
7 we kind of started with the kind of City
8 agency response and the perspective, and
9 the word "stigma" came up. Then the next
10 panel were leaders of various providers.
11 And now listening to you as clinicians
12 talking about some of the same issues and
13 concerns with stigma and some of the
14 challenges that you've seen, one of the
15 aspects that we've heard a lot about is
16 cultural competency. You both testified
17 to that, and the lack of clinicians of
18 color being available.

19 Can you talk more about that
20 issue and concern? And also you raised
21 something I had not thought about before,
22 not only the lack of services but the
23 misdiagnosis that I think from a
24 clinician perspective you can provide
25 different than the other two panels where

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 you may have people getting services but
3 not getting the right type of services,
4 which adds another aspect to this issue
5 that even some who are getting some
6 services, they're not getting the right
7 types of services because they're being
8 misdiagnosed. So I think that's another
9 aspect to this whole issue of awareness.
10 If you don't even know that you have a
11 trauma and then when you get some type of
12 services, the services you receive are
13 not the type that you need for what
14 you're dealing with.

15 So if you could talk a little
16 bit about some of the challenges of
17 having clinicians of color here in the
18 City of Philadelphia, what we can do to
19 address that, and these other things as
20 well.

21 MS. COLLEY: So from my
22 experience, I think part of the issue is
23 is that the way people are reimbursed.
24 So psychiatrists know that there are a
25 number -- especially if we're talking

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 about children, right? There are a
3 number of diagnoses that if they write it
4 down, they know that we'll get reimbursed
5 as well as the children can get services,
6 and those diagnoses tend to be ADHD,
7 ADH -- ADHD, ODD, and conduct disorder.

8 However, when I am training the
9 clinicians, what I tell them to do is not
10 look at the report, to get to know the
11 child and get to know the circumstances
12 to build a case formulation. So a lot of
13 times what we're getting is that people
14 who don't look like the children sitting
15 before them are not looking at the whole
16 picture, right? And so what I found is
17 is that a lot of the diagnosis really is
18 around what we call adjustment disorder,
19 right, or it could be about attachment,
20 right? So if you're living in poverty,
21 if you have a mother who may be a single
22 mother of five or six children and then
23 she's supposed to care for these
24 children, sometimes the children are not
25 getting that attachment that they need,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 and then what it looks like is
3 opposition, what it looks like is
4 defiance, and really what they need is
5 care and love. So helping the parent to
6 reconnect with the children can overcome
7 that.

8 Another -- to your point around
9 sort of that misdiagnosis is that when
10 you look at not only the disparities in
11 what we're seeing, you're looking at the
12 disparities in the educational system.
13 We already talked about how a lot of kids
14 are not being -- are being misdiagnosed
15 within the system, but also in the
16 educational system the way CBH is
17 providing the services. Because I'm a
18 licensed marriage and family therapist,
19 right, I don't qualify for Medicaid. So
20 I could not actually say I can take those
21 children for a number of reasons. One,
22 they don't pay enough. Like I'm an
23 individual provider, and the
24 reimbursement to people to work for the
25 agencies is very low, and it's not

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 something that one can sustain themselves
3 on to live. So those are a couple of the
4 issues that I see.

5 MS. BOYER: The other thing I
6 wanted to address is when you -- so right
7 now I'm in private practice, and left
8 working with an agency because of some of
9 the issues that I saw. So, for example,
10 if you have a client who is coming in to
11 treatment, you have to provide -- the
12 first day you see them, you have to give
13 them a diagnosis in order to make sure
14 your paperwork is correct. In the first
15 session, it's about 50 to 60 minutes.
16 You don't have enough time to sit there
17 and evaluate to give them a proper
18 diagnosis, which I think is not just
19 unfair for the clinician to have to do
20 but it's also unfair to the family. So
21 that's one of the major issues that I see
22 as far as just giving a diagnosis.

23 And another thing, it's
24 important that we somehow begin to work
25 together, because you have this agency

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 and this agency and they're all doing
3 different type of things also, which Ann
4 spoke to. We're licensed marriage and
5 family therapists. So we're trained
6 differently to look at the system -- to
7 look at the family as a systemic piece as
8 opposed to not just treating the
9 individual client. We more or less treat
10 the whole entire family, because if
11 somebody is coming to therapy, it doesn't
12 just impact them. It impacts the whole
13 entire family, and that includes maybe
14 you're reaching out to a teacher or
15 you're reaching out to somebody who is
16 supporting the family just to offer some
17 assistance on getting the help that they
18 need.

19 COUNCILMAN GREEN: Thank you.

20 COUNCILWOMAN BASS: Okay.

21 Well, thank you very much. Thank you for
22 being here and for your testimony and for
23 everyone who has been here to testify on
24 this resolution today. It's really been
25 a great discussion. We could have really

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 gone all day long on this topic, and
3 maybe we can have some additional
4 conversation in the future, I think,
5 because this is something that we clearly
6 have just scratched the surface on and
7 need to go back in and have more
8 conversation on this. So thank you so
9 much again for being here.

10 (Thank you.)

11 COUNCILWOMAN BASS: Was there
12 anyone else here to testify on this
13 resolution?

14 (No response.)

15 COUNCILWOMAN BASS: Okay.
16 Seeing that there's none, we are going to
17 switch up just a little bit and we are
18 going to now hear testimony on Bill No.
19 180215.

20 We are up against the clock
21 because there is a hearing in about 40
22 minutes that is coming right after us.
23 So we are going to try to move things
24 along a little bit at a faster pace.

25 (Witnesses approached witness

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.
2 table.)

3 THE CLERK: Bill No. 180215, an
4 ordinance amending Chapter 6-800 of The
5 Philadelphia Code, entitled "Lead Paint
6 Disclosure," to clarify an existing
7 requirement that as a condition of
8 licensing Family Child Day Care
9 facilities built before March 1978 that
10 such facilities be certified as lead safe
11 or lead free, all under certain terms and
12 conditions.

13 COUNCILWOMAN BROWN: Madam
14 Chair, I'm going to reserve my comments
15 to right before the vote given the demand
16 of scheduling of our witness.

17 COUNCILWOMAN BASS: Certainly.
18 Okay. Thank you for being here
19 and thank you for your patience. If you
20 can just state your name for the record
21 and begin your testimony.

22 DEPUTY COMMISSIONER JOHNSON:
23 Hi. I'm Caroline Johnson, Acting Deputy
24 Health Commissioner.

25 COUNCILWOMAN BASS: You want to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 begin with your testimony.

3 DEPUTY COMMISSIONER JOHNSON:

4 Okay. Fine. Thank you for the
5 opportunity to present testimony today on
6 Bill No. 180215, which clarifies existing
7 requirements on licensing family child
8 care facilities. Health Code Chapter
9 6-800, entitled "Residential Lead Paint
10 Disclosure and Family Child Day Care
11 Facility Lead Certification," requires as
12 a condition of licensing that family
13 child day care facilities built before
14 March 1978 be certified as lead safe or
15 lead free. The current bill clarifies
16 language in the law and proposes to delay
17 full enactment until January 1st of 2020.

18 Preventing exposure to lead
19 among children in Philadelphia is a great
20 priority to the Health Department. Lead
21 can be damaging to the developing brain,
22 and when young children are exposed to
23 lead, it can lead to lifelong
24 developmental and behavioral problems.
25 By far, the most common source of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 exposure to lead in children is paint in
3 older houses, which includes potential
4 exposures in family child care
5 facilities. Although lead-containing
6 paint has been banned since 1978,
7 Philadelphia still has many homes and
8 buildings that contain leaded paint.

9 To protect children, we need to
10 assure that the homes and buildings where
11 they spend most of their time do not have
12 chipping, peeling paint or
13 lead-containing dust, which can be
14 accidentally ingested by a small child.
15 Environmental prevention in settings
16 where children live and play focuses on
17 identifying lead-based paint hazards as
18 well as providing safe and effective lead
19 hazard reduction techniques. Lead wipe
20 clearance tests, which involve collecting
21 dust from floors and windows and testing
22 those samples for lead, provides some
23 assurance that a building is safe to be
24 occupied by young children. Applying
25 these environmental prevention strategies

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 in family child day cares helps to assure
3 that our children are not exposed to lead
4 in these settings.

5 The Health Department endorses
6 the Family Child Day Care Facility Lead
7 Certification requirement as specified in
8 the Health Code Chapter 6-800. We are
9 prepared to assist family day care
10 operators in understanding the
11 requirements of the lead certification
12 law and in complying with its standards.
13 In addition, we are ready to assist the
14 Department of Licenses and Inspections in
15 enforcing this law in accord with the
16 date specified by Council.

17 I am happy to answer any
18 questions at this time.

19 COUNCILWOMAN BASS: Thank you
20 for your testimony.

21 Ms. Swanson.

22 MS. SWANSON: Good morning,
23 Chairwoman Bass and members of the
24 Committee on Public Health and Human
25 Services. My name is Rebecca Swanson.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 I'm the Director of Planning for the
3 Department of Licenses and Inspections.
4 Today I am here to provide testimony on
5 Bill No. 180215, which, if enacted, will
6 amend the Philadelphia Health Code to
7 clarify existing requirements for lead
8 testing in family child day care
9 facilities.

10 This bill changes the effective
11 date of the existing code requirement
12 that family child day care facilities,
13 which are those that host less than seven
14 children at any given time in a
15 residential property, must complete lead
16 testing of the premises and provide a
17 lead-safe or lead-free certification to
18 the Philadelphia Department of Public
19 Health in order to obtain a family child
20 day care license. Under the proposed
21 bill, operators will now have until
22 January 1st, 2020 to obtain the
23 certification and provide it to the
24 Department of Public Health. After this
25 effective date, Licenses and Inspections

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 will have the ability to potentially
3 refuse to issue or renew a family child
4 day care license if the Health Department
5 has affirmatively communicated to L&I
6 through an automated database that the
7 facility at issue has not submitted a
8 valid lead certification.

9 The bill also clarifies that
10 the lead certification requirement
11 applies to all family child day care
12 facilities, not just those being operated
13 in leased properties.

14 Thank you for the opportunity
15 to provide the Department's testimony.
16 I'm happy to answer any questions at this
17 time.

18 COUNCILWOMAN BASS: Thank you
19 so much for your testimony.

20 COUNCILWOMAN BROWN: Thank you
21 both and your staff, because I know that
22 you're members of a team, for working
23 very, very closely with my office for us
24 to add clarity to this issue while we
25 continue to push and nudge the issue

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 along given the harsh reality that too
3 many of our kids are still being poisoned
4 by lead and the opportunity for us to now
5 look at family child care providers as
6 well and put them in the loop of coverage
7 and licensing by L&I. So thank you for
8 your work.

9 Thank you, Madam Chairwoman.

10 COUNCILWOMAN BASS: Thank you.

11 I did have a question in
12 reference to making sure that these
13 properties are going to be lead free or
14 lead safe. And so two things. Can you
15 talk about lead safe versus lead free?
16 Because as I understood it, there was no
17 level of lead that was safe in terms of
18 lead exposure.

19 The other thing I had a
20 question on is, we had a hearing, I guess
21 it was, about a year or so, Councilwoman,
22 and we talked about lead in the water and
23 that we do have a significant problem
24 with lead in the water pipes here in the
25 City of Philadelphia. So we deliver

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 clean drinking water up until it hits the
3 homeowners' property, and because most
4 people have lead pipes, it is then often
5 contaminated here in the City. And so
6 has that been factored into making sure
7 that these properties are lead safe and
8 lead free?

9 DEPUTY COMMISSIONER JOHNSON:

10 Right. So your first question about lead
11 free and lead safe, you're absolutely
12 right about the clinical significance in
13 a child with lead, there is no safe level
14 of lead that a child could test for.

15 The lead free and lead safe is
16 really talking about the environment
17 itself, and lead free really means what
18 it says, there is no lead in that
19 building. That's a pretty unusual
20 situation in Philadelphia because so many
21 of our older buildings or basically
22 anything built before 1978 is going to
23 have some lead-containing paint in it.
24 So to make that lead free, you would
25 really have to remediate or remove every

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 bit of it. So we don't usually see
3 certificates coming in with a lead-free
4 designation. That's mostly brand new
5 construction.

6 Lead safe means that the leaded
7 paint or any lead product that might be
8 in that building has been adequately
9 covered up or made safe in such a way
10 that a child couldn't be exposed to it.

11 So lead-safe status -- the
12 other thing I'll just point about this
13 is, it's not permanent. If you're lead
14 free, you are permanently lead free.
15 There's nothing in your building. If
16 you're lead safe, it means you are lead
17 safe right now, but probably in a few
18 years the paint is going to deteriorate
19 again and you're going to need to
20 repaint.

21 COUNCILWOMAN BASS: Okay. And
22 will that trigger a reinspection or
23 recertification if someone -- if I'm a
24 family child care provider and it comes
25 up that I am lead safe because I painted

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 over and sort of covered the lead paint,
3 but will there be a trigger that requires
4 a reinspection within a certain number of
5 years? I'm just wondering --

6 DEPUTY COMMISSIONER JOHNSON:

7 Yes.

8 COUNCILWOMAN BASS: -- what
9 happens.

10 DEPUTY COMMISSIONER JOHNSON:

11 So when the child care facility submits
12 for a renewal of their license, they are
13 required to also submit a lead wipe test
14 certification, which comes to the Health
15 Department, and that's where we're trying
16 to link up with L&I to make sure that
17 they have access to that information.
18 So, yes, it is redone periodically.
19 Right now it's every two years.

20 COUNCILWOMAN BASS: Okay. Very
21 good. And can you talk about lead in the
22 water?

23 DEPUTY COMMISSIONER JOHNSON:

24 That's a complex issue. And so as you
25 mentioned, the water in Philadelphia does

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 not have indigenous lead in it. We have
3 basically lead-free water. The lead
4 enters because so many of our pipes are
5 older and they're lead-containing pipes.
6 And I know the Water Department is
7 working aggressively to try to identify
8 all of the lead-containing connections
9 and help people replace those in their
10 home, but the current recommendations are
11 really to flush lines very well before
12 you use water in a home that might
13 contain lead pipes.

14 Now, presently we recently
15 passed a bill that required the School
16 District to test their water in the
17 school system, and that's being followed
18 in accord with what the bill says. I do
19 not believe there's a requirement in the
20 day cares for lead testing of the water
21 yet. We've been looking at that
22 periodically, if I'm not mistaken, so it
23 may -- that may evolve in time as well.

24 COUNCILWOMAN BASS: Okay. I
25 hear you, but based on the hearing that

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 we had last year or so, I would like to
3 follow up with the Health Department and
4 with the Water Department, because we had
5 the discussion a little while ago and it
6 didn't make a whole lot of sense to me
7 then and it doesn't make a whole lot of
8 sense now that we're just flushing the
9 water, because if the lead is still in
10 the water, what are we flushing? It just
11 doesn't make a whole lot of sense, and
12 there is a level of exposure still
13 through the lead pipes.

14 I would like to work with the
15 bill sponsor, Councilwoman Brown. I do
16 have an idea in terms of something that
17 we could do to address this in day care
18 centers. So I'd like to work with her on
19 that so that we can move forward on this.
20 So I'll be working with her and reaching
21 back to Health and also to Water to talk
22 about how do we make this safe -- make
23 water safe permanently in these
24 facilities.

25 So thank you very much.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 DEPUTY COMMISSIONER JOHNSON:

3 We're happy to discuss it.

4 COUNCILWOMAN BASS:

5 Councilwoman Brown.

6 COUNCILWOMAN BROWN: I'll

7 follow your lead, and we're ready to move

8 the needle again because we have clearly

9 additional steps to take to move to a

10 point of no lead at all.

11 COUNCILWOMAN BASS: Thank you.

12 And I want to thank you for your years

13 and years of work on this issue. Thank

14 you so much. You've done so much on this

15 issue, and it affects all of our young

16 people. Every baby born in the City of

17 Philadelphia is really going to be

18 affected, so I thank you for that.

19 Thank you so much, ladies, for

20 being here. I know, Rebecca, you're

21 busy. You got a lot going on.

22 Congratulations.

23 MS. SWANSON: Thank you. I

24 will wait until after the next panel just

25 in case there are additional questions.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 COUNCILWOMAN BASS: Okay. But
3 if you have to go, we understand.

4 If we could call the next panel
5 forward.

6 THE CLERK: Shawn Towey, Health
7 Policy Director, Public Citizens for
8 Children and Youth; Michele Cooper,
9 District 1199C; and Anita Caraway, Family
10 Day Care Provider.

11 (Witnesses approached witness
12 table.)

13 COUNCILWOMAN BASS: Hello.
14 Good afternoon. Good evening, it seems
15 like. Thank you so much for being here.
16 If you could each begin by stating your
17 name and begin your testimony, whoever
18 wants to go first.

19 MS. TOWEY: Good morning. My
20 name is Shawn Towey. I'm the Early
21 Childhood Policy Coordinator at PCCY.
22 I'd like to read the testimony of my
23 co-worker, Colleen McCauley.

24 Thank you, Councilwoman
25 Reynolds Brown and members of the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Committee on Public Health and Human
3 Services. My name is Colleen McCauley.
4 I'm a registered nurse and Health Policy
5 Director at Public Citizens for Children
6 and Youth.

7 As many of you know, PCCY has
8 been a leader in efforts to eliminate
9 childhood lead poisoning in Philadelphia
10 for 20 years. In 2011, PCCY and our Lead
11 Poisoning Prevention Coalition worked
12 with Councilwoman Reynolds Brown to
13 create and strengthen requirements for
14 testing for lead hazards in pre-1978
15 rental properties where most affected
16 children live.

17 Of all the children in our city
18 who are enrolled in licensed child care,
19 about one in ten attends a family child
20 care home. Parents choose home-based
21 child care for many reasons, but we know
22 that they're a critical resource to
23 families to permit them to secure and
24 maintain stable work. Parents, including
25 many single parents who work in the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 retail, service, and healthcare sectors,
3 are most likely to have non-traditional
4 schedules that do not mesh with those at
5 child care centers and thus use family
6 child care homes.

7 There's a good reason to focus
8 on child safety in family child care
9 homes. While we've seen little
10 documented evidence that children are
11 being poisoned -- in fact, I'm not
12 sure -- there's an error in my testimony
13 where I say that one was closed last
14 year, but I now understand that that was
15 a center, not a child care home.

16 Children in family child care
17 homes are more likely to be infants and
18 toddlers than those in centers, and the
19 younger the child, the more dangerous and
20 damaging the effect of the lead exposure.

21 PCCY supports the mandatory
22 testing of all licensed child care
23 providers and making the lead-free or
24 lead-safe certification a condition of
25 renewal of their City license to operate.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 We're grateful to Councilwoman Brown for
3 initiating the effort almost two years
4 ago.

5 However, we know there's been
6 some confusion about implementation of
7 the new law. We understand that all the
8 newly licensed family child care homes
9 are securing the required lead-safe
10 certification. However, we understand
11 that only a few of the 502 state-licensed
12 family child care homes have completed
13 the process. We're concerned that it may
14 be too easy for providers with state
15 certification to skip the City
16 certification entirely. For many years,
17 we have noticed a wide gap between the
18 state's reported number of family child
19 care homes and the number known to L&I.
20 Steps should be taken to close this gap
21 so that we can guarantee that no child's
22 health and safety is comprised because of
23 where they are in child care.

24 For all family child care
25 providers, the City could take steps to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 make the process -- to keep the process
3 affordable and efficient by adding more
4 qualified lead inspectors to its approved
5 list. The City could also increase
6 awareness, clarify the rule, and reduce
7 confusion by creating and posting a
8 written guide on the Health Department's
9 website, creating and delivering a
10 training to family child care providers,
11 identifying a Health Department staff
12 member to provide technical assistance,
13 and mailing a new letter explaining the
14 process in plain English as well as
15 Spanish to all providers.

16 And I'll just note that I
17 checked the website again this morning.
18 There is a guide, but it is rather hard
19 to find, and most of the links were
20 broken.

21 For these reasons, PCCY
22 understands the need for a one-year
23 extension of the deadline. But we are
24 talking about 500 mostly older homes that
25 are quite likely to contain lead-based

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 paint and caring for around 2,500

3 children, most of whom are low income.

4 When our City's children's health and

5 futures are at risk, we should not delay

6 any more than is necessary. In our

7 opinion, the current two-year extension

8 is unnecessary and excessive. Please

9 amend the bill and make January 1st, 2019

10 the new deadline.

11 Thank you very much.

12 COUNCILWOMAN BASS: Thank you

13 very much for your testimony.

14 If you want to state your name

15 for the record and begin.

16 MS. CARAWAY: Yes. Again, good

17 afternoon. My name is Anita Caraway and

18 I am a 24-hour family child care

19 provider. And I am here to say thank you

20 for that extension, not because so much

21 of we are not concerned about the

22 children, but financially it's a strain

23 on family providers, because we don't

24 make the money that centers do. We are

25 already underpaid.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 This is not what I came to say,
3 but just listening to all the
4 testimonies, I think it should be heard.

5 When I had asked the question
6 in a Council meeting, I think, a year ago
7 how many homes from family providers had
8 children who had lead poisoning, and it
9 was none. Not that the children or the
10 homes don't need to be tested. I agree,
11 if there's an issue with that, then it
12 should be done.

13 I did have my home tested. I
14 am lead free. It was newly renovated, of
15 course. I don't give my children water
16 from the fountain water lines. I have --
17 and most of the family providers do --
18 have water delivered to their homes. So
19 while I'm sure it is important for the
20 children, it should also be taken into
21 consideration that we as family providers
22 don't have the income that -- especially
23 when you have -- for myself. I'm talking
24 about me right now. Not to be selfish,
25 but a lot of providers are working 24

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 hours to make the income happen.

3 We love what we do. We care
4 about our children. So, of course, the
5 lead testing is important, and we're not
6 not trying to do it, but having an
7 extension would be great, because it was
8 a lot of confusion as to when it needed
9 to be done. It was kind of -- past all
10 that, thank you. And I'm here on behalf
11 of all the family providers who are
12 providing care, because it is our goal to
13 give our children exactly what they need
14 and to achieve all the educational and
15 loving care that all these children need.

16 Thank you.

17 COUNCILWOMAN BASS: Thank you
18 for your testimony.

19 You want to state your name for
20 the record and begin.

21 MS. COOPER: Good afternoon.
22 My name is Michele Cooper and I'm with
23 District 1199C, and I'm here today to
24 thank Chairwoman and Councilwoman
25 Reynolds Brown. On behalf of the family

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 child care providers of Philadelphia, we
3 appreciate the work that you championed
4 over the years on behalf of children and
5 families of this city. So we are
6 appreciative of that.

7 We also are here to stand to
8 say we appreciate the extension on this
9 bill for all of the reasons Ms. Caraway
10 specified and more. It is not the
11 intent -- it is the intent of all the
12 family child care providers to make sure
13 they provide a safe, happy, healthy
14 environment for the children and families
15 that they service.

16 It is widely know that children
17 that are serviced in family child cares
18 are often less sick than children who are
19 in centers and often thrive and stronger
20 in many different ways. So the choice
21 that parents continue to have in the City
22 of Philadelphia between centers and
23 family homes is important, and we do
24 appreciate, again, the extension on this
25 matter.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 The family child care provider
3 is generally a woman, generally a woman
4 of color, and they love taking care of
5 children, and they do it from their
6 heart, because they do not make any
7 money. So in appreciation, we do
8 appreciate the extension of the bill,
9 because this allows, again, like
10 Mrs. Anita said, clarity. It allows for
11 people to be able to raise the funds to
12 do this properly and to be educated on
13 the matter.

14 Through District 1199C and the
15 gentleman that you spoke of earlier,
16 Mr. Ryan Boyer, he provided free services
17 through the building trades to our
18 members to educate them on the standards
19 of -- that the building trades use in
20 building. So they're even higher
21 standards than the City is requiring for
22 family child care providers. They are
23 very committed to this.

24 It is daunting and scary, so we
25 do appreciate the delay. We do support

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 the delay. It's very daunting and scary,
3 but they are nonetheless committed to get
4 it done, because they are a force to be
5 reckoned with and they want to be looked
6 at and intend to be looked at as premier
7 places to offer services for
8 Philadelphia's children, not just day
9 care centers but these homes.

10 If you visit some of these
11 homes -- I encourage you to visit Ms.
12 Anita's home. I visited her home quite
13 often, and she has a premier -- I mean,
14 she has a yard. She has a premier
15 facility, and she takes very good care of
16 children.

17 So we're just here to say thank
18 you and to say publicly that we do
19 support the amended time so that it
20 allows all of Philadelphia's licensed
21 family child care providers to be up to
22 code and ready to service the children
23 and families of the City.

24 COUNCILWOMAN BASS:

25 Councilwoman Brown.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 COUNCILWOMAN BROWN: Thank you
3 very much.

4 Let me first say thank you to
5 all of you for your testimony. Us
6 finally getting here today is the result
7 of many, many meetings with all of the
8 stakeholders, including L&I and Health.
9 We cannot do this without them. So we
10 need to acknowledge their contribution to
11 this. And clearly as a former activist
12 on the outside of government, PCCY, I get
13 the enthusiasm and the eagerness to want
14 to move this along more quickly, but once
15 we get on this side of government, we
16 have to find a middle ground that sort of
17 captures and tries to keep everybody
18 whole. And when representatives from
19 1199C approached us over a year ago about
20 these new requirements, we thought it
21 prudent, appropriate, and fair to push
22 the pause button and figure out how we
23 can accommodate family child care
24 providers, because I would suspect that
25 much of your testimony, which is true,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 focused on commercial child care
3 providers. Two different worlds, two
4 different sets of compliance rules of
5 operating and, therefore, that commands
6 us to factor the fact that there are two
7 separate worlds and to treat the worlds
8 differently. The only glue being you're
9 taking care of little people.

10 And so we want to say thank you
11 for offering your testimony. It does
12 matter. Always come and speak your
13 voice. Never be shy. That's what that
14 table is for, for folks to have a say in
15 how we're trying to make things better
16 for everyone.

17 And I needed to provide that
18 clarity, Madam Chair, because it was the
19 request coming from 1199C membership that
20 required us to sit down and examine how
21 we can do this in as balanced a fashion
22 as possible.

23 Lastly, in his absence, I do
24 want to salute Ryan Boyer for igniting
25 his membership to go into family child

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 care provider agencies and make sure that
3 you were in compliance.

4 MS. COOPER: And many of them
5 did that on their own time. They were
6 not compensated anything extra for it.

7 COUNCILWOMAN BROWN: And that's
8 the beauty of partnerships.

9 MS. COOPER: Absolutely.

10 COUNCILWOMAN BROWN: So we
11 thank you both. Make sure you take that
12 back, that we appreciated very much Local
13 332 stepping up to help us in the way
14 that they did.

15 And so the mission continues,
16 PCCY, with us in lead, as Chairwoman Bass
17 has indicated, and we can check off this
18 item and move on to the next challenge
19 when it comes to children and lead.

20 Thank you all very much.

21 (Thank you.)

22 COUNCILWOMAN BASS: Thank you.
23 Thank you, Councilwoman.

24 Is there anyone else here to
25 testify on this bill?

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 (No response.)

3 COUNCILWOMAN BASS: Seeing
4 none, okay. This concludes the public
5 hearing on Bill No. 180215, and we're now
6 going to go into a public meeting to
7 consider the action to be taken on this
8 particular bill.

9 The Chair recognizes Councilman
10 Bill Greenlee for a motion on Bill No.
11 180215.

12 COUNCILMAN GREENLEE: Thank
13 you, Madam Chair. I move that Bill No.
14 180215 be reported out of this Committee
15 with a favorable recommendation and that
16 the rules of Council be suspended to
17 allow for first reading at our next
18 session of Council.

19 COUNCILWOMAN BASS: Second?
20 (Duly seconded.)

21 COUNCILWOMAN BASS: It has been
22 moved and properly seconded that Bill No.
23 180215 be reported from this Committee
24 with a favorable recommendation and
25 further moved that the rules of Council

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 be suspended to permit first reading of
3 this bill at the next session of Council.

4 All those in favor of this
5 motion will signify by saying aye.

6 (Aye.)

7 COUNCILWOMAN BASS: Any
8 opposed?

9 (No response.)

10 COUNCILWOMAN BASS: The ayes
11 have it and the motion carries. Bill No.
12 180215 will be reported from this
13 Committee with a favorable recommendation
14 with a request that the rules of Council
15 be suspended to permit first reading at
16 the next session of Council.

17 And I just do want to reiterate
18 that there is a quorum here of
19 Councilwoman Blondell Reynolds Brown,
20 Councilman Bill Greenlee, and myself and
21 Councilman Al Taubenberger.

22 And that concludes the public
23 meeting on the bill. We'll now go back
24 into the public hearing on Resolution No.
25 170837.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 THE CLERK: Resolution
3 authorizing the Committee on Public
4 Health & Human Services to hold hearings
5 regarding board and leadership diversity
6 among foundations and nonprofit
7 organizations in Philadelphia.

8 COUNCILWOMAN BASS: Thank you.
9 If we can have the Clerk call the
10 first -- why don't we call Panel 1 and 2
11 at the same time since it looks like we
12 may have lost a couple of people. I'm
13 not sure. Why don't we call everyone at
14 the same time.

15 THE CLERK: Nolan Atkinson,
16 Chief Diversity and Inclusion Officer,
17 City of Philadelphia; Sharmain
18 Matlock-Turner, President and CEO, Urban
19 Affairs Coalition; Keith Green,
20 Coordinator, Philadelphia African
21 American Leadership Forum; and Sulaiman
22 Rahman, CEO, DiverseForce.

23 (Witnesses approached witness
24 table.)

25 COUNCILWOMAN BASS: Good

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 evening. No; just kidding. Good

3 afternoon.

4 MR. ATKINSON: Good afternoon.

5 COUNCILWOMAN BASS: Thank you

6 so much for your patience, and if you

7 could state your name for the record and

8 begin with your testimony.

9 MR. ATKINSON: Certainly. I'm

10 Nolan Atkinson, Chief Diversity and

11 Inclusion Officer, City of Philadelphia.

12 Would you like me to begin?

13 COUNCILWOMAN BASS: Actually,

14 before you begin, I do want to recognize

15 Councilman Green, who would like to make

16 a statement.

17 COUNCILMAN GREEN: Thank you,

18 Madam Chair.

19 I want to thank this panel for

20 being here today on this very important

21 topic. All of you have been working on

22 this issue regarding diversity in the

23 non-profit sector.

24 It's interesting having this

25 panel coming after the previous

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 conversation regarding behavioral health
3 providers of color. Although they
4 provided social services primarily on the
5 behavioral health perspective, a number
6 of the non-profits in our city provide a
7 whole host of services to people
8 throughout the City of Philadelphia, but
9 not always does the leadership of those
10 organizations reflect the constituencies
11 that they provide services to. And some
12 of the people in this room and in this
13 panel have been taking steps to address
14 that issue going forward and trying to
15 diversify board leadership and executive
16 leadership of non-profit organizations.

17 So I want to thank you for
18 being here. I think this is a very
19 important issue to make sure that the
20 leadership of the organizations that
21 provide the services to our
22 constituencies that need them have the
23 same perspective. So thank you for your
24 time.

25 COUNCILWOMAN BASS: Thank you.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Councilwoman Brown, did you
3 have comments?

4 COUNCILWOMAN BROWN: No, no.

5 COUNCILWOMAN BASS: All right.

6 Mr. Atkinson, if you could state your
7 name again and begin testimony.

8 MR. ATKINSON: Sure. Nolan
9 Atkinson.

10 Good morning, Councilwoman Bass
11 and members of the Committee on Public
12 Health and Human Services. I am Nolan
13 Atkinson, Chief Diversity and Inclusion
14 Officer for the City of Philadelphia. I
15 come before you this morning to testify
16 on Resolution No. 170837 regarding board
17 and leadership diversity among
18 foundations and non-profit organizations
19 in Philadelphia.

20 The findings by the BoardSource
21 report "Leading with Intent: 2017
22 National Index of Nonprofit Board
23 Practices," which surveyed both chief
24 executives and board chairs of non-profit
25 organizations regarding national

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 non-profit board leadership indicates
3 that much work remains to be done to
4 advance diversity among board leadership.

5 For example, with respect to
6 board composition and people of color,
7 the report notes that both executives and
8 board chairs are most dissatisfied with
9 their racial diversity and ethnic
10 diversity. Later on the report notes
11 that since 1994 when BoardSource began
12 tracking this data, the levels of board
13 diversity have largely remained
14 unchanged, with people of color and
15 ethnic minorities never representing more
16 than 18 percent of board membership.

17 Although the report highlights this
18 critical data, the report also notes that
19 there is a dissonance between attitudes
20 and actions when changing board
21 recruitment practices as failing to be a,
22 quote, "top three priority for most
23 boards," end quote. The numbers are a
24 little more encouraging with respect to
25 gender diversity, with the report noting

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 that women are better represented on
3 boards and in executive positions.

4 With respect to the City of
5 Philadelphia, we are a majority-minority
6 city. Therefore, any data representing a
7 local disparity and disproportionate
8 representation of people of color on
9 boards and in executive leadership
10 positions is particularly concerning.

11 The Office of Diversity and
12 Inclusion is committed to working on this
13 issue. A central mission of the office
14 is to assist boards and commissions in
15 identifying, developing, and implementing
16 inclusive strategies and initiatives to
17 improve the recruitment, retention, and
18 promotion of diverse persons. We have
19 taken several important steps to advance
20 this directive, which includes providing
21 targeted diversity and inclusion
22 trainings to many boards within the City.
23 More importantly, we are also working to
24 develop a data project to enable the City
25 to ascertain the diversity of the board

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 membership of the non-profit
3 organizations the City contracts with
4 under Executive Order No. 3-12.

5 These measures are just a start
6 to addressing this important matter. The
7 report further notes, quote, "who serves
8 on a board impacts how it functions and
9 the decisions it makes," end quote,
10 particularly as those decisions relate to
11 goals and objectives that impact
12 communities of color, for better or for
13 worse. This data will help the City to
14 hold the non-profit organizations that we
15 contract with more accountable for board
16 and leadership diversity.

17 As we continue to tackle this
18 issue, I look forward to working with
19 colleagues from City government and
20 non-profit partners on this matter and am
21 happy to lend my support.

22 That's the end of my testimony,
23 Councilwoman. I would, if I could, just
24 like to say that we are very much focused
25 on making sure that the elements of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Executive Order 3-12, which has a
3 specific section regarding non-profit
4 organizations, is implemented uniformly
5 throughout the City, and we are currently
6 examining surveying departments to
7 ascertain what each department is doing
8 with respect to non-profit organizations.

9 COUNCILWOMAN BASS: Thank you
10 very much for your testimony.

11 And if we can have you state
12 your name for the record and begin.

13 MR. GREEN: Good afternoon. My
14 name is Keith Green. Thank you for
15 inviting us to testify at this very
16 important hearing on non-profit board and
17 leadership diversity. I currently serve
18 as the Coordinator for the Philadelphia
19 African American Leadership Forum, which
20 I will hereafter refer to as the
21 Leadership Forum. Established in 2011,
22 the Leadership Forum is a collaborative
23 of African American leaders who are
24 committed to improving the quality of
25 life and opportunity for African

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Americans in the City of Philadelphia.

3 In 2013, with funding from the
4 United Way of Greater Philadelphia and
5 Southern New Jersey, the Leadership Forum
6 commissioned a study of African
7 American-led non-profits in Philadelphia.
8 More specifically, we were interested in
9 understanding whether the experiences and
10 needs of African American-led non-profits
11 in the City differed in important ways
12 from white-led non-profits. We partnered
13 with Branch Associates, Incorporated, a
14 Philadelphia-based African American-owned
15 research and evaluation firm, to conduct
16 a survey of 145 leaders of human
17 service-oriented non-profit organizations
18 in the City. The survey research was
19 supplemented with qualitative interviews
20 and focus groups with African American
21 executive directors and local funders.

22 This research yielded a number
23 of important findings that are relevant
24 to today's hearing on non-profit board
25 and leadership diversity. As we know

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 from empirical evidence as well as
3 anecdotes from the field, an
4 organization's board is a key component
5 of that organization's leadership. Board
6 members can greatly influence both the
7 direction of the organization as well as
8 its growth and sustainability. African
9 American executive directors, or EDs, who
10 participated in our research reiterated
11 this point, suggesting that while the
12 role of the ED is important, the
13 organizational decision-making begins and
14 ends with the board.

15 On average, the organizations
16 that we surveyed had 12 board members who
17 bring a variety of skills to their
18 positions. This percentage does not
19 differ significantly between African
20 American and white-led organizations.
21 However, significant differences were
22 observed in the demographic
23 characteristics of these organizations'
24 boards. Overall, African American-led
25 organizations were more likely to have

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 African American board members, and
3 white-led organizations were more likely
4 to have white board members. Moreover,
5 while most organizations participating in
6 the survey demonstrated some level of
7 diversity in race, gender, and skills,
8 some of these organizations were racially
9 homogenous. At over a quarter of African
10 American-led organizations, all board
11 members were African American. At 10
12 percent of white-led organizations, the
13 board was all white.

14 A board that is diverse, not
15 only in race and ethnicity but also in
16 class, gender, industry, profession, and
17 expertise, was discussed in our focus
18 groups and interviews as particularly
19 important for building diverse networks
20 and, therefore, increased ability to
21 access funding and other critical
22 resources. However, as previously
23 mentioned, a 2017 report issued from
24 BoardSource, the nation's leading
25 organization focused on strengthening and

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 supporting non-profit board leadership,
3 revealed that non-profit boards are no
4 more diverse than they were when the
5 organization's last report was issued in
6 2015. Furthermore, nearly 20 percent of
7 all chief executives reported that they
8 were not prioritizing demographics in
9 their board recruitment strategy despite
10 being dissatisfied with their board's
11 racial and ethnic makeup.

12 The implications of these
13 findings are far-reaching. For African
14 American-led non-profits, organizations
15 that are more likely to serve the most
16 marginalized among us and subsequently
17 individuals with the greatest need, a
18 board without white representation may
19 have limited access to both funding and
20 political influence. Conversely,
21 white-led non-profits without African
22 American representation on their boards
23 may lack the cultural competence and
24 expertise necessary for addressing the
25 social and systemic issues that continue

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 to marginalize the most vulnerable
3 Philadelphians.

4 It is important to note that
5 efforts to increase diversity among
6 non-profit boards of directors are
7 incomplete without intentional efforts to
8 also increase inclusion, which involves
9 ensuring that diverse voices and
10 perspectives that are added to the table
11 are fully considered and validated.

12 Board development that involves
13 a deliberate focus on diversity and
14 inclusion is labor-intensive and will not
15 materialize without intentional focus and
16 resources. This work can be incredibly
17 taxing on non-profit organizations,
18 particularly smaller non-profits with
19 leaner budgets and also overextended
20 staff.

21 It is important to note that
22 many grant funding applications ask
23 non-profit organizations to document the
24 ethnicity of board membership, which has
25 helped to increase board diversity among

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 white-led non-profits over the years.

3 For example, the City of Philadelphia

4 requires non-profits that do business

5 with the City to submit an annual

6 diversity report which includes data on

7 board makeup. However, as the data I

8 have shared with you today clearly

9 suggests, these efforts have not done

10 enough to level the playing field.

11 We look forward to working with

12 the City Council to identify, implement,

13 and evaluate solutions for increasing

14 board diversity and inclusion among

15 Philadelphia's non-profit sector. Such

16 solutions could include amendments to the

17 City's contracting processes with

18 non-profits to ensure that the boards of

19 funded organizations more adequately

20 reflect the diversity of the populations

21 served. For example, instead of asking

22 non-profits to simply report annually on

23 board diversity, the City could require

24 diversity thresholds based on the client

25 populations that organizations provide

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 services to. The City could also
3 consider leveraging its relationship with
4 the various corporations that it does
5 business with to encourage professionals
6 within these organizations to lend their
7 talents and expertise to serve on
8 non-profit boards that pique their
9 philanthropic interests.

10 In addition to these
11 approaches, the City Council could
12 consider a special initiative that
13 provides non-profit organizations
14 financial and technical support for
15 developing tools and resources for
16 diversifying their boards. The Council
17 could also explore ways to support
18 board-matching initiatives, such as the
19 Nonprofit Board Diversity Program offered
20 through a collaborative of DiverseForce
21 and the University of Pennsylvania's Fels
22 Institute of Government represented by
23 Brother Sulaiman Rahman here today. This
24 innovative program selects and trains
25 mid- to senior-level professionals of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 color to serve effectively on non-profit
3 boards, and recently celebrated its first
4 graduating class of participants.

5 We thank you for holding this
6 hearing today and for the opportunity to
7 testify in support of improving diversity
8 and inclusion among Philadelphia's
9 non-profit sector. We acknowledge the
10 massiveness of the task at hand. It is
11 our hope that the seeds planted for
12 potential solutions today will bring
13 forth fruit that strengthens our city's
14 non-profit sector in ways that benefit
15 our most vulnerable citizens, making our
16 great city a leader in non-profit board
17 and leadership development.

18 Thank you.

19 COUNCILWOMAN BASS: Thank you
20 for your testimony.

21 And if we can have you state
22 your name for the record and begin your
23 testimony. Good to see you.

24 MR. RAHMAN: Good afternoon.

25 Sulaiman Rahman. I'm CEO of DiverseForce

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 as well as UPPN, a professional network
3 of over 18,000 professionals in the
4 region, and last year -- well, thank you,
5 City Council, Madam Chair, and thank you,
6 Councilman Derek Green and Councilwoman
7 Blondell Reynolds Brown, who have been
8 very supportive of the initiative that
9 Keith mentioned as well.

10 Last year we actually launched
11 this initiative with University of
12 Pennsylvania to actually look to develop
13 diverse professionals, mid- to
14 senior-level executives, to serve on
15 non-profit boards in the region.

16 Nolan mentioned that
17 BoardSource had a recent article talking
18 about the national lack of diversity on
19 non-profit boards. To bring it more
20 local, there's over 8,000 non-profit
21 organizations in the Philadelphia region,
22 and as we know, that we're looking at an
23 industry in Philadelphia that's a major
24 economic driver in the City as well.
25 When you look at the top ten employers in

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Philadelphia, eight out of the ten are
3 non-profit organizations. We're looking
4 at the health institutions and the
5 education institutions. You look at the
6 top 20 employers in Philadelphia, looking
7 at government and non-profit
8 organizations, represent 17 out of the
9 top 20 employers in all of Philadelphia.

10 So this is a major issue. And
11 as we talk about non-profit, many of
12 these organizations are
13 multi-billion-dollar institutions. So
14 really a better name for it would be
15 non-distribution of profit, but the
16 reality is, they operate like big
17 businesses and some operate like small to
18 mid-size businesses as well.

19 And when we think about
20 diversity, obviously this city is 60
21 percent people of color, and there's
22 numerous studies that show that diversity
23 is -- at the end of the day, diversity
24 creates better results. And there's
25 three reasons why the lack of diversity

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 in the non-profit sector in Philadelphia
3 affects the population here.

4 One, we know that those who are
5 being served by non-profit
6 organizations -- we talked a lot today
7 about cultural competency, and when
8 organizations do not reflect the
9 communities that they serve, there's a
10 lack of cultural competency, not just in
11 the healthcare but across the board. We
12 know that McKinsey and Company came out
13 with a study and many other organizations
14 and research, credible research
15 organizations came out with studies that
16 ethnically and racially diverse
17 organizations perform better, bottom
18 line. And so the same practices should
19 be considered in the non-profit sector.

20 And last but not least is that
21 we know that when the leadership of
22 non-profit organizations are not diverse,
23 there's that trickle-down effect, if you
24 will, to the staff, to supplier
25 diversity, and true partnerships. And

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 what I mean by true partnerships is,
3 you'll find a lot in the non-profit
4 sector that those who are being paid for
5 services, those who are employed by these
6 organizations are predominantly white.

7 However, you get the trickle-down
8 community engagement, if you will,
9 organizations like ours that tend to get
10 the call last minute and say, we want to
11 employ black people or Hispanic or we
12 want to start to move into the community.
13 However, there's no budget to do so. And
14 many times you hear organizations say
15 they cannot find diverse talent, and we
16 hear this quite a bit, and it's actually
17 a reality that an organization that's
18 looking to diversify to increase in
19 different dimensions of diversity,
20 diverse talent are not flocking to these
21 organizations in order to work for them.

22 So it does take a focused
23 effort to, one, to brand those
24 organizations as welcome organizations,
25 to also to make sure that you're

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 recruiting in markets where people are
3 not necessarily looking for jobs many
4 times. They're looking for top talent
5 that may be at other organizations that
6 are looking to get into the philanthropic
7 space. So just like other recruiting
8 agencies that are paid to find talent,
9 there needs to be similar resources
10 allocated for organizations to do that
11 for diverse recruiting as well.

12 So we believe as an
13 organization that everything rises and
14 falls in leadership and that it starts at
15 the board level. Many times boards are
16 underperforming or underutilized, if you
17 will, when it comes to strategic and
18 generative board leadership, and our
19 program with University of Pennsylvania
20 is focused on making sure that diversity
21 and inclusion is institutionalized from a
22 board level, making sure that
23 professionals of color are recruited and
24 sitting on non-profit boards and are
25 equipped to lead effectively for

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 organizational change.

3 So we hope that City Council
4 supports from a public and private sector
5 as well as philanthropic sector to
6 support -- continue to sponsor those
7 through a program like this and matching
8 with non-profit boards, and do want to
9 speak that we have over 70 non-profit
10 organizations that did sign up for the
11 program from various different regions to
12 actually -- to look for diverse talent on
13 the board. So it's been -- we have 25
14 that just recently graduated. So there's
15 opportunity to scale, and many, many more
16 people would love to serve on boards who
17 are qualified to serve on boards.

18 Sometimes the cost of a program
19 like this could be prohibitive. So
20 sponsors like the Knight Foundation as
21 well as the Philadelphia Fund and B&B
22 Community who support it, as well as some
23 of the employers, private employers, who
24 sponsored their talent through the
25 program for leadership development as

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 well as civic engagement is very
3 supportive in allowing us to scale this
4 program even more.

5 Thank you.

6 COUNCILWOMAN BASS: Thank you.

7 And, last, but not least, if
8 you want to state your name for the
9 record and begin your testimony.

10 MS. MATLOCK-TURNER: Yes. To
11 my Councilwoman, I'd be very glad to.
12 Sharmain Matlock-Turner and I'm President
13 and CEO of the Urban Affairs Coalition,
14 and I want to thank Councilwoman Bass,
15 who chairs this Committee, along with
16 Councilman Derek Green, who I've had a
17 lot of conversations about in reference
18 to this issue, and certainly the same is
19 true for my good friend, Councilwoman
20 Blondell Reynolds Brown. It's a pleasure
21 to be here with this wonderful panel and
22 to really know that City Council is
23 really focused in on this issue. I don't
24 know if we have any easy answers, but I
25 still think that shining the light is

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 always the beginning of any good process
3 to find good solutions.

4 I just want to make a few
5 comments about the issue, but I also want
6 to talk a little bit about the Urban
7 Affairs Coalition and how we make sure
8 that we stay committed to board diversity
9 in hopes that that information might help
10 as we continue to look at these issues.

11 So, again, good afternoon.
12 This is a critical and timely topic that
13 I think has great implications for a
14 broad range of organizations engaged in
15 important work across our city.

16 I am proud to say that not only
17 am I President of the Urban Affairs
18 Coalition, I serve as Co-Chair of the
19 African American Leadership Forum, and
20 you heard from Keith just recently who is
21 now coordinating that for us, but I also
22 want to give kudos to the leadership of
23 the Forum, the Reverend David Brown, who
24 also co-chairs it with me. Many may know
25 that David is currently a professor at

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Temple University. And also to Kelly
3 Woodland, who served as our original
4 Coordinator and oversaw the research of
5 the Forum, who is now the Executive
6 Director of After-School All-Stars. That
7 work has not only, I think, helped to
8 inform the City of Philadelphia about the
9 importance of this issue, I think it has
10 also served as an inspiration for others
11 who are trying to tackle this work.

12 At the Urban Affairs Coalition,
13 we're committed to diversity and
14 inclusion at all levels, including our
15 board of directors. We unite government,
16 business, neighborhoods, and individuals
17 to improve the quality of life in our
18 region, build wealth in our communities,
19 and work on solving issues.

20 Hi, Councilman Jones.

21 COUNCILMAN JONES: Hello.

22 MS. MATLOCK-TURNER: Formed out
23 of the social justice movement in 1969 --
24 as a matter of fact, this is a very
25 momentous week for us. The Coalition was

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 actually founded after the assassination
3 of Dr. Martin Luther King, who I know we
4 will commemorate this week as we reflect
5 on his life and I think inspiration he's
6 given to so many of us. Over, though,
7 that time, our almost 50 years, we have
8 successfully managed more than \$1 billion
9 of social investment over our history.
10 We are a network of over 70 partner
11 organizations, programs, and initiatives
12 that serve over 150,000 children, youth,
13 and adults annually. Our program
14 partners vary in size. You saw one of
15 them here today, One Day at a Time, but
16 all work on diverse issues that
17 immediately affect a wide range of
18 Philadelphia's communities.

19 At UAC, we believe in the power
20 of coalition, and together we work hard
21 every day to drive change from the ground
22 up. I am clear, however, that UAC could
23 not have such a deep impact on the ground
24 in our communities without strong diverse
25 leadership at the top of the

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 organization. The UAC Board of Directors
3 consists of 40 professionals from a wide
4 variety of fields, including finance,
5 healthcare, education, transportation,
6 labor, and community-based organizations.

7 We are diverse in terms of race and
8 ethnicity. I am proud to say that 53
9 percent of our Board is African American,
10 and we also have representation from the
11 Asian and Latino community as well.

12 In recent years, however, we
13 noticed that though we had a diverse
14 board, we were not actively recruiting
15 enough women and the number of women on
16 our Board had dropped to 20 percent. I'm
17 proud to say that after a lot of work and
18 effort, we are now at 40 percent of our
19 Board are women. And although the
20 average age of our Board of Directors
21 tends to skew to the older side, 28
22 percent of our members are under the age
23 of 50, and we're excited that now 5
24 percent of our members are between 20 and
25 35. And we're looking forward to working

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 with DiverseForce so that we could
3 continue to tackle the age question.

4 The UAC Board of Directors
5 takes prides in working towards a more
6 diverse, equitable, and inclusive
7 society. We believe that our Board
8 should represent the communities we work
9 with and serve within. Our experience
10 has taught us that the best way to
11 achieve this vision is to set goals and
12 follow a standard process to find and vet
13 diverse candidates. In 2017, the UAC
14 Board of Directors established three
15 goals that are focused specifically on
16 growing and strengthening our Board.
17 More specifically, this year our Board of
18 Directors aims to enhance board
19 development and engagement, strengthen
20 diversity through increased corporate
21 partnerships, and foster the next
22 generation of UAC through intentional
23 investment. We use these goals to frame
24 our agendas for every Board meeting as
25 well as for our six governing committee

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 meetings.

3 At the leadership level, the
4 Governance Committee is charged with
5 finding, recruiting, and vetting
6 potential candidates for the UAC Board.
7 UAC has a Nominating Subcommittee made up
8 of Board and non-Board members who meet
9 twice a year to review current UAC Board
10 membership and identify potential members
11 to meet the needs of the organization.
12 Diversity of candidates is discussed and
13 included in the recommendations sent to
14 the Governance Committee. Board
15 candidates go through four processes:
16 recruitment, engagement, approval, and
17 orientation.

18 UAC also has a Friends of UAC
19 Committee who have members serving on the
20 Nominating Subcommittee. Each year the
21 Governance Committee reviews the
22 composition of the Board and the needs of
23 the organization in order to develop
24 recruitment criteria. The goal is to
25 develop a diverse board of directors that

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 includes representatives and leaders from
3 business, non-profit, government, and
4 educational. The engagement process
5 acquaints the candidate and the
6 organization and determines if a
7 recommendation will occur. This must
8 take place before the Governance
9 Committee is scheduled to review and
10 discuss candidates for recommendation to
11 the Board. The approval process allows
12 the Governance Committee and Board
13 members to make decisions about a
14 candidate's membership. This takes place
15 during quarterly meetings of the
16 Governance and Executive Committees and
17 full meetings of the Board.

18 The Board orientation is
19 designed for new Board members to better
20 understand the organization, their
21 responsibilities as a Board member, and
22 to receive perspective from current Board
23 members.

24 Our Governance Committee
25 recently completed the annual review of

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 our Board composition and have identified
3 several areas of need for UAC. As a
4 result, we are actively recruiting
5 diverse candidates in the corporate
6 arena, information technology, and human
7 resources. As stated previously, we are
8 also actively looking to recruit young
9 and emerging leaders as well as members
10 of the LGBTQ community and women.

11 Again, thank you for holding
12 this hearing and for the opportunity to
13 testify in support of improving diversity
14 and inclusion among Philadelphia's
15 non-profit sector. For 49 years, the
16 Coalition has worked tirelessly to
17 empower our communities. The success of
18 our work has also given us the
19 responsibility to represent community
20 voices to power. Diversity to us means
21 those voices are at the table helping to
22 shape our society, creating inclusion and
23 equity in our human service systems.
24 Having a diverse and inclusive board at
25 UAC allows us to fulfill that

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 responsibility to fully represent our
3 communities.

4 On behalf of the Coalition, our
5 70 program partners, and 350 employees, I
6 applaud City Council and your efforts to
7 search for potential solutions that
8 strengthen our city's non-profit sector
9 and benefits our most vulnerable
10 citizens.

11 Thank you very much for the
12 opportunity.

13 COUNCILWOMAN BASS: Thank you
14 for your testimony.

15 Councilman Green.

16 COUNCILMAN GREEN: Thank you,
17 Madam Chair.

18 I want to thank all of you on
19 this panel for your comments and
20 testimony this afternoon. In particular,
21 I would like to commend Ms. Sharmain
22 Matlock-Turner for your leadership in
23 helping to put together the Leadership
24 Forum, bringing together non-profit
25 leaders to really address this issue.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Also to Mr. Sulaiman Rahman for putting
3 together your initiative. And as I was
4 reflecting, I think I said this in your
5 comments at your graduation. Back when I
6 had a little bit more hair and I went
7 through the Urban League then Leadership
8 Institute a few years behind my
9 colleague, Councilwoman Brown, but having
10 an initiative like what you put together
11 that ties an institution like Fels School
12 of Government with your organization to
13 really train and provide those leadership
14 opportunities is kind of the first time
15 I've seen that initiative. Because I
16 think it really helps to train that next
17 generation of non-profit leaders that
18 Ms. Matlock-Turner talked about.

19 So I think this is something
20 that's very important going forward. And
21 then having Mr. Atkinson here from the
22 City's perspective, it raises some
23 interesting opportunities, and I'm going
24 to ask a few questions.

25 One, is there an ability to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 talk with some of the non-profits that
3 are vendors or providers to the City to
4 talk with them about their board
5 leadership? And where that's coming from
6 is, the opportunity to connect those
7 providers with the Philadelphia
8 Leadership Forum initiative as well as
9 Mr. Rahman's initiative. So as those
10 boards are looking to diversify, you have
11 a talent pool coming from diverse boards
12 as well as the opportunity to engage with
13 non-profit organizations and leaders that
14 Ms. Matlock-Turner talked about and
15 connect them with City providers.

16 COUNCILWOMAN BROWN: Point of
17 information, Madam Chair Lady.

18 COUNCILWOMAN BASS: Yes.

19 COUNCILWOMAN BROWN: Just to
20 provide context for our Chief Diversity
21 Officer, the history that Councilman
22 Green is referring to is during the
23 tenure of Councilwoman Marian Tasco, a
24 lot of questions were raised about the
25 composition of non-profit agencies doing

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 business with the City, and during that
3 time, there was an intentional effort to
4 fix that, change it, make it better. So
5 with that context, if you could address
6 Councilman Green's question.

7 MR. ATKINSON: I think our goal
8 is to find out exactly what departments
9 are doing, all City departments are doing
10 to comply with Executive Order 3-12 as
11 far as non-profit organizations are
12 concerned, and once we get -- and are
13 they reporting that data to OEO, and then
14 once that information is reported, to
15 develop a policy as to -- to make sure
16 that we're getting that information in a
17 consistent and uniform manner.

18 COUNCILMAN GREEN: I mean,
19 gathering that information is good, but I
20 also think we also need to be proactive
21 in either convening some of our
22 non-profit vendors and maybe even letting
23 them know that there are organizations
24 like DiverseForce or Leadership Forum
25 that are available to you if you're

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 looking to change the complexion or just
3 fill board vacancies.

4 I've been a member of a number
5 of different non-profit boards, and I
6 think providing that resource is helpful,
7 because sometimes people say we can't
8 find diverse talent, and here's an
9 initiative that is working with an ivy
10 league institution that is training the
11 next generation of leaders. And this is
12 an issue and it goes back to the whole
13 perspective I often talk about, poverty.
14 In order to develop certain skill sets,
15 sometimes you have to involve certain
16 organizations, and often that comes by
17 way of non-profit leadership.

18 I look at my own experience
19 from being President of East Mount Airy
20 Neighbors, also after another colleague,
21 Councilwoman Bass, being able to go from
22 one non-profit to another and you're
23 developing skills that you may not be
24 able to develop in your for-profit
25 corporate sector. These are leadership

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 skills that you can develop, and I think
3 that helps to grow the talent base in the
4 City of Philadelphia, making our talent
5 pipeline more attractive for employers,
6 so when you have entities like an Amazon
7 or Apple try to come to the City of
8 Philadelphia, we have a talent pool of
9 people who not only have the education
10 background but the leadership experience
11 that comes not just working in a
12 for-profit entrepreneurial perspective
13 but also taking a leadership position in
14 non-profit corporations.

15 MR. ATKINSON: Councilman, I
16 could not agree with you more, as someone
17 who also spent my life in non-profit
18 corporations. I've probably been in more
19 non-profit corporations than I could list
20 right now, and each one gives you a
21 little bit more skill, each one gives you
22 a little bit more perspective in a
23 particular area, whether it's healthcare
24 or housing, and you're able then to
25 utilize that to really help a large

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 number of persons.

3 I fundamentally like your idea
4 of working with organizations and
5 non-profit vendors and moving forward in
6 that area, and we certainly will do that.

7 MR. RAHMAN: And I want to
8 comment similar to the City of
9 Philadelphia, other leveraging points --
10 and you have it in the brief as well --
11 is that foundations have a leverage point
12 in making sure that organizations are
13 diverse as well. So working with
14 foundations. And they also find it
15 helpful, because many of them are faced
16 with the same issue internally, that they
17 are struggling with diversity and have
18 some trepidation to actually enforce that
19 with the non-profit organizations that
20 they fund. But having a resource like
21 what we're putting together, what we have
22 with DiverseForce, has been helpful to
23 them to say that we want to see more
24 diversity, but also providing a solution
25 side by side. And as we look to scale,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 we have a lot of professionals who are
3 interested in serving on boards, over
4 300-plus who have signed up and
5 interested in the program. Many -- and
6 25 who actually went through the program,
7 all of which are almost already linked up
8 with non-profits and going through the
9 process of nominations.

10 So we're looking to scale that
11 even more. So we have more non-profit
12 organizations than even talent right now.
13 So we're looking to scale that up, and
14 the next cohort would be in September,
15 with an opportunity to work with
16 organizations to sponsor more talent
17 through its own. That would be
18 supportive to have potentially a nudge
19 from City Council with some of our
20 private sector and even quasi government
21 sector that's actually going through
22 programs currently who are actually
23 funding professional development with
24 their staff to look at DiverseForce as a
25 program as well.

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 MS. MATLOCK-TURNER: Thank you,
3 Councilman. I just want to add, I think
4 it's an excellent suggestion, number one,
5 to first and foremost always convene and
6 talk to people and let them know about
7 the resources that are available. At the
8 African American Leadership Forum, we
9 will continue to look at this question
10 and continue to study these questions.
11 So as programs and projects and services
12 are brought online, we want to continue
13 to look at the fact how effective are we
14 being, are our foundations really meeting
15 the challenge both within their own
16 organizations as well as making diversity
17 and inclusion a critical part of what
18 they present to their grantees.

19 So we think that there's a lot
20 of work to be done in this space, and we
21 will continue to be a part of providing
22 support and leadership in this area.

23 COUNCILMAN GREEN: Another
24 follow-up question. My understanding
25 based on your testimony, the Leadership

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Forum received dollars from United Way
3 and also, Mr. Rahman, from your
4 testimony, you received some dollars from
5 the Philadelphia Foundation. Has there
6 been ongoing conversations between
7 Leadership Forum and United Way in
8 reference to what they're doing as an
9 organization as well as some of the
10 member agencies regarding diversity and
11 some of these issues?

12 And then from the perspective
13 from the Philadelphia Foundation, a few
14 years ago, the United Way and the
15 Philadelphia Foundation funded a training
16 for executive directors and board chairs
17 to try to enhance board leadership
18 throughout the Greater Philadelphia
19 region. Has there been any conversations
20 about that perspective from an
21 organization of color perspective as
22 well?

23 MS. MATLOCK-TURNER: Thank you
24 so much for those questions. Part of the
25 work around the African American

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Leadership Forum has really been to
3 really develop it into an organization.
4 It started as an idea that we really
5 wanted to make sure that we have really
6 quality data and information that we
7 could share with the broader community,
8 and that was the research project that we
9 worked on that was funded by the United
10 Way with support from the Philadelphia
11 Foundation.

12 We then said we really need to
13 make sure that we can build an
14 organization and have staff, and so we
15 held a couple of events and fundraisers,
16 because we also wanted to raise money
17 from the African American community. And
18 I'm proud to say that we have been able
19 to raise \$25,000 from local leaders to
20 support this work, and that's how we were
21 able to attract Keith to come and join
22 us. So on his agenda is to talk about
23 what is going on in the community, how we
24 could continue to partner with United
25 Way. And so all of those suggestions are

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 really great ones, but we really needed
3 to make sure that we had sustainability
4 and that we had staff to be able to make
5 that happen.

6 So I'm proud to say we've
7 accomplished a couple of those goals, but
8 we know we have a lot more work to do.

9 MR. RAHMAN: To your question
10 as well, Councilman, there's been natural
11 conversations with Leadership Forum as
12 well with those who are graduates who are
13 now leaders at organizations that are
14 also signed up to get leaders from our
15 program to serve on their board, like
16 Shakima, Talent and Fillmore (ph), to sit
17 on her board, because to the Leadership
18 Forum's research, understanding that it's
19 important to have a diverse board. Many
20 of the executives are incumbent leaders
21 on boards that do not have diversity and
22 many times trying to lead organizations
23 that do not have the cultural diversity
24 necessary to help them and support them
25 to the next level. So it's important to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 make sure that the boards are also
3 diverse with those who may be new leaders
4 for organizations that were historically
5 not as diverse as they are today.

6 COUNCILMAN GREEN: Thank you,
7 Madam Chair.

8 COUNCILWOMAN BASS: Council
9 Lady. I'm sorry.

10 COUNCILWOMAN BROWN: No
11 worries.

12 I'm excited about the alignment
13 of the work of what you're doing and the
14 continuum that's evolving that will help
15 us -- help government even do better in
16 this particular way.

17 Two questions. What have
18 been -- Sulaiman Rahman, you're now with
19 the first year in the rear-view mirror.
20 What have been one or two lessons learned
21 as a result of the first year?

22 And to Sharmain Matlock-Turner,
23 speak briefly about -- first of all, you
24 were very intentional and strategic,
25 which is in your DNA. What did you do to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 get to that 40 percent women and how long
3 did it take?

4 MR. RAHMAN: So with our
5 program, it has been -- throughout the
6 whole process, we've done surveys,
7 impact, and it's been very great feedback
8 and even more than we've anticipated
9 actually through the program when it came
10 to confidence that was gained from those
11 going through the program. Over 30-plus
12 non-profit and civic leaders and business
13 professionals came through that they had
14 a chance to connect with and learning the
15 language. So the confidence level of
16 those who sit on boards. And we
17 understand also that it's one thing to
18 just have representation on boards that
19 count heads, if you will, but it's
20 another thing to make sure the heads
21 count. And when they're on the board,
22 that they understand -- and many times
23 you sit on boards, you have one foot on
24 the gas and one foot on the brake and not
25 really bringing your whole self, and we

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 talk about studies and how conformity
3 works and tokenism ultimately ends up
4 being on boards. So it's important to
5 equip them with the strategies from a
6 governance perspective to make sure that
7 once they're on the boards, that they're
8 also very strategic about making sure
9 they're not the only ones on the board,
10 but also how they can be champions to
11 institutionalize diversity from a board
12 level.

13 We're also working with the
14 non-profit organization -- it's going to
15 be a two-sided strategy in the fact that
16 we can't just have individuals sit on
17 boards that are not inclusive and
18 understand that there are equitable
19 chambers that exist and that in order for
20 things to be different, that constructive
21 conflict needs to happen in the boardroom
22 in order to come out with better
23 decisions.

24 So for us, it's not enough just
25 to train on one side of the table, but to

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 work with organizations well to make sure
3 that the non-profit organizations are
4 also becoming more inclusive and really
5 harness the power of diversity on their
6 boards as well.

7 COUNCILWOMAN BROWN: In a big
8 way.

9 Thank you.

10 MS. MATLOCK-TURNER: Thank you,
11 Councilwoman. Yes. Going from 20
12 percent to 40 percent was really very
13 intentional. In order to recruit
14 candidates and to find candidates, we
15 really talked to the other women who were
16 on our Board as well as I have the
17 opportunity to serve on many boards
18 myself, so I was able to also have a good
19 sense of who was in the community, who
20 might be cycling off of a board, and who
21 may have an opportunity and have more
22 time available. But in the end, the
23 Governance Committee made a decision that
24 every opening would be filled by a woman
25 until we had better parity. And so we

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 intentionally recruited women and
3 promoted them through the board
4 structure. And one of the sort of
5 concerns that some people had were
6 because we try to make sure that we're
7 bringing people into the organization who
8 are outside of our community as well
9 because we want to make sure that we're
10 spreading the idea that we all need to
11 work together is what I call making sure
12 we're marrying downtown interests with
13 uptown concerns, and so -- but we found
14 women CEOs, we found women in the C
15 suite. We were able to reach those
16 goals, at the same time maintain a very
17 strong leadership class at our board with
18 our board. So, again, we recruited women
19 and we said we're going to just bring all
20 women in until we get to a much better
21 place than we are right now.

22 COUNCILWOMAN BROWN: That was
23 bold. Kudos.

24 MS. MATLOCK-TURNER: Thank you.

25 COUNCILWOMAN BROWN: Thank you,

1 4/2/18 - PUBLIC HEALTH - BILL 180215, ETC.

2 Madam Chairwoman.

3 COUNCILWOMAN BASS: Thank you.

4 Is there anyone else here to
5 testify on Resolution No. 170837?

6 (No response.)

7 COUNCILWOMAN BASS: Okay. And
8 seeing none, this concludes the public
9 hearing. There will be no further
10 business before this Committee on Public
11 Health and Human Services, and I want to
12 thank you all for being here and for your
13 testimony today. Thank you so much.

14 (Thank you.)

15 (Committee on Public Health and
16 Human Services concluded at 1:35 p.m.)

17 - - -
18
19
20
21
22
23
24
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE

I HEREBY CERTIFY that the
proceedings, evidence and objections are
contained fully and accurately in the
stenographic notes taken by me upon the
foregoing matter, and that this is a true and
correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

(The foregoing certification of this
transcript does not apply to any reproduction
of the same by any means, unless under the
direct control and/or supervision of the
certifying reporter.)

Committee on Public Health and Human Services
April 2, 2018

Page 1

A	accessibility	193:4,8	114:4	affect 31:13	187:6	199:16	amended
a.m 1:8	59:4 71:7	activist 111:5	addressing	69:6 188:17	afternoon	aid 11:19	157:19
aback 44:5	accessible	158:11	30:22 77:14	Affection	110:17	12:10	amending
abide 107:18	73:2	activities	126:23	117:3	147:14	101:13,17	134:4
ability 24:15	accessing	54:16	169:6	affirmatively	152:17	102:3,4	amendments
34:3 56:10	69:5 71:13	114:18	174:24	139:5	154:21	Aiders 12:15	176:16
61:4 74:6	accidentally	115:15	adds 128:4	affirming	164:3,4	aims 190:18	America
92:25 139:2	136:14	activity 115:8	adequately	41:5	170:13	ain't 78:5	11:20 21:3
173:20	accommoda...	actual 87:16	142:8	affordable	178:24	Airy 198:19	22:5,12
195:25	158:23	add 40:9	176:19	151:3	186:11	akin 57:17	118:20
able 24:18	accomplish	44:11 80:9	ADH 129:7	afforded	194:20	Al 1:13 16:25	120:5
36:15 45:5	24:18	98:9 125:16	ADHD 129:6	54:20 95:5	age 38:15	162:21	America's
45:9 53:7	accomplished	139:24	129:7	afraid 125:6	103:21	Alaska	23:3 120:7
53:13 63:12	66:19 205:7	202:3	adhere 77:13	125:7	119:8	120:24	American
85:24 87:20	accord	added 9:22	adjustment	African 5:24	189:20,22	alcohol	5:24 6:9,11
88:6 101:7	137:15	175:10	129:18	6:9,19,24	190:3	109:11	6:20,24 7:3
116:5	account	addicted	administrate	8:24 9:2,16	age-old 92:18	113:15	8:25 9:2,17
156:11	123:20	32:13	86:24	11:19 12:11	agencies 15:7	alignment	18:15 19:13
198:21,24	accountabil...	addiction	Administra...	14:10 18:15	45:2 62:17	206:12	23:6 25:7,8
199:24	59:5	47:6 64:25	23:13 51:23	19:13 23:6	66:5,8	All-Stars	28:17 29:6
204:18,21	accountable	adding 151:3	60:17 61:10	25:7 29:6	89:25 93:6	187:6	33:24 34:14
205:4	66:21	addition 6:16	65:15 88:16	33:24 34:14	114:11	alleviate 70:4	34:16 62:9
209:18	169:15	13:7 20:9	administrat...	34:16 62:8	125:14	Alliance	67:23 68:17
210:15	accurate	40:22 72:10	36:9,10	67:23 68:17	130:25	11:20 14:5	70:7 71:3
abnormal	73:10	114:18	admission	69:4 70:7	160:2 183:8	allocated	73:3,25
99:17	accurately	137:13	9:12	70:20,24	196:25	74:17	90:20
above-refer...	212:5	177:10	adolescents	71:3 73:2	203:10	183:10	117:19
71:18	achieve	additional	77:6	73:23,25	agency 14:25	allotted 73:13	118:2,6,13
absence	154:14	19:18 47:16	adult 10:18	90:20	59:20 60:20	allow 23:17	118:15
159:23	190:11	133:3 146:9	69:14,18	117:19	92:21 93:8	56:8 72:12	119:19
absolutely	achieved 7:17	146:25	97:13 98:24	118:2,5,13	108:14	94:16	120:24
52:10	73:4	Additionally	99:7	118:14,23	126:5 127:8	114:12	121:21,23
141:11	Achieving	9:13 16:7	adults 4:19	119:19	131:8,25	122:15	121:24
160:9	120:3	24:10	77:8 188:13	120:25	132:2	161:17	123:9
abuse 54:23	acknowledge	122:22	advance	121:21,23	agenda	allowed 36:2	125:13,20
69:10	16:24 68:7	additions	167:4	121:24	204:22	115:8	127:5
113:16	74:20 79:2	71:15	168:19	122:8,12	agendas	123:20	163:21
ACANA	79:4 158:10	address 7:17	advent 64:8	123:9	190:24	allowing	170:19,23
14:12	178:9	17:22 19:11	advertise	125:13,20	aggression	185:3	171:20
access 8:18	acquaints	31:15 34:20	96:11	126:7 127:5	41:7	allows 64:13	172:9,20
11:11 12:23	192:5	35:8 39:14	advocate	163:20	aggressively	72:20 156:9	173:2,11
13:13 21:5	act 58:6	40:4 55:23	98:20 111:6	170:19,23	144:7	156:10	174:22
24:8 28:18	Acting	57:2 70:17	112:11	170:25	ago 67:14	157:20	186:19
28:20 70:17	134:23	73:15 76:9	118:2	171:6,10,14	81:23 83:23	192:11	189:9 202:8
71:4,8	action 2:20	77:16 90:2	advocated	171:20	87:22 88:3	193:25	203:25
73:19 74:24	161:7	90:8 97:3	111:12	172:8,19,24	88:4 96:23	alterations	204:17
94:8 102:5	actions	128:19	Affairs 11:24	173:2,9,11	106:10,24	72:17	American-led
118:3,12	167:20	131:6	12:22 29:6	174:13,21	107:6 145:5	Amazon	171:7,10
120:22	activation	145:17	29:7,9	186:19	150:4 153:6	199:6	172:24
143:17	24:8	165:13	163:19	189:9 202:8	158:19	ambulance	173:10
173:21	actively	194:25	185:13	203:25	203:14	86:25	174:14
174:19	189:14	197:5	186:7,17	204:17	agree 81:8	amend 72:24	American-o...
accessed 69:9		addressed	187:12	After-School	85:8 153:10	138:6 152:9	171:14

Committee on Public Health and Human Services
April 2, 2018

Page 2

American-... 29:9	207:8 anybody 78:8	192:11 approved 151:4	assassination 188:2	2:12 attended 26:14 27:14	aware 124:11 awareness 3:8 9:15	90:3 120:22 bars 23:7	166:5,10 170:9
American-s... 12:11	anymore 79:16 83:24	approximat... 33:5 38:2	assess 13:5	43:19	11:11 68:6	base 199:3	178:19
Americans 14:11 69:4	APM 15:11	69:13	Assessment 69:17	attendees 12:4 16:7	89:23 90:9	based 24:4	185:6,14
70:20,24	apparently 96:22	April 1:8	assist 9:9	attends 148:19	91:2,6 95:3	43:13 92:24	194:13
73:23	appear 93:15	119:22	64:10 137:9	attention 126:24	96:4,14	144:25	196:18
118:23	applaud 121:13	area 115:11	137:13	63:3 68:2	114:19	176:24	198:21
120:25	194:6	199:23	168:14	68:10 113:4	127:3 128:9	202:25	206:8 211:3
121:2,3	Apple 199:7	200:6	assistance 11:21 16:10	126:15	151:6	basic 30:24	211:7
122:9,12	applications 175:22	202:22	116:20	attentiveness 56:25 66:14	awful 48:20	basically 141:21	battle 92:7
126:8 171:2	applies 139:11	areas 5:17	124:21	attitude 82:25	aye 162:5,6	144:3	beacon 124:2
amount 46:24	apply 212:21	31:8 43:17	132:17	attitudes 167:19	ayes 162:10	basics 113:25	bear 121:3
87:21,23	Amtrak 101:20	47:4 53:15	151:12	Attorney's 93:13	Ayuda 14:7	basis 46:19	bears 41:25
amplified 25:3	Applying 136:24	56:7 193:3	assistant 110:22	attract 49:20		Bass 1:11 2:2	beat 41:21
and/or 4:21	appointed 98:22	arena 193:6	assisting 114:24	204:21	B	3:10,23 4:2	beauty 160:8
21:16	appreciate 66:14	argument 65:9	Associate 117:18	attractive 199:5	B&B 184:21	4:7 16:22	Beckett 113:11
118:14	109:23	arms 47:2	associated 114:15	attracts 12:4	baby 146:16	19:25 30:5	becoming 209:4
122:16	155:3,8,24	88:20	116:5	attributable 70:2	back 21:14	33:8 48:9	bedlam 57:16
126:8	156:8,25	arose 107:3	Associates 171:13	22:11,25	22:11,25	50:24 51:15	began 13:23
212:23	anecdotal 118:21	array 15:20	Association 11:21	36:18 45:15	36:18 45:15	51:18 52:7	120:5
anecdotes 172:3	appreciated 160:12	arrested 97:10	assurance 136:23	47:4 58:4	47:4 58:4	52:12 53:3	167:11
anger 41:7	appreciation 156:7	art 14:13	assure 116:23	76:11 81:12	76:11 81:12	56:16 67:6	beginning 186:2
Anita 147:9	appreciative 16:18 155:6	Arthur 23:21	ascertain 168:25	86:22 88:10	86:22 88:10	67:17 75:10	begins 172:13
152:17	approach 82:23	article 179:17	170:7	91:21 98:16	91:21 98:16	78:23 81:7	behalf 65:25
156:10	approached 3:21 51:13	arts 24:19	Asian 6:2,11	99:21	99:21	85:7,15	behavior 81:25
Anita's 157:12	110:4	25:6,15	6:21 7:2	103:15	103:15	89:6 96:17	behavioral 3:6,14 4:12
Ann 110:2,10	133:25	26:5	11:4,21	105:6,11	105:6,11	104:10	behalf 65:25
117:11	147:11	168:25	25:8 29:8	107:4,10,14	107:4,10,14	105:5,16,16	154:10,25
132:3	158:19	170:7	119:21	108:6 133:7	108:6 133:7	109:19	155:4 194:4
announced 58:5,14	163:23	asked 58:25	120:25	145:21	145:21	110:13,16	behavior 81:25
101:21	approaches 59:18 75:2	60:19,24	189:11	160:12	160:12	117:5	behavioral 3:6,14 4:12
annual 11:25	177:11	124:10	attached 84:8	162:23	162:23	126:17	3:6,14 4:12
12:4 176:5	approaching 46:5	125:5 153:5	attachment 129:19,25	195:5	195:5	132:20	4:20 5:2,3,5
192:25	appropriate 55:14,25	asking 27:21	129:19,25	198:12	198:12	133:11,15	7:16 8:10
annually 176:22	56:2 57:8	55:15	attack 84:22	automated 139:6	background 81:21	134:17,25	9:15 11:14
188:13	71:23 73:21	108:16	attacking 83:3	availability 8:6	199:10	137:19,23	12:3,18
answer 16:20	approval 191:16	176:21	attempt 17:21 78:19	available 21:25 27:24	bad 48:22	139:18	14:14 15:21
137:17		aspect 40:23	114:13	31:10 37:21	62:10	140:10	17:18 18:9
139:16		128:4,9	attempting 20:23	78:13 91:7	102:19	142:21	18:13,17
answers 185:24		aspects 58:9	attendance	102:4,13	159:21	143:8,20	19:12,22
anticipated		69:7 127:15		127:18	balanced 159:21	144:24	25:11,14
				197:25	Baltimore 49:14	146:4,11	28:3,6
				202:7	Band-Aids 85:9	147:2,13	30:13 33:18
				209:22	banned 136:6	152:12	33:25 34:10
				average 38:15	Baptist 12:7	154:17	35:9,23
				172:15	barriers	157:24	36:6 45:19
				189:20		160:16,22	49:21 50:5
						161:3,19,21	50:12,15
						162:7,10	59:3 62:3
						163:8,25	64:25 65:5
						164:5,13	65:10,14
						165:25	66:25 67:18

Committee on Public Health and Human Services
April 2, 2018

Page 3

68:11,17 72:7 100:4 135:24 165:2,5 behaviors 120:18 behold 25:21 beliefs 74:7 120:15 believe 55:22 61:9 75:22 94:19 115:22 123:2 144:19 183:12 188:19 190:7 beneficial 72:21 benefit 35:22 49:10 178:14 benefits 36:2 36:5 194:9 best 72:16 89:14,21 190:10 better 48:5 64:2 67:14 70:15,16 73:4 75:6 77:12 89:19 89:20,25 90:5 99:24 108:23 159:15 168:2 169:12 180:14,24 181:17 192:19 197:4 206:15 208:22 209:25 210:20 beyond 26:5 88:25 BHRS 117:23 117:24 BHTEN 15:23,23	Bhutanese 13:20 big 72:19 180:16 209:7 bikes 54:4 bill 2:1,8,9,12 2:19,21,23 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1	95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1,24 106:1 107:1 108:1,10 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1,18 134:1,3 135:1,6,15 136:1 137:1 138:1,5,10 138:21 139:1,9 140:1 141:1 142:1 143:1 144:1,15,18 145:1,15 146:1 147:1 148:1 149:1 150:1 151:1 152:1,9 153:1 154:1 155:1,9 156:1,8 157:1 158:1 159:1 160:1 160:25 161:1,5,8 161:10,10 161:13,22 162:1,3,11 162:20,23 163:1 164:1 165:1 166:1 167:1 168:1 169:1 170:1 171:1 172:1 173:1 174:1 175:1 176:1	177:1 178:1 179:1 180:1 181:1 182:1 183:1 184:1 185:1 186:1 187:1 188:1 189:1 190:1 191:1 192:1 193:1 194:1 195:1 196:1 197:1 198:1 199:1 200:1 201:1 202:1 203:1 204:1 205:1 206:1 207:1 208:1 209:1 210:1 211:1 billion 188:8 BILLS 1:16 bit 39:16 47:12 75:18 76:22 94:23 128:16 133:17,24 142:2 182:16 186:6 195:6 199:21,22 black 3:8,18 12:6 19:6 20:10 22:8 22:16,18,23 23:2 26:16 41:17 42:23 68:6,8 72:5 110:9 111:4 111:11,13 112:12,15 112:22 113:7,17 117:16 119:19 125:13 126:25 182:11 black-led 111:14 blacks 112:3 112:23 Blackwell 52:25 blessed 20:13	95:19 Blondell 1:13 79:6 162:19 179:7 185:20 Blue 58:8 BMXlife 53:25 board 23:13 60:22 117:16 126:2 163:5 165:15 166:16,22 166:24 167:2,4,6,8 167:12,16 167:20 168:25 169:8,15 170:16 171:24 172:4,5,14 172:16 173:2,4,10 173:13,14 174:2,9,18 175:12,24 175:25 176:7,14,23 177:19 178:16 181:11 183:15,18 183:22 184:13 186:8 187:15 189:2,9,14 189:16,19 189:20 190:4,7,14 190:16,17 190:18,24 191:6,8,9 191:14,22 191:25 192:11,12 192:17,18 192:19,21 192:22 193:2,24 196:4 198:3	203:16,17 205:15,17 205:19 207:21 208:9,11 209:16,20 210:3,17,18 board's 174:10 board-matc... 177:18 boardroom 208:21 boards 7:10 167:23 168:3,9,14 168:22 172:24 174:3,22 175:6 176:18 177:8,16 178:3 179:15,19 183:15,24 184:8,16,17 196:10,11 198:5 201:3 205:21 206:2 207:16,18 207:23 208:4,7,17 209:6,17 BoardSource 166:20 167:11 173:24 179:17 boat 49:4 bodies 103:5 body 59:7 116:11 boiling 101:4 bold 210:23 book 97:12 Booker 51:10 boots 56:4 84:21 born 72:16 146:16 boss 82:24 bottom	181:17 box 79:22 88:2 Boyer 19:5 110:2,8,21 110:22,23 111:2 131:5 156:16 159:24 brain 19:7 68:8 110:9 111:4 112:13 116:10 117:16 126:25 135:21 brake 207:24 Branch 171:13 brand 142:4 182:23 breathe 104:21 brief 118:17 200:10 briefly 20:17 86:5 206:23 bring 7:13 63:13 68:9 77:20 90:3 91:2 103:25 108:2 127:3 172:17 178:12 179:19 210:19 bringing 194:24 207:25 210:7 brings 48:23 broad 186:14 broaden 57:3 204:7 broadly 46:2 Broderick 25:22 broken 79:14 99:7 151:20 brother 99:12 177:23 Brother's	25:24 Brotherhood 25:5 Brotherly 117:3 brothers 103:10,12 111:6 brought 126:24 202:12 brown 1:13 41:17 79:6 104:12,13 104:17 106:9,20 108:8 109:16 134:13 139:20 145:15 146:5,6 147:25 148:12 150:2 154:25 157:25 158:2 160:7 160:10 162:19 166:2,4 179:7 185:20 186:23 195:9 196:16,19 206:10 209:7 210:22,25 Bryant 42:6 44:14 budget 182:13 budgets 175:19 build 58:17 79:12 100:20 114:16 115:6 129:12 187:18 204:13
--	---	---	---	---	---	--	---

Committee on Public Health and Human Services
April 2, 2018

Page 4

building 25:5 30:16 86:12 102:15,16 106:4,7,13 136:23 141:19 142:8,15 156:17,19 156:20 173:19 buildings 136:8,10 141:21 built 134:9 135:13 141:22 bull 93:4 Bullock 113:20 bullying 41:8 113:15 burden 99:22 121:4,6 bureaucracy 61:13,14 65:18 89:23 89:24 90:8 Burger 82:17 82:18 Burmese 13:20 Bush 119:23 business 7:6 14:16,20 15:2,14 16:17 81:12 176:4 177:5 187:16 192:3 197:2 207:12 211:10 businesses 180:17,18 busy 146:21 button 158:22 Byberry 57:13 C C 210:14 calculated 10:5 Calendar 6:8	15:9,10 call 3:11 43:4 51:5 77:22 78:8 86:25 92:17 102:10 109:24 129:18 147:4 163:9 163:10,13 182:10 210:11 called 2:3 19:6 53:16 57:7 94:2 97:20 120:3 calling 78:5 Cambodian 13:19 campaign 19:7 68:9 96:6 110:10 111:4 112:13 117:17 126:25 camps 57:18 candidate 192:5 candidate's 192:14 candidates 190:13 191:6,12,15 192:10 193:5 209:14,14 candidly 115:10 Candlelight 54:13 capital 86:12 captures 158:17 Caraway 147:9 152:16,17 155:9 care 5:4 10:9 15:16 21:4 28:18 31:7 31:14 44:24 46:17,17	57:19 58:3 58:21 59:5 61:4 67:3 68:15 70:15 70:16 71:9 71:13,24 72:2,3,15 73:2,20 74:4 75:8 91:22 95:20 120:2,4,23 121:10,11 124:3,7,11 129:23 130:5 134:8 135:8,10,13 136:4 137:6 137:9 138:8 138:12,20 139:4,11 140:5 142:24 143:11 145:17 147:10 148:18,20 148:21 149:5,6,8 149:15,16 149:22 150:8,12,19 150:23,24 151:10 152:18 154:3,12,15 155:2,12 156:2,4,22 157:9,15,21 158:23 159:2,9 160:2 cares 137:2 144:20 155:17 caring 152:2 Carney 47:20 Caroline 134:23 carpentry 43:5 carries 162:11 case 46:14,19	46:25 63:6 63:8 68:20 73:9,14 75:7 82:15 82:21 83:25 95:7 129:12 146:25 cases 60:13 76:7 95:14 catch 64:15 catchment 43:17 category 67:2 Caucasian 5:25 6:10 6:20,25 126:10 caught 23:8 cause 34:2 CBH 5:3 6:5 6:7,23 7:3 9:22 10:10 14:22 15:15 16:2 45:25 61:18,25 72:24 77:3 78:17 89:17 93:3,19 94:17 101:21 125:18 130:16 celebrated 178:3 Census 118:23 center 8:13 14:23 34:24 40:13,14 103:11,15 113:12 117:15 149:15 centers 109:14 145:18 149:5,18 152:24 155:19,22 157:9 central 168:13 cents 36:13	CEO 51:9 52:2 163:18 163:22 178:25 185:13 CEOs 210:14 Cephas 113:20 certain 31:8 80:18 87:21 102:20,21 134:11 143:4 198:14,15 certainly 47:6 50:3 134:17 164:9 185:18 200:6 CERTIFIC... 212:2 certificates 142:3 certification 135:11 137:7,11 138:17,23 139:8,10 143:14 149:24 150:10,15 150:16 212:20 certified 7:20 7:22 101:15 134:10 135:14 CERTIFY 212:3 certifying 212:24 Chad 3:16 20:7 44:12 chain 98:16 Chair 1:11 17:4 33:12 47:9 48:8 48:12 50:23 85:20 89:5 89:9 98:4 98:18 102:12 107:15	109:15 126:21 134:14 159:18 161:9,13 164:18 179:5 194:17 196:17 206:7 chaired 17:14 Chairman 96:20 chairs 166:24 167:8 185:15 203:16 Chairwoman 4:7,8 67:17 105:16 137:23 140:9 154:24 160:16 211:2 challenge 17:16 33:17 160:18 202:15 challenges 4:21 13:6 19:23 33:21 38:11 46:21 47:7,14 50:17 85:23 108:12 124:22 127:14 128:16 chambers 56:22 208:19 championed 155:3 champions 208:10 chance 66:10 83:10 207:14 change 56:4 61:14 62:13 62:14 87:15 87:16,19	90:24 91:6 107:19,21 112:8 125:10 184:2 188:21 197:4 198:2 changed 63:6 87:14 106:3 121:13,15 changes 107:9 138:10 changing 167:20 chaos 43:25 Chapter 134:4 135:8 137:8 characteris... 172:23 Charge 11:18 charged 191:4 Charitable 119:3 charter 15:3 124:10 check 160:17 checked 151:17 Chester 3:17 20:9 Chestnut 25:21 chief 163:16 164:10 166:13,23 174:7 196:20 child 94:3,14 97:10 98:23 99:5,12 129:11 134:8 135:7 135:10,13 136:4,14 137:2,6 138:8,12,19 139:3,11 140:5 141:13,14 142:10,24	143:11 148:18,19 148:21 149:5,6,8,8 149:15,16 149:19,22 150:8,12,18 150:23,24 151:10 152:18 155:2,12,17 156:2,22 157:21 158:23 159:2,25 child's 150:21 childhood 98:17 147:21 148:9 children 4:19 22:6 54:8 76:18 77:6 111:20 115:12 119:8 125:8 129:2,5,14 129:22,24 129:24 130:6,21 135:19,22 136:2,9,16 136:24 137:3 138:14 147:8 148:5 148:16,17 149:10,16 152:3,22 153:8,9,15 153:20 154:4,13,15 155:4,14,16 155:18 156:5 157:8 157:16,22 160:19 188:12 children's 14:23 82:21 152:4 China 93:4 Chinese
---	--	---	--	--	--	---	--

Committee on Public Health and Human Services
April 2, 2018

Page 5

13:20 chipping 60:4 136:12 choice 155:20 choices 14:22 39:10 choose 74:24 148:20 church 12:7 95:24 117:19 Cindy 1:11 4:7 circumstan... 22:21 123:21 129:11 cities 48:25 49:11 50:10 58:25 119:7 citizens 35:7 75:5 147:7 148:5 178:15 194:10 city 1:2,7 2:4 6:6,18 18:3 19:19,23 21:2 32:9 34:7,17,20 44:25 48:25 52:17 53:10 55:5,10,16 56:4 60:25 61:6 75:24 76:7,19 82:11 86:10 88:18 89:13 89:25 91:13 94:7 96:15 104:4 108:13 111:10 112:6 117:2 123:25 127:7 128:18 140:25 141:5 146:16 148:17 149:25 150:15,25	151:5 155:5 155:21 156:21 157:23 163:17 164:11 165:6,8 166:14 168:4,6,22 168:24 169:3,13,19 170:5 171:2 171:11,18 176:3,5,12 176:23 177:2,11 178:16 179:5,24 180:20 184:3 185:22 186:15 187:8 194:6 196:3,15 197:2,9 199:4,7 200:8 201:19 city's 56:13 69:16 119:7 152:4 176:17 178:13 194:8 195:22 City-gover... 5:4 civic 185:2 207:12 claims 36:14 clarified 63:15 clarifies 135:6,15 139:9 clarify 134:6 138:7 151:6 clarity 106:2 139:24 156:10 159:18 Clarke 53:2 class 173:16	178:4 210:17 classroom 124:15 clean 58:6 86:18 141:2 cleaned 107:7 cleanup 32:10 clear 75:23 96:23 123:18 188:22 clearance 136:20 clearly 50:8 60:21 65:22 66:3 105:9 105:14 133:5 146:8 158:11 176:8 Clergy 12:6 Clerk 2:24 3:2,11,13 51:4,6 109:24 110:2,6 134:3 147:6 163:2,9,15 client 98:24 110:12 124:24 131:10 132:9 176:24 clients 84:18 106:12 115:13 122:25 clinical 57:23 58:9 77:13 115:18 117:23 141:12 clinically 121:18 clinician 112:2 117:21 127:24 131:19 clinicians	111:8,13,17 112:18 113:24 114:7,20 115:2,5,10 116:19 127:11,17 128:17 129:9 clinics 71:10 clock 133:20 close 58:7,15 150:20 closed 149:13 closely 93:11 139:23 closest 66:9 closet 93:4 closing 58:16 118:11,20 closure 57:10 Co-Chair 186:18 co-chairs 186:24 Co-Founder 110:9 111:3 co-worker 147:23 coalition 11:22 13:22 14:7 148:11 163:19 185:13 186:7,18 187:12,25 188:20 193:16 194:4 coalitions 13:24 30:17 32:3,8,14 72:10,10 code 107:20 108:2 134:5 135:8 137:8 138:6,11 157:22 codes 106:4,7 cohort 32:5 201:14 collaborate 113:19	collaborated 112:9 collaborative 14:9,12 72:13 170:22 177:20 collaborativ... 112:17 colleague 195:9 198:20 colleagues 49:6 99:2 126:10 169:19 collect 24:12 collected 41:13 collecting 43:13 136:20 collectively 99:23 Colleen 147:23 148:3 college 27:12 42:21 Colley 110:3 110:10 117:10,12 128:21 color 3:7,9,20 9:14,18 12:21 14:6 17:19 18:2 18:11,16,21 18:21 19:14 19:20 20:16 22:7,15 24:3,6,14 24:23,25 25:4,16,19 26:4,12,14 27:9,15 29:19,24 30:2 34:13 36:22 40:5 42:10,22 44:4 47:11 66:2 67:19 90:16,17	112:2 113:24 114:7 118:5 118:14,15 125:14,22 126:8 127:4 127:18 128:17 156:4 165:3 167:6,14 168:8 169:12 178:2 180:21 183:23 203:21 come 37:14 43:4 50:11 55:4 59:6 84:9 85:3 86:13 87:3 87:25 89:25 91:15 92:5 92:6 94:17 97:6 102:18 103:6 109:7 159:12 166:15 199:7 204:21 208:22 comedy 57:7 comes 78:16 93:5 99:10 100:4 122:5 142:24 143:14 160:19 183:17 198:16 199:11 comfort 43:25 comfortable 115:9 coming 41:9 46:20 49:12 91:11 131:10 132:11 133:22 142:3 159:19	164:25 196:5,11 commands 159:5 commemor... 188:4 commend 194:21 comment 48:16 99:6 101:10 200:8 commentary 33:15 47:10 comments 17:9 91:9 134:14 166:3 186:5 194:19 195:5 commercial 159:2 Commission 29:5,7,8 119:24 120:2 commission... 171:6 Commissio... 3:14 4:6,11 4:14 17:5 17:22,23 18:6 23:24 30:10,12 33:3 34:25 35:10 38:25 44:10 46:11 47:20,20 49:9 134:22 134:24 135:3 141:9 143:6,10,23 146:2 commissions 168:14 commit 100:14 commitment 105:2 committed 105:15 156:23 157:3	168:12 170:24 186:8 187:13 committee 1:3 2:5,11 3:3 4:9 17:14 42:8 42:9 58:8 85:14,16 118:8 137:24 148:2 161:14,23 162:13 163:3 166:11 185:15 190:25 191:4,14,19 191:21 192:9,12,24 209:23 211:10,15 Committees 192:16 common 102:6 113:2 113:16 135:25 communica... 139:5 communica... 72:13,21 communities 3:9 7:25 12:2 13:2 13:21 18:16 18:20 19:14 22:15 24:17 25:9 27:7 31:19 42:13 59:16 73:3 77:11 80:24 81:16 127:4 169:12 181:9 187:18 188:18,24 190:8 193:17 194:3 community
---	--	---	--	--	---	--	--

Committee on Public Health and Human Services
April 2, 2018

Page 6

11:13 12:19	24:20 55:16	component	39:9	51:9,10	continues 6:5	114:20	161:16,18
13:9,16,17	68:23 189:6	172:4	conduits	52:3	35:21 38:12	185:17	161:25
13:22 14:24	community/...	composition	100:5	constantly	45:2 49:19	203:6,19	162:3,14,16
15:10 18:16	25:10	6:7 167:6	conference	45:8	50:15 54:15	205:11	176:12
19:13 22:16	Company	191:22	11:25 12:4	constituenci...	115:25	Conversely	177:11,16
22:24 27:20	181:12	193:2	114:21	165:10,22	116:21	174:20	179:5 184:3
30:17,23	compare 36:7	196:25	conferences	Constituent	160:15	COO 51:10	185:22
31:15,16,20	compared	comprehen...	45:5	53:17	continuing	cookie 60:9	194:6
31:20 32:3	10:7 57:16	15:19 85:5	confidence	constituents	74:12 85:23	Cooper 147:8	201:19
32:7,12,14	87:22	comprehen...	207:10,15	112:19	continuum	154:21,22	206:8
32:16,19,21	compensable	85:4	conflict	114:2,4	27:8 46:17	160:4,9	Councilman
33:7 34:16	11:16	comprise	208:21	116:18	206:14	cooperation	1:11,12,12
35:23 36:6	compensated	4:24	conflicts	construction	contract	92:21	1:13 2:12
38:4 45:12	160:6	comprised	31:13	142:5	45:23 87:25	cooperatively	2:13 16:25
47:4 52:18	competence	13:24 42:9	conformity	constructive	107:14	93:7,22	17:2,3 20:2
53:20 54:9	70:10 74:9	150:22	208:2	208:20	169:15	coordinating	27:11 28:12
54:19 55:12	174:23	concentrati...	confusion	consultant	contracted	186:21	30:18 33:10
58:17 62:9	competency	57:18	150:6 151:7	3:20 20:14	125:12	coordination	33:11 35:18
67:24 68:6	13:14 74:15	concern	154:8	consumer	contracting	65:7	47:8 48:10
69:17 71:3	111:18	17:24 59:7	Congratula...	70:12	7:8 176:17	coordinator	48:11 49:8
71:8 72:5	127:16	127:20	146:22	contact 97:6	contracts	42:5 147:21	50:21 53:2
72:11 73:6	181:7,10	concerned	congregation	contacts	14:25 54:10	163:20	53:3 56:24
73:12 74:2	competent	47:6 150:13	95:17	53:13	86:10,11	170:18	58:24 67:16
74:8 78:4	8:7 28:11	152:21	connect 196:6	contain 74:14	88:25 112:6	187:4	67:24,25,25
79:13,15,18	28:14 68:25	197:12	196:15	136:8	169:3	cords 64:23	79:3,4
80:4 81:10	70:6,13	concerning	207:14	144:13	contradictory	corner 41:24	85:11,12,13
86:8 88:6,8	71:9,24	64:5 168:10	connecting	151:25	97:11	41:24 48:17	85:17,17,18
88:11,13	74:5 75:8	concerns	55:14	contained	contribute	53:22	85:19 86:4
89:12 91:15	118:4	114:4 115:9	connection	212:5	62:19	103:12,17	87:9 88:14
95:11 102:2	competing	127:13	33:18 34:6	contaminat...	contributes	103:18	89:3,7,8
103:2,8	95:23	210:5,13	34:23	141:5	24:5	corners 53:24	96:8,17,19
107:7,8	complete	concluded	connections	context 17:9	contributing	corporate	97:9,22
108:6,7,24	138:15	58:12	18:23 34:9	57:3 196:20	73:17	190:20	103:22
109:11,13	completed	211:16	144:8	197:5	contribution	193:5	105:24
109:14	94:5 150:12	concludes	conscientious	continually	158:10	198:25	108:10
111:5,11,18	192:25	161:4	46:7	32:18	control 31:22	corporations	114:22,22
112:8,15,23	completely	162:22	consequences	continue 19:2	212:23	177:4	114:23
113:7,17,21	22:17	211:8	120:19	19:17 29:3	controls	199:14,18	126:19,20
115:4,7	completing	condition	consider 2:20	39:19,23	116:11	199:19	132:19
116:21	13:13	134:7	161:7 177:3	56:8 61:25	convene	correct	161:9,12
117:15,25	complex	135:12	177:12	90:10 93:20	202:5	131:14	162:20,21
122:24	143:24	149:24	consideration	139:25	convening	212:8	164:15,17
125:23	complexion	conditions	153:21	155:21	67:18	cost 184:18	179:6
126:3 127:5	198:2	69:15 77:5	considered	169:17	197:21	Council 1:2	185:16
182:8,12	compliance	116:17	175:11	174:25	conversation	2:4 14:24	187:20,21
184:22	86:15 87:17	134:12	181:19	184:6	19:3,4,16	21:2 52:17	194:15,16
189:11	87:20	conduct	consistent	186:10	47:19 96:12	53:10 56:24	196:21
193:10,19	107:12	129:7	197:17	190:3 202:9	114:12	66:20 88:18	197:6,18
204:7,17,23	159:4 160:3	171:15	consistently	202:10,12	133:4,8	90:7 91:13	199:15
209:19	comply	conducted	14:20 30:22	202:21	165:2	109:18	202:3,23
210:8	197:10	13:4,15	consists 7:4	204:24	conversations	125:23	205:10
community...	complying	101:16	64:5 189:3	continued	24:22	137:16	206:6
5:13 13:3	137:12	conducting	Consortium	13:8 126:16	113:21,23	153:6	Councilme...

Committee on Public Health and Human Services
April 2, 2018

Page 7

45:10	163:8,25	39:16 65:11	90:22	118:19	85:2	119:11	151:11
102:14	164:5,13	142:9 143:2	111:18	167:12,18	DBHIDS'	definitely	170:7
105:19	165:25	covering	123:6,22	168:6,24	16:12	33:16	Departmen...
Councilwo...	166:2,4,5	13:25	126:6	169:13	DBHIDS's	definition	9:24 139:15
1:11,13 2:2	166:10	covers 122:8	127:16	176:6,7	5:17	63:14 64:4	151:8
3:10,23 4:2	169:23	crazy 78:9	174:23	197:13	DC 49:15	70:9	departments
16:22 17:12	170:9	create 11:7	181:7,10	204:6	deadline	degree 66:5	43:16 55:11
19:25 30:5	178:19	37:9 80:4	205:23	database	151:23	delay 135:16	55:17 97:25
33:8 48:9	179:6 185:6	92:13	culturally 8:6	139:6	152:10	152:5	103:6,9
50:24 51:15	185:11,14	125:22	28:11,13	date 122:13	deal 19:21	156:25	104:7 105:9
51:18 52:7	185:19	148:13	41:5 68:25	137:16	28:14 41:15	157:2	170:6 197:8
52:12,25	194:13	created 9:13	70:13 71:23	138:11,25	76:19 80:2	deliberate	197:9
53:2,3	195:9	10:11 13:6	74:5 75:7	daunting	80:5 84:7	175:13	depend
56:16 67:6	196:16,18	23:20 24:4	118:3	156:24	84:20	deliver	122:12
67:17 75:10	196:19,23	24:21 28:4	120:16	157:2	dealing 33:25	140:25	depends
78:23 79:5	198:21	creates 31:13	culture 61:13	David 3:13	92:9 128:14	delivered	106:16
81:7 85:7	206:8,10	180:24	70:11	4:10 23:24	deaths 69:25	153:18	depressing
85:15 89:6	209:7,11	creating	cupboards	53:12	70:2	delivering	23:11
96:17	210:22,25	28:24 31:16	109:12	186:23,25	decay 41:23	151:9	depression
104:10,12	211:3,7	38:10 71:16	cure 85:5	day 51:7,23	decided	delivery	21:10 22:9
104:13,17	counseling	151:7,9	curious 91:9	52:8,23	112:21	67:22	22:12 113:4
105:5,16	11:14 15:11	193:22	current 71:20	53:4,12	decision	delve 90:7	Deputy 4:14
106:9,20	64:20 76:3	credible	72:24 89:18	62:10 63:8	64:18	delved 8:19	30:10,12
108:8	95:15,18	181:14	135:15	79:23,23	209:23	demand	38:25 46:11
109:16,19	117:15,21	crimes 113:9	144:10	80:12 86:2	decision-ma...	134:15	134:22,23
109:20	122:24	criminal	152:7 191:9	88:9 91:22	172:13	democracy	135:3 141:9
110:13,16	counselor	33:19 34:6	192:22	94:11 103:7	decisions	28:17	143:6,10,23
117:5	63:23	34:10,15,23	currently	103:25	10:22 169:9	demographic	146:2
126:17	count 207:19	59:24 98:4	35:6 54:24	104:21	169:10	5:22 6:6,23	Derek 1:11
132:20	207:21	120:20	72:23 170:5	107:5,5	192:13	172:22	2:13 27:11
133:11,15	country	crisis 14:23	170:17	114:21	208:23	demograph...	28:12 179:6
134:13,17	25:18 31:23	15:18 62:25	186:25	122:20	decline 113:6	6:18 118:18	185:16
134:25	41:18 48:18	63:2,4 95:7	201:22	124:9	decrease	174:8	described
137:19	59:2 89:19	96:25	curriculum	131:12	11:10	demonstrat...	57:14
139:18,20	119:17	criteria	41:5	133:2 134:8	decreasing	16:11 173:6	describing
140:10,21	couple 35:11	191:24	Curtis 1:12	135:10,13	69:22	denied 60:5	57:19
142:21	96:23 131:3	critical 11:7	79:3	137:2,6,9	dedicated	density 77:9	designated
143:8,20	163:12	13:4 148:22	cutter 60:9	138:8,12,20	25:19 53:6	department	68:5
144:24	204:15	167:18	cycling	139:4,11	deemed	3:14 4:11	designation
145:15	205:7	173:21	209:20	144:20	112:15	7:18 11:7	142:4
146:4,5,6	course 107:17	186:12		145:17	deep 119:10	20:14 29:10	designed
146:11	153:15	202:17	D	147:10	188:23	30:12 45:19	192:19
147:2,13,24	154:4	critically	damaging	157:8	deeply 28:16	47:24 48:7	despair 26:11
148:12	courses 95:15	111:16	135:21	180:23	Defender's	49:24 60:3	despite 174:9
150:2	court 60:3	crossing	149:20	188:15,21	98:18	92:2 103:7	deteriorate
152:12	93:11,15	105:9	dangerous	days 15:23	defending	105:8 109:8	142:18
154:17,24	98:21,22	crying 101:8	62:10	44:15 58:6	98:20	135:20	determinant
157:24,25	Courtland	cultural 6:12	149:19	DBHIDS	defer 49:6	137:5,14	64:23
158:2 160:7	12:6	11:19 13:14	data 5:22	4:17,24 5:9	defiance	138:3,18,24	determinants
160:10,22	cover 93:11	18:22 70:6	8:19 24:12	6:18 7:8,23	130:4	139:4	64:3
160:23	coverage	70:9 71:9	27:17 29:18	8:11 11:6	deficit 43:22	143:15	determinati...
161:3,19,21	140:6	71:12,15	38:12 41:13	15:19 20:14	113:4	144:6 145:3	58:10
162:7,10,19	covered	74:9,14	41:14,15	23:20 83:8	defined	145:4	determines
			43:15 47:22				

Committee on Public Health and Human Services
April 2, 2018

Page 8

detrimental 56:10	dialogues 25:3 125:19	52:5 67:12 67:15 138:2	125:19	113:22	126:6,12	96:2 126:25	69:25
Deutsch 57:15	differ 172:19	147:7 148:5	dishearteni... 99:20	144:16	163:5,16	132:2 170:7	drugs 32:13
develop 168:24	differed 171:11	187:6	disorder 39:6	147:9	164:10,22	196:25	70:3 92:3
179:12	difference 61:15 64:12	directors 7:10	46:23 113:5	154:23	166:13,17	197:9,9	due 113:8
191:23,25	65:3	171:21	113:8 129:7	156:14	167:4,9,10	203:8	123:19
197:15	differences 172:21	172:9 175:6	129:18	District's 94:16	167:13,25	206:13	Duly 161:20
198:14,24	different 35:2	187:15	disorders 22:23 113:3	dived 113:10	168:11,21	dollar 36:13	Dunbar
199:2 204:3	37:14 38:20	189:2,20	121:5	diverse 8:7	168:25	dollars 17:18	117:14
developed 29:3 66:18	39:10 49:12	190:4,14,18	disparities 8:9,16 9:25	10:12 11:9	169:16	82:5 86:12	122:24
developing 116:16	59:17,18,19	203:16	10:16,18	11:25 22:6	170:17	87:24 88:5	dust 136:13
135:21	66:12 74:21	disabilities 4:22 21:10	36:20 37:2	60:22,22	171:25	88:7,23,24	136:21
168:15	74:22 99:10	22:13 23:5	74:19	118:4 120:9	173:7 175:5	107:16,20	DYA 84:2
177:15	99:18	23:10 50:2	112:14	120:16	175:13,25	107:22,24	dying 87:8
198:23	127:25	60:18	130:10,12	168:18	176:6,14,20	112:6 203:2	dynamic 44:14 90:25
development 5:12 16:2,9	132:3	disability 3:15 4:13	disparity 10:21 31:7	173:14,19	176:23,24	203:4	dynamics 73:16
32:3 42:19	155:20	4:25 15:6	118:12	174:4 175:9	177:19	domestic 41:20	
175:12	159:3,4	21:19 30:14	168:7	179:13	178:7	donated 54:6	E
178:17	182:19	45:20 68:22	disproporti... 22:10 23:7	181:16,22	179:18	door 21:6,6	E 14:24
184:25	184:11	121:5	168:7	182:15,20	180:20,22	21:14 22:11	eagerness 158:13
190:19	198:5	disabled-ow... 7:6 14:16	disproporti... 121:4	183:11	180:23,25	22:25 23:19	ear 100:10
201:23	differently 132:6 159:8	14:19 15:14	disrespect 126:9	184:12	181:25	23:20,25	earlier 38:19
developmen... 135:24	difficult 94:18	16:17	126:9	188:16,24	182:19	doors 82:15	83:5 90:12
DHS 15:2,5	111:24	Disclosure 134:6	dissatisfied 167:8	189:7,13	183:20	downsize 100:19	99:9 110:22
64:24 82:3	126:11	135:10	174:10	190:6,13	186:8	downtime 80:24	126:24
83:23 84:4	difficulty 112:3 114:6	disconnect 124:16	disseminated 73:11	191:25	187:13	downtown 210:12	156:15
85:3 93:8	diligent 65:23	discourages 74:11	disseminati... 41:14	193:5,24	190:20	Dr 23:21,22	early 8:22
98:21	diligently 5:9	discourse 25:13 28:5	disseminati... 12:24 29:17	196:11	191:12	37:8 48:13	39:4 57:11
diagnosed 114:8 123:2	111:5	discoveries 20:19	disservice 56:13	198:8	193:13,20	90:11 188:3	63:6 147:20
123:10	dimensions 182:19	discuss 146:3	dissonance 167:19	199:8	196:20	draw 63:3	earned 54:24
diagnoses 69:19	diminishme... 69:11	192:10	distinctions 98:10	200:13	199:8	drink 100:22	earnings 14:21
113:16	Dion 3:16	72:16	distinguished 96:21	205:19	200:17,24	100:24	easier 99:4
123:4,19	20:7	173:17	distributed 66:7	206:3,5	202:16	drinking 141:2	easily 65:14
129:3,6	direct 45:21	191:12	district 15:3	DiverseForce 163:22	203:10	drive 18:19	East 198:19
diagnosis 76:25	68:15 70:5	discussion 72:23	35:5 42:17	177:20	205:21,23	188:21	easy 102:25
123:17	212:23	118:10	65:8 82:12	178:25	208:11	driver 179:24	103:3
129:17	direction 19:10 172:7	122:20	85:2 93:13	190:2	209:5	drop 71:22	150:14
131:13,18	directive 168:20	132:25	93:17,18	197:24	dividing 55:5	drop-out 41:3	185:24
131:22	directly 56:9	145:5	94:3,22	200:22	Division 4:25	dropped 189:16	economic 179:24
dialogue 19:2	Director 25:23 51:7	discussions 88:15		201:24	70:19	dropping 82:3	123:23
19:3,16,17	51:11,22	113:23		diversify 165:15	divisions 4:23	drug 31:21	ED 172:12
45:10 47:19				182:18	DNA 206:25	69:10 93:16	EDs 172:9
48:2 96:13				196:10	document 175:23	109:10	educate 80:14
126:16				diversifying 177:16	documented 149:10	113:15	156:18
				diversion 93:14	doing 20:21	drug-free 31:19,20	156:12
				diversity 5:17	27:7 32:10	drug-related	educating 73:5
				6:4,13	37:22 39:3		education
				16:12 17:17	39:18 42:6		
				59:12,14	43:10 44:19		
				74:23 75:2	49:2 56:12		
					67:4 84:17		
					86:2 91:16		
					91:19,24,25		

Committee on Public Health and Human Services
April 2, 2018

Page 9

15:22 32:15	55:20 74:18	encourage	ensuring	especially	26:7 27:15	192:16	explain 102:8
33:20 34:24	119:25	32:2 157:11	10:14 73:20	8:25 18:15	204:15	197:10	explaining
64:2 65:11	148:8	177:5	118:10	19:19 33:24	everybody	203:16	151:13
65:13 83:20	eliminated	encouraged	175:9	34:13 35:4	94:15	executives	explicitly
103:4	10:16	18:12	enter 21:18	48:6 52:24	124:12	166:24	8:20
112:18	else's 62:15	encourages	22:11	89:16 90:16	158:17	167:7 174:7	explore
115:25	embarking	31:7	entered 15:15	92:9 127:4	everyday	179:14	177:17
180:5 189:5	40:10	encouraging	enterprise	128:25	27:6	205:20	exponential
199:9	emerged	167:24	14:16 15:14	153:22	eviction	exercises	46:24
educational	40:25	endorses	enterprises	essential	100:15	32:11	exposed
34:4 113:14	emergency	137:5	7:6 16:17	64:11	evidence	exist 105:7	76:17
130:12,16	21:21 55:19	ends 76:3	46:4	establish	149:10	208:19	135:22
154:14	76:5	172:14	enters 144:4	73:13 95:7	172:2 212:4	existed 8:16	137:3
192:4	emerging	208:3	enthusiasm	111:24	evolve 144:23	existing 134:6	142:10
effect 149:20	193:9	energies	158:13	112:16	evolving	135:6 138:7	exposure
181:23	EMOC 20:22	112:22	entire 54:19	114:14	206:14	138:11	135:18
effective	24:10 40:9	enforce	132:10,13	115:17	ex-offenders	expanded	136:2
10:17 50:19	42:5,8	200:18	entirely	established	54:11,21	11:2 16:16	140:18
62:20 65:6	emotional	enforcing	150:16	58:8 119:23	exactly	expanding	145:12
136:18	22:22 37:15	137:15	entities 199:6	170:21	154:13	46:14	149:20
138:10,25	emotionally	engage 14:13	entitled 25:5	190:14	197:8	expansion	exposures
202:13	104:23	29:19 37:5	134:5 135:9	establishing	examine	5:21 10:22	136:4
effectively	emphasizes	46:16 115:4	entity 5:5	29:14	159:20	expect 61:25	extension
178:2	21:8	196:12	entreprene...	ethnic 6:4	examining	Expectations	151:23
183:25	empirical	engaged 8:25	199:12	10:13 22:6	170:6	26:6	152:7,20
effects 82:7	172:2	186:14	entreprene...	120:10	example	experience	154:7 155:8
efficient	employ	engagement	34:18	167:9,15	10:23 36:20	6:17 7:12	155:24
151:3	182:11	5:19 9:9,25	entry 21:21	174:11	45:9 93:8	7:13,17	156:8
effort 8:8	employed	10:2,5,8,18	environment	ethnically	93:23 94:20	41:19 44:18	extent 8:15
150:3	6:14 54:10	28:25 70:17	41:22	181:16	124:8 131:9	70:21 75:16	36:16
182:23	54:24 182:5	182:8 185:2	141:16	ethnicity	167:5 176:3	93:3 112:24	extra 160:6
189:18	employees	190:19	155:14	173:15	176:21	122:21	extreme
197:3	6:19 84:14	191:16	environmen...	175:24	examples	128:22	22:20
efforts 8:24	194:5	192:4	136:15,25	189:8	11:17 16:15	190:9	extremely
30:15 34:21	employers	engaging	environments	evaluate	86:6	198:18	50:6 118:7
56:6 68:9	179:25	3:19 9:5,13	25:13 28:5	131:17	excellent 33:8	199:10	
114:25	180:6,9	9:18 16:14	epidemic 55:2	176:13	202:4	experienced	F
148:8 175:5	184:23,23	20:15 24:3	55:24 63:5	evaluation	113:9 152:8	15:8 78:14	F 52:2
175:7 176:9	199:5	115:15	86:18 92:4	8:16 10:21	excessive	80:21 81:4	face 47:15
194:6	employing	English 13:11	116:20	171:15	excited	experiences	62:24
eight 23:15	7:21	151:14	episode 46:16	evaluations	189:23	26:10 74:8	faced 200:15
39:3 180:2	employment	enhance	equal 8:18	8:23	206:12	74:22 114:3	facilities
either 34:18	7:17	108:22	equip 208:5	evaluator	excuse 67:13	171:9	134:9,10
46:3 197:21	empower	190:18	equipped	117:14	executive	experiencing	135:8,13
elected 78:22	32:21	203:17	183:25	122:23	7:10 25:23	37:22 40:18	136:5 138:9
electrical	193:17	enjoyable	equitable	Evans 17:24	51:7,11	69:24 102:7	138:12
43:6	empowering	56:21	190:6	23:21	52:5 67:12	102:22	139:12
elements	25:2 27:16	Enon 12:7	208:18	evening 57:25	67:15	experiment...	145:24
169:25	32:25	enrolled	equity 193:23	147:14	165:15	38:15	facility
elephant	enable 168:24	148:18	eradicate	164:2	168:3,9	expertise	135:11
93:18	enacted 138:5	ensure 8:6	116:22	event 77:25	169:4 170:2	173:17	137:6 139:7
eligible 5:6	enactment	16:13 73:10	Erney 94:20	events 12:19	171:21	174:24	143:11
eliminate	135:17	176:18	error 149:12	15:24 26:6	172:9 187:5	177:7	157:15
							facing 55:19

Committee on Public Health and Human Services
April 2, 2018

Page 10

77:10,16	131:20	119:9,12	183:8 186:3	107:16,25	199:12	forward-thi...	101:7
108:13	132:5,7,10	feds 100:5	190:12	flocking	force 101:19	60:7	front 21:6
fact 31:4	132:13,16	feedback	197:8 198:8	182:20	157:4	foster 190:21	63:22 65:19
35:22 36:8	134:8 135:7	207:7	200:14	flooded 41:24	forcing 65:24	found 9:2	76:6,9
36:12 38:19	135:10,12	feel 115:8	209:14	floors 136:21	93:6	82:16 93:25	124:6
50:7,10	136:4 137:2	116:12	finding 73:24	flush 144:11	foregoing	129:16	fruit 178:13
61:2 62:16	137:6,9	123:16	83:18 191:5	flushing	212:7,20	210:13,14	fulfill 193:25
95:11 100:8	138:8,12,19	feeling 84:6	findings 8:22	145:8,10	foremost	foundation	Fulfilling
100:13	139:3,11	fellow 52:17	10:20 124:4	focus 5:16	202:5	69:3 184:20	42:16
101:15	140:5	72:14	166:20	13:5,16	formally 79:4	203:5,13,15	full 135:17
149:11	142:24	Fels 177:21	171:23	112:22	formed 72:9	204:11	192:17
159:6	147:9	195:11	174:13	149:7	112:12	foundations	full-out 76:4
187:24	148:19	felt 37:19	finds 120:6	171:20	187:22	163:6	fullest 63:21
202:13	149:5,8,16	97:8	fine 48:14	173:17	former 25:23	166:18	fully 55:18
208:15	150:8,12,18	female 118:2	61:18 66:24	175:13,15	97:5 158:11	200:11,14	82:10
factor 159:6	150:24	females 97:15	135:4	focused 25:10	formulation	202:14	175:11
factored	151:10	fiduciary	firm 171:15	159:2	129:12	founded	194:2 212:5
141:6	152:18,23	66:22	first 3:12 4:5	169:24	forth 178:13	188:2	fun 114:21
factors 40:19	153:7,17,21	field 68:11	12:10,15	173:25	forthcoming	fountain	functional
41:10 73:17	154:11,25	92:8 172:3	25:4,18	182:22	29:16	153:16	59:21 93:9
116:15	155:12,17	176:10	26:5,12	183:20	fortunate	four 13:24	functioning
123:6	155:23	fields 189:4	35:11 43:18	185:23	20:13	25:7 32:4	81:18
failing 167:21	156:2,22	fighting	52:21 66:10	190:15	fortunately	32:25	functions
fair 67:2	157:21	116:20	66:11 76:23	focuses	98:8	124:15	24:16 169:8
158:21	158:23	figure 78:20	78:16 79:10	136:16	Forum	191:15	fund 184:21
faith 11:23,25	159:25	80:5 87:6	90:12 94:11	focusing	163:21	frame 190:23	200:20
faith-based	fan 84:10	88:21 108:5	94:14 95:11	113:14	170:19,21	frameworks	fundament...
7:25 12:12	87:4	158:22	101:13,17	folks 32:21	170:22	28:15,16	200:3
13:18	far 30:16	fill 105:13	102:3,4	37:5 47:3	171:5	fraternities	funded 82:11
Fallon 26:21	40:11 47:5	198:3	113:10	76:14,14	186:19,23	12:13	83:7 176:19
falls 183:14	59:6 131:22	filled 209:24	118:16	77:13 78:9	187:5	free 101:23	203:15
familial 24:16	135:25	Fillmore	131:12,14	84:6,17	194:24	134:11	204:9
73:16	197:11	205:16	141:10	96:15	196:8	135:15	funders 53:10
families 4:20	far-reaching	final 120:3	147:18	159:14	197:24	140:13,15	55:6 88:19
14:8 39:8	174:13	finally 158:6	158:4	follow 105:23	202:8 203:2	141:8,11,15	91:14
39:13 53:7	Farida 19:5	finance 51:23	161:17	108:9 145:3	203:7 204:2	141:17,24	171:21
54:7,9	110:2,7	189:4	162:2,15	146:7	205:11	142:14,14	funding 32:6
83:17	111:2	financial 59:5	163:10	190:12	Forum's	153:14	32:8 63:11
148:23	fashion 114:6	66:15	178:3	follow-up	205:18	156:16	66:6 69:21
155:5,14	159:21	177:14	195:14	9:12 124:13	forward 3:11	Freedom	87:15 171:3
157:23	fast 62:11	financially	202:5	202:24	20:24 43:9	119:24	173:21
family 59:21	faster 133:24	152:22	206:19,21	followed	62:11,17	Freeway	174:19
60:2 83:2	father 26:23	financing	206:23	144:17	94:24	26:24,25	175:22
83:21 84:23	favor 162:4	122:10	firsthand	following	109:25	frequently	201:23
93:9,11	favorable	find 43:25	58:2	5:17 15:7	126:16	9:4	fundraisers
110:8,11	161:15,24	44:20 63:18	fit 98:9	15:16 48:15	145:19	Friday 53:19	204:15
111:3	162:13	98:13 103:2	five 31:24	53:15 120:6	147:5	58:4 100:21	funds 65:11
112:11	FCQH	103:3,3,4	88:4 129:22	food 63:25	165:14	friend 41:21	65:13
114:21	125:24	123:24	fix 99:6 101:4	109:12	169:18	41:25 80:11	156:11
115:12	fears 114:15	126:10	197:4	foot 47:17	176:11	185:19	funeral 99:14
117:13	February	151:19	flexibility	207:23,24	189:25	Friends	further 35:15
122:15	57:24	158:16	64:13	for-profit	195:20	191:18	75:18
130:18	federal 98:8	182:3,15	flexible 75:3	198:24	200:5	frightening	161:25

Committee on Public Health and Human Services
April 2, 2018

Page 11

169:7 211:9	43:10,15	112:6	204:23	187:15	30:18 33:10	growth 172:8	happens
Furthermore	79:11 80:25	122:19	207:11	192:3	33:11 35:18	guarantee	60:13 62:12
26:2 174:6	83:4 100:8	133:7 147:3	208:14	195:12	47:8 56:24	73:19	78:6 84:24
future 108:18	105:5 128:2	147:18	209:11	201:20	67:16 85:18	150:21	86:23
133:4	128:3,5,6	159:25	210:19	206:15	89:7,8	guess 87:25	103:18
futures 152:5	129:13,25	161:6	good 3:23,25	Governor's	114:22	140:20	104:8
FY14 7:7	132:17	162:23	4:6 20:6,25	29:5,7,8	126:20	guidance	111:21
FY17 7:7	158:6	191:15	21:7 30:10	grade 77:17	132:19	52:24	143:9
FY18 53:14	197:16	198:21	44:3 51:15	78:21	163:19	guide 151:8	happy 6:3
G	giant 65:16	goal 9:24	51:17 52:4	graded 92:23	164:15,17	151:18	16:20
Gabe 42:7	Girard 27:12	18:25 24:10	52:11,12	graduated	170:13,14	gun 100:25	137:17
44:14	girth 40:3	154:12	56:19,20	184:14	179:6	103:3	139:16
Gabriel 42:6	give 17:8	191:24	67:10 75:11	graduates	185:16	gunshot 85:8	146:3
gain 8:14	27:16 29:16	197:7	79:8 100:10	205:12	194:15,16	Gurney 86:18	155:13
21:5 74:3	29:17 40:2	goals 169:11	104:14,14	graduating	196:22	guy 100:23	169:21
gained	74:15 86:5	190:11,15	104:15,16	178:4	197:18	guys 45:17	hard 151:18
207:10	118:16	190:23	110:13,15	graduation	202:23	99:8	188:20
games 115:3	123:17	205:7	110:25	195:5	206:6	H	harder 91:25
gap 118:11	131:12,17	210:16	117:11	Grands 11:17	Green's	haggle 20:18	harness 209:5
119:15	153:15	God 95:19	137:22	grant 175:22	197:6	hair 195:6	Harris
150:17,20	154:13	98:11	143:21	grantees	Greenlee 1:12	half 94:6	113:20
gaps 105:6,14	186:22	goes 62:12	147:14,14	202:18	2:12 68:2	119:9	Harrison
gas 207:24	given 2:18	92:18	147:19	grants 32:9	85:11,17,19	Hall 1:7	51:11 52:4
gathering	61:21 66:15	198:12	149:7	grassroots	86:4 87:9	halls 9:20	52:5 67:9
197:19	134:15	going 17:6	152:16	5:12 11:12	88:14 89:3	25:7 40:10	67:10,12
geared 77:8	138:14	20:18 21:5	154:21	47:13 91:5	108:10	40:25 43:11	80:8 84:10
GED 54:24	140:2 188:6	37:17 39:6	157:15	127:2	161:10,12	43:13	90:14
gender	193:18	41:21 42:20	163:25	grateful	162:20	hand 60:2,2	harsh 140:2
167:25	gives 199:20	43:2,12	164:2,4	150:2	Greenlee's	124:12,16	hazard
173:7,16	199:21	57:6 58:7	166:10	gratitude	105:24	178:10	136:19
general 16:3	giving 39:13	58:13,15	170:13	68:8	grew 80:9	handle	hazards
70:22	52:15 63:19	63:11 78:19	178:23,24	great 27:7	Grey 98:18	104:24,25	136:17
112:25	131:22	83:15,21	185:19	71:22 86:2	ground 56:5	handled 76:2	148:14
118:5	glad 59:11	84:16,22	186:2,3,11	132:25	84:21	hands 95:19	head-on
125:20	101:5	85:3 90:19	197:19	135:19	158:16	hang 103:16	74:20
generally	124:23	92:7,8	209:18	154:7	188:21,23	hangout	heads 105:8
156:3,3	125:3	94:24 98:11	gotten 61:10	178:16	group 10:6	103:17	207:19,20
generation	185:11	100:17	governance	186:13	14:4 53:25	happen 45:2	health 1:3 2:1
190:22	glue 159:8	101:22	191:4,14,21	205:2 207:7	70:23	59:22 62:5	2:5 3:1,4,6
195:17	go 2:19 4:4	105:13	192:8,12,16	greater 9:11	groups 5:20	81:9 107:17	3:7,8,15 4:1
198:11	35:12 37:3	110:6	192:24	73:9 75:6	10:13 13:5	154:2 205:5	4:9,12,21
generative	41:9 42:20	125:16	208:6	121:7	13:16 16:14	208:21	5:1,2,3,5
183:18	47:4 50:17	133:16,18	209:23	125:11	22:7 31:17	happened	6:1 7:1,16
gentleman	64:14,19,19	133:23	governing	171:4	39:9 53:16	57:24	8:1,10,13
156:15	66:18 71:16	134:14	190:25	203:18	53:19	101:20,23	9:1,7,16
gentlemen	82:6 83:10	140:13	government	greatest	120:16	106:24	10:1,3,19
51:2	88:22,25	141:22	58:12 69:21	174:17	171:20	107:8	11:1,14
George	90:23 94:4	142:18,19	92:17 96:16	greatly	173:18	happening	12:1,3,10
119:22	98:16	146:17,21	98:9 158:12	109:23	grow 14:17	39:22 42:12	12:15,18,25
Germantown	100:22	161:6	158:15	172:6	199:3	44:7,24	13:1 14:1
8:3	102:10,23	165:14	169:19	Green 1:11	growing	45:6 81:16	14:14,21
getting 18:17	103:16,24	195:20,23	177:22	2:13 17:2,3	69:20	83:24	15:1,21
22:19 40:5	106:18	201:8,21	180:7	27:11 28:12	190:16	106:23	16:1 17:1

Committee on Public Health and Human Services
April 2, 2018

Page 12

17:14 18:1	74:19 75:1	143:14	111:24	116:22	Hispanic/L...	homogenous	171:16
18:10,13,18	75:24 76:1	144:1 145:1	115:6,17	132:17	6:2 119:20	173:9	193:6,23
19:1,8,12	77:1 78:1,2	145:3,21	155:13	144:9	Hispanics	Honorable	211:11,16
19:22 20:1	79:1 80:1	146:1 147:1	hear 2:7,18	160:13	118:25	51:8,25	hundreds
21:1,4 22:1	81:1 82:1	147:6 148:1	17:6 26:24	169:13	historically	hope 62:19	107:6
22:4 23:1	83:1 84:1	148:2,4	47:11 76:13	186:9	18:9 206:4	103:3	hyperactivity
24:1,2,7,7	85:1 86:1	149:1 150:1	77:23 80:10	199:25	histories	178:11	113:5
24:11,13	87:1 88:1	150:22	105:20	205:24	120:14	184:3	
25:1,12,14	89:1 90:1	151:1,8,11	124:22	206:14,15	history 68:24	hopefully	I
25:17 26:1	91:1 92:1	152:1,4	133:18	helped 97:25	111:16,22	19:15 47:15	ID 102:18
27:1 28:1,3	93:1 94:1	153:1 154:1	144:25	175:25	188:9	94:23 98:11	idea 32:17,23
28:6 29:1	95:1 96:1	155:1 156:1	182:14,16	187:7	196:21	hopelessness	40:2 62:6
29:10 30:1	96:25 97:1	157:1 158:1	heard 37:7	helpful 198:6	hits 141:2	26:10	102:19
30:13 31:1	98:1 99:1	158:8 159:1	100:10	200:15,22	hold 3:4	hopes 186:9	145:16
31:9 32:1	100:1,4,11	160:1 161:1	123:13	helping 7:14	122:17	hopscotch	200:3 204:4
33:1,18	101:1,3,13	162:1 163:1	127:15	44:19	163:4	115:4	210:10
34:1,2,10	101:16	163:4 164:1	153:4	107:23	169:14	hospital	ideas 72:15
35:1,9,24	102:1,4	165:1,2,5	186:20	130:5	holding 178:5	21:21 57:11	ideation
35:24 36:1	103:1 104:1	166:1,12	hearing 2:3,4	193:21	193:11	57:13,20	125:5
36:6,8 37:1	105:1 106:1	167:1 168:1	17:10 18:25	194:23	holds 66:20	58:2,10,19	identified
38:1 39:1	107:1 108:1	169:1 170:1	67:18 75:17	helpless 97:8	holes 63:18	hospitalizat...	16:8 46:21
40:1 41:1	109:1 110:1	171:1 172:1	89:23	helps 96:6	holistic 58:20	9:5 15:17	62:17
42:1 43:1	111:1,9	173:1 174:1	133:21	137:2	Holloman	hospitals	121:22
44:1 45:1	112:1,20,25	175:1 176:1	140:20	195:16	53:12	23:18	193:2
45:19 46:1	113:1,3	177:1 178:1	144:25	199:3	home 14:10	host 54:16	identifiers
46:22 47:1	114:1,10,15	179:1 180:1	161:5	heroin 63:2,4	41:20 88:11	113:21	102:21
47:7 48:1	114:19,21	180:4 181:1	162:24	63:5	119:14	138:13	identify 8:8
48:16 49:1	115:1 116:1	182:1 183:1	170:16	Hersh 53:11	144:10,12	165:7	61:23 63:12
49:21,24	116:5,16,23	184:1 185:1	171:24	hesitant	148:20	hosted 11:24	102:6,20
50:1,4,5,12	117:1 118:1	186:1 187:1	178:6	125:6	149:15	hours 154:2	144:7
50:15 51:1	118:20	188:1 189:1	193:12	Hi 134:23	153:13	house 43:3	176:12
52:1 53:1	119:1,24,25	190:1 191:1	211:9	187:20	157:12,12	54:25 86:20	191:10
54:1,23	120:1,4,7,8	192:1 193:1	hearings 3:5	high 43:14	home-based	87:18,21,23	identifying
55:1,24	121:1,17,19	194:1 195:1	163:4	62:4,7	148:20	107:12	81:3 136:17
56:1 57:1	121:25	196:1 197:1	heart 113:12	69:24 78:6	homeless 15:5	111:21,22	151:11
58:1 59:1,3	122:1,4,6	198:1 199:1	156:6	93:24 94:12	21:22 53:24	housed	168:15
60:1 61:1	122:17	200:1 201:1	Hebrew	121:4	91:17	106:12	identity 27:2
62:1,3 63:1	123:1 124:1	202:1 203:1	11:18	higher 95:20	100:17	107:6	igniting
64:1 65:1,2	124:22	204:1 205:1	held 2:9 25:6	121:6	homelessness	houses 107:2	159:24
65:6,10,15	125:1,12	206:1 207:1	26:12 95:3	156:20	69:10	136:3	ill-prepared
66:1,25	126:1 127:1	208:1 209:1	204:15	higher-ups	116:14	housing	97:2
67:1,19,20	128:1 129:1	210:1 211:1	Hello 117:10	92:6	homeowners'	55:12 56:6	Illinois 49:16
67:22 68:1	130:1 131:1	211:11,15	147:13	highest 119:6	141:3	83:19	illness 38:14
68:5,11,16	132:1 133:1	healthcare	187:21	highlights	homes 57:17	106:17	60:12 70:5
68:21,23	134:1,24	21:7 24:23	help 27:23	167:17	63:25 79:11	199:24	73:24
69:1,6,15	135:1,8,20	51:12 52:6	38:20 48:5	hinder 55:11	107:4 136:7	Hughes 95:3	113:25
69:17,19	136:1 137:1	67:15 68:18	61:7 88:20	hired 88:22	136:10	human 1:4	114:9
70:1,14,18	137:5,8,24	69:5 74:24	98:12,23	Hispanic 6:9	149:6,9,17	2:5 3:4 4:10	115:20
70:21,25	138:1,6,19	149:2	99:5 101:7	6:21,25	150:8,12,19	17:15 29:10	116:4,7,25
71:1 72:1,4	138:24	181:11	101:8 102:6	11:4 15:10	151:24	60:3 70:19	illnesses
72:7 73:1	139:1,4	189:5	108:5	118:25	153:7,10,18	137:24	111:7 121:8
73:12,18,20	140:1 141:1	199:23	115:16	121:3	155:23	148:2 163:4	imagine
73:22 74:1	142:1 143:1	healthy 81:2	116:18,19	182:11	157:9,11	166:12	43:21
							immediate

Committee on Public Health and Human Services
April 2, 2018

Page 13

92:22	111:16	68:20	183:21	individual	196:17	Institute	164:24
immediately	115:5	inadequate	187:14	26:19 27:20	197:14,16	177:22	195:23
188:17	116:10	74:10	193:14,22	30:25 54:18	197:19	195:8	interests
immigrant	118:7 122:3	inappropri...	202:17	92:15 97:13	204:6	institution	177:9
11:19 12:22	131:24	72:2 97:15	inclusive	103:20	information...	195:11	210:12
12:25 13:7	153:19	inappropri...	168:16	130:23	15:24	198:10	interfering
25:9	154:5	120:11,19	190:6	132:9	informed	institutiona...	64:16
impact 25:10	155:23	incarcerated	193:24	individuals	10:22 27:24	208:11	interim 58:7
39:13 77:19	164:20	23:9 35:7	208:17	5:6,15 6:17	115:24	institutiona...	internal 5:11
113:17	165:19	incarceration	209:4	7:16,23 8:9	informing	183:21	internally
123:7	168:19	98:13	income 152:3	13:11 15:25	11:25 80:25	institutions	200:16
132:12	169:6	incentive	153:22	27:6,22	ingested	101:18	internation...
169:11	170:16	9:23	154:2	38:6,9 39:7	136:14	180:4,5,13	50:11
188:23	171:11,23	incentivize	incomplete	53:23 54:14	inhibit 61:3	insurance	interpretati...
207:7	172:12	10:11	175:7	54:22 55:14	90:4	21:8 60:6	13:10
impacted	173:19	incidence	incorporate	59:16 79:15	initiate 56:3	100:6,6	interrupted
126:3	175:4,21	62:21	71:12,18	86:21,21	initiating	122:4,6	2:22
impactful	186:15	incident	73:9 84:25	88:12 93:15	150:3	insured 39:24	intersection...
40:15 115:7	195:20	43:14 77:24	120:13	106:17,19	initiative 9:14	insurmount...	42:19
116:8	205:19,25	include 11:17	Incorporated	107:13,23	13:23 19:6	94:9	intervene
impacting	208:4	12:5 14:22	20:11	109:4	20:16 24:3	intake 117:14	38:19
123:14	importantly	21:21 68:19	171:13	125:14	25:25 32:2	integrate	intervening
impacts	5:15 168:23	113:3	increase 7:9	174:17	62:3 77:4	47:22	99:9
30:24 33:20	impossible	176:16	18:23 46:24	187:16	177:12	integrated	intervention
34:3,7	63:10	included 10:2	69:9 116:2	208:16	179:8,11	64:23 92:20	10:16 15:4
47:23	improper	13:19 16:5	116:15	industry	195:3,10,15	intellectual	21:9 39:4
132:12	123:4	113:23	151:5 175:5	173:16	196:8,9	3:15 4:12	interventions
169:8	improperly	114:20	175:8,25	179:23	198:9	4:21,24	9:8
impassionate	122:25	191:13	182:18	ineffective	initiatives	15:6 21:9	interview
26:17	improve	includes 24:7	increased	72:3	11:10 24:25	21:19 22:13	64:19
impediments	24:11,13	132:13	6:12 11:5	inequalities	35:2,13	23:5,9	interviews
108:12	25:17 65:16	136:3	73:15 75:7	119:25	37:10	30:13 45:20	171:19
imperative	168:17	168:20	113:6	inevitably	168:16	50:2 60:18	173:18
74:13	187:17	176:6 192:2	173:20	124:22	177:18	68:22	introduce
implement	improvement	including	190:20	infants	188:11	intend 157:6	114:12
176:12	10:17 45:13	7:11 9:10	increases	149:17	innovative	intent 155:11	introduced
implementa...	improvement...	9:20 12:12	15:8	influence	5:18 9:23	155:11	9:9 53:21
124:4 150:6	18:5	15:2 65:25	increasing	172:6	16:12 26:3	166:21	invested
implemented	improves	76:17	71:2 111:13	174:20	177:24	intentional	88:10
10:9 124:18	70:14	120:19	176:13	influences	inpatient 9:4	175:7,15	101:14
170:4	improving	122:14	incredibly	116:13	9:11 37:18	190:22	investment
implementi...	24:2 28:9	148:24	175:16	inform 24:12	inside 124:14	197:3	188:9
168:15	64:6 67:3	158:8	incumbent	73:6 80:15	insights 8:23	206:24	190:23
implications	170:24	187:14	205:20	187:8	Inspections	209:13	invited
174:12	178:7	189:4	Index 166:22	information	137:14	intentionally	114:10
186:13	193:13	inclusion	Indians	12:25 13:4	138:3,25	210:2	inviting 118:9
importance	in-home	163:16	120:24	32:20 47:22	inspectors	intercede	170:15
115:22	68:21,21	164:11	indicated	48:3 54:12	151:4	99:4	involve
187:9	in-network	166:13	160:17	67:8 73:11	inspiration	interest 108:9	136:20
important	72:11	168:12,21	indicates	75:12 90:13	187:10	interested	198:15
18:8 25:2	in-person	175:8,14	167:2	115:25	188:5	171:8 201:3	involved
28:13 37:20	13:10	176:14	indigenous	143:17	instances	201:5	89:11 93:14
59:19 61:19	in-school	178:8	144:2	186:9 193:6	59:9	interesting	involvement

Committee on Public Health and Human Services
April 2, 2018

Page 14

involves 175:8,12 Islander 25:8 29:9 Islanders 121:2 isolated 115:11 issue 17:22 18:3 30:23 36:21 56:25 75:23 92:16 105:5 118:3 127:3,20 128:4,9,22 139:3,7,24 139:25 143:24 146:13,15 153:11 164:22 165:14,19 168:13 169:18 180:10 185:18,23 186:5 187:9 194:25 198:12 200:16 issued 173:23 174:5 issues 16:7 18:10,14 19:8,12 28:3,6 31:15 33:25 35:8 40:4 54:23 69:4 69:6 73:12 77:5,18 86:9 88:16 90:2 95:5 102:22 107:3 108:3 116:15 123:22 126:23 127:12 131:4,9,21 174:25 186:10 187:19	188:16 203:11 item 109:2 160:18 ivy 198:9 J jail 103:25 jails 21:22 23:3 January 94:14 135:17 138:22 152:9 Jay 27:2 Jaynay 19:5 112:10 Jennifer 51:21 91:21 Jersey 171:5 Jimmy 26:20 Joan 94:20 Joanna 113:20 job 44:19 64:14,19 86:2 91:24 91:25 jobs 54:21 64:2 99:23 183:3 John 51:8 52:2 Johnson 19:5 25:22 53:3 112:10 114:23 134:22,23 135:3 141:9 143:6,10,23 146:2 join 204:21 joined 16:25 79:5,6 Joining 4:13 Jones 1:12 3:13 4:6,10 17:5,23 23:25 33:3 34:25 35:10 44:10 49:9 53:2,11 67:24 79:4	79:5 85:12 85:13,18 96:18,19 97:22 103:22 114:23 187:20,21 Jones's 18:6 journalist 57:15 journey 125:4 Jr 1:12 52:2 jump 115:3 June 6:22 58:14 justice 33:19 34:6,10,15 34:24 98:4 120:21 187:23 juvenile 120:21 K K 1:12 keep 8:24 42:11 46:25 47:2 89:22 151:2 158:17 Keeper 25:24 Keir 98:18 Keith 163:19 170:14 179:9 186:20 204:21 Kelly 187:2 Kenney 27:13 Kensington 8:2 86:19 kept 120:9 key 12:24 172:4 kicked 86:22 kid 82:17 100:20 kidding 164:2 kids 79:22 82:14,16 83:4,12,14 83:18	103:20 130:13 140:3 killed 41:17 42:2 99:13 kind 25:18 37:15,20 39:14 40:3 44:5,5,25 49:3 50:5 50:17 53:21 63:3 78:11 87:11 94:21 97:17 98:12 127:7,7 154:9 195:14 kinds 83:20 King 82:17 82:18 188:3 Kingsessing 40:12 Knight 184:20 knocked 82:15 100:24 know 17:12 17:20 23:12 34:25 38:12 42:12 44:21 45:18 49:7 60:8 66:11 76:25 78:6 78:9,14 80:20 81:6 82:16 84:11 84:19 85:6 86:9,17 87:25 89:11 90:16,20 95:22 98:2 99:12,25 101:20,23 102:2,25 103:7 106:16 109:2 128:10,24 129:4,10,11 139:21 144:6 146:20	148:7,21 150:5 155:16 171:25 179:22 181:4,12,21 185:22,24 186:24 188:3 197:23 202:6 205:8 knowledge 71:14 known 61:8 150:19 kudos 186:22 210:23 L L 212:14 L&I 85:24 86:9,13 87:5,5,10 106:3 107:2 107:12,17 107:18 108:3 109:7 139:5 140:7 143:16 150:19 158:8 labor 189:6 labor-inten... 175:14 lack 33:17 65:6 74:8 115:24 127:17,22 174:23 179:18 180:25 181:10 ladies 75:20 146:19 Lady 109:18 196:17 206:9 laid 99:22 LaJewel 51:11 52:5 67:11 84:10 Lamb 4:14 23:25 30:7 30:10,11	38:25 46:11 53:12 Lanai 117:11 LandCare 54:10 language 12:23 13:13 74:7,14 135:16 207:15 languages 13:12 120:15 Laotian 13:19 large 34:12 52:18 199:25 largely 167:13 larger 45:25 largest 65:4 68:17 117:19 119:6,16 Lassiter 3:16 20:6,7 33:15 37:8 40:8 48:13 49:5 90:11 lastly 5:20 29:13 119:18 124:20 159:23 Latino 7:25 10:23,25 14:7 15:7 25:8 29:7 119:2 189:11 lauded 25:22 launch 57:7 launched 77:3 179:10 law 125:10 135:16 137:12,15 150:7 layoff 100:18 layperson 99:11 lead 44:16	66:20 74:22 117:21 134:5,10,11 135:9,11,14 135:15,18 135:20,23 135:23 136:2,18,19 136:22 137:3,6,11 138:7,15 139:8,10 140:4,13,14 140:15,15 140:17,18 140:22,24 141:4,7,8 141:10,11 141:13,14 141:15,15 141:17,18 141:24 142:6,7,13 142:14,16 142:16,25 143:2,13,21 144:2,3,13 144:20 145:9,13 146:7,10 148:9,10,14 149:20 151:4 153:8 153:14 154:5 160:16,19 183:25 205:22 lead-based 136:17 151:25 lead-contai... 136:5,13 141:23 144:5,8 lead-free 138:17 142:3 144:3 149:23 lead-safe 138:17 142:11 149:24	150:9 led 136:8 142:6 leader 44:14 148:8 178:16 leaders 115:23 127:10 170:23 171:16 192:2 193:9 194:25 195:17 196:13 198:11 204:19 205:13,14 205:20 206:3 207:12 leadership 23:21,24 60:23 61:12 116:17 163:5,21 165:9,15,16 165:20 166:17 167:2,4 168:9 169:16 170:17,19 170:21,22 171:5,25 172:5 174:2 178:17 181:21 183:14,18 184:25 186:19,22 188:25 191:3 194:22,23 195:7,13 196:5,8 197:24 198:17,25 199:10,13 202:8,22,25 203:7,17 204:2 205:11,17
---	--	--	---	--	--	--	---

Committee on Public Health and Human Services
April 2, 2018

Page 15

210:17	levels 15:16	22:2 174:19	lived 6:17	179:12,25	185:17	23:23	manager 63:8
leading	84:25	line 27:9	7:12,16	180:5	189:17	maintenance	managers
166:21	167:12	102:17	lives 53:7	184:12	196:24	63:16,16	82:16
173:24	187:14	109:2 119:9	55:8 56:11	186:10	201:2	64:6	mandate
leads 74:9	leverage	119:12	64:7 76:11	198:18	202:19	major 58:25	125:10
league 195:7	200:11	124:6	82:22 83:15	200:25	205:8	93:18 113:3	mandatory
198:10	leveraging	181:18	87:7,7	201:24	love 52:24	116:15	149:21
leak 43:3	177:3 200:9	lines 15:2	117:2	202:9,13	95:13 117:3	122:5	manifest
leaner 175:19	LGBTQ 14:6	27:20,20,21	living 82:7	looked 65:12	130:5 154:3	131:21	38:11
learned	193:10	144:11	109:4	82:20 157:5	156:4	179:23	manifestation
115:13	liberated	153:16	129:20	157:6	184:16	180:10	39:12
206:20	44:8	linguistic	Liz 53:11	looking 40:23	loved 88:9	majority	manner
learning	license	6:13 70:12	LMFT	42:17,18	loving 154:15	83:18	29:22 72:17
207:14	138:20	link 33:16	125:16	43:9 45:8	low 36:9 92:6	majority-m...	197:17
leased 139:13	139:4	143:16	local 114:10	85:4 107:23	130:25	168:5	March 12:14
leaves 71:21	143:12	Linkage	124:10	118:12	152:3	makeup	134:9
leaving	149:25	54:12	160:12	129:15	Lower 14:2	174:11	135:14
100:16	licensed	linkages 9:11	168:7	130:11	lower-tier	176:7	marginalize
led 14:5,7,9	110:8,10	linked 201:7	171:21	144:21	22:4	making 18:5	175:2
14:12 46:18	111:2	links 98:15	179:20	179:22	LPCs 125:16	34:22 46:7	marginalized
77:11	117:12	151:19	204:19	180:3,6	Luther 188:3	60:4 66:23	56:7 68:10
113:23	122:15	list 151:5	located 61:2	182:18		80:24 95:21	174:16
120:18	130:18	199:19	113:12	183:3,4,6	M	140:12	Maria 4:8
left 76:6	132:4	listen 108:25	locations	189:25	ma'am 81:19	141:6	Marian 17:12
131:7	148:18	listening	71:25	193:8	mad 57:17	149:23	196:23
lend 169:21	149:22	89:16 127:6	London	196:10	Madam 17:4	169:25	mark 123:19
177:6	150:8	127:11	57:17	198:2	33:12 47:9	178:15	marketing
lessons	157:20	153:3	long 21:12	201:10,13	48:8,11	183:20,22	88:22
206:20	Licenses	literacy 24:7	66:17 68:24	looks 39:11	50:23 85:20	199:4	markets
let's 22:9 37:9	137:14	24:11 25:17	71:16 82:2	130:2,3	89:5,9	200:12	183:2
37:10 38:8	138:3,25	31:9	102:17	163:11	96:20 98:4	202:16	Marquita
45:23	licensing	literally	124:25	loop 140:6	102:12	208:8	23:22
letter 151:13	134:8 135:7	64:18 82:12	133:2 207:2	losing 26:17	107:15	210:11	marriage
letting 90:16	135:12	82:15 84:13	longer 88:7	82:5	109:15	males 3:19	110:8,10
95:22	140:7	little 35:16	Lonnie 40:14	loss 26:22,23	126:21	9:14,18	111:2
197:22	lies 61:13	40:5 45:25	look 18:9	lost 76:14	134:13	20:15 22:7	112:10
level 30:25	life 62:14,15	47:12 75:18	22:4 42:15	163:12	140:9	24:3,6,13	117:12
31:6,12,15	69:7,12	76:22 94:23	50:11 57:4	lot 35:2 41:23	159:18	24:23,24	122:15
47:14,17	74:21 83:2	128:15	57:4 58:25	49:20 67:7	161:13	25:4,16,19	130:18
55:23 62:4	92:15	133:17,24	62:13 82:20	80:4 81:6	164:18	26:4,12,14	132:4
62:6 63:10	113:11	145:5 149:9	84:4 98:15	81:17 83:22	179:5	27:14 29:19	marrying
63:11 84:20	123:12	159:9	102:11	89:21 92:18	194:17	30:2 42:9	210:12
95:20 127:2	170:25	167:24	103:13	100:3,10	196:17	42:22 44:4	Martin 188:3
140:17	187:17	186:6 195:6	109:4	103:19,19	206:7 211:2	man 124:20	masses 124:6
141:13	188:5	199:21,22	124:23	107:2,4	mailing	managed 5:4	massiveness
145:12	199:17	live 12:16	125:3	127:15	151:13	10:8 68:15	178:10
173:6	lifelong	80:17 92:11	126:11,16	129:12,17	main 73:23	72:15 188:8	match 88:24
176:10	135:23	104:20	129:10,14	130:13	91:11	management	matching
183:15,22	lifestyle 81:2	117:2 119:5	130:10	145:6,7,11	mainstream	46:14,19,25	184:7
191:3	lifting 63:17	119:8,10	132:6,7	146:21	91:5	57:23 63:7	materialize
205:25	light 77:20	131:3	140:5	153:25	maintain	68:20 73:10	175:15
207:15	185:25	136:16	169:18	154:8 181:6	11:8 148:24	73:14 75:7	Matlock-T...
208:12	limited 13:10	148:16	176:11	182:3	210:16	82:21 84:2	163:18
					maintained		

Committee on Public Health and Human Services
April 2, 2018

Page 16

185:10,12	Medicaid 5:7	189:22,24	115:20	70:10	mobile	133:23	names 110:7
187:22	8:11 122:5	191:8,10,19	116:3,5,7	minister	117:22	145:19	Narcan 86:24
194:22	122:5,9,13	192:13,19	116:16,23	95:13	model 24:4	146:7,9	narrative
195:18	125:15	192:23	116:25	ministers	28:25 43:23	158:14	43:19
196:14	130:19	193:9	118:19	95:4,13	models 10:10	160:18	narratives
202:2	medical	membership	119:24,25	ministries	momentous	161:13	26:9 44:2,9
203:23	36:14 73:15	159:19,25	120:4,7,8	95:24	187:25	182:12	nation 27:2
206:22	116:14	167:16	121:5,17,19	minorities	moments	moved	89:15
209:10	medication	169:2	121:25	10:14	17:8 56:21	161:22,25	nation's
210:24	21:11,24	175:24	122:17	120:10,20	Monday 1:8	movement	21:16 23:8
matter 68:3	medication-...	191:10	124:21	120:23	100:14	105:8	119:6
71:25 84:15	64:10	192:14	125:12	167:15	money 61:16	187:23	173:24
101:15	meet 74:19	memorand...	mentality	minority 5:19	92:19 98:10	moving 20:23	national
155:25	115:13	11:16	111:23	7:5,9 9:24	99:3 100:4	32:24 200:5	31:21 45:4
156:13	124:20	men 3:18 9:2	mention 42:4	14:15,19	152:24	much-needed	166:22,25
159:12	191:8,11	9:17 20:10	77:25 79:24	15:13 16:13	156:7	56:3	179:18
169:6,20	meeting 2:6	22:5,8,19	mentioned	16:16 29:11	204:16	multi-billio...	nationwide
187:24	2:20 93:22	22:23 23:2	22:21 33:2	46:3 48:21	month 68:4	180:13	113:6
212:7	95:4 153:6	23:6 33:24	33:3 36:24	60:14 67:2	114:19	multiple	Native 6:11
matters	161:6	34:14 35:5	37:11 38:23	70:18	months 96:23	13:25 68:14	7:2
105:11	162:23	42:23 62:7	39:2 44:12	minority-led	104:20,22	72:9	Natives
maximize	190:24	90:17 91:23	60:11 75:20	66:4	mood 116:11	municipality	120:25
24:14	202:14	121:24	143:25	minority-op...	morning 3:24	48:24	natural
Mayor 27:13	meetings	123:9	173:23	66:4	3:25 4:7	Mural 25:6	205:10
McCauley	72:14 158:7	men's 24:2	179:9,16	minute	20:7 21:2	25:15,18	Nazi 57:18
147:23	191:2	mental 3:7,8	mentoring	182:10	30:11,15,20	murder 92:13	near 71:11
148:3	192:15,17	8:13 9:6	54:6	minutes	51:3,16,17	100:14	108:18
McClinton	meets 92:22	10:3,19	merely 26:7	131:15	52:4,11,13	murdered	nearly 5:25
113:21	Mel 51:6 79:8	12:10,15,24	mesh 149:4	133:22	67:10 79:8	99:13	6:8 119:9
McKinsey	84:3,20	19:8,22	message 9:10	mirror	104:14,14	MURPHY	122:8 174:6
181:12	103:13	21:3 22:4	met 37:16	206:19	104:15,16	212:14	necessarily
mean 87:9	Mel's 82:23	23:18 38:14	methadone	misdiagnosed	110:14,15	music 14:12	37:16 92:22
89:21 97:11	member 59:7	46:22 47:7	64:17	128:8	110:25	Mutual 11:21	92:23 183:3
99:15	95:16	48:16 49:24	metrics 28:7	130:14	117:11		necessary
100:19,24	117:16	54:23 55:24	mic 101:11	misdiagnosis	137:22	N	71:17 72:20
157:13	151:12	60:12 67:22	Michele	74:10	147:19	name 4:3	96:7 112:16
182:2	192:21	68:5,21,23	147:8	127:23	151:17	20:4,7	152:6
197:18	198:4	69:5,6,15	154:22	130:9	166:10,15	29:11 30:8	174:24
means 37:4	203:10	69:19 70:4	212:14	misinterpre...	mother 26:18	30:11 44:15	205:24
44:4 115:14	members	70:14,21,24	mid- 177:25	120:17	26:22 97:19	51:19 57:15	need 8:24
141:17	2:11 4:9 6:4	72:4 73:12	179:13	missed	129:21,22	67:11	18:13 19:21
142:6,16	6:7 8:7,25	73:20,24	mid-size	101:11	Mothers	110:19,25	27:17 37:3
193:20	52:17 56:23	74:19,24	180:18	missing 80:13	11:18	117:8,11	46:15 54:18
212:22	68:8 91:13	75:23 78:2	middle 83:9	mission	motion	134:20	55:13,21
measurable	97:5 115:5	96:25	83:10,12	160:15	161:10	137:25	56:11,12
24:6	115:7,12	100:11	158:16	168:13	162:5,11	147:17,20	63:25,25
measure 10:2	137:23	101:2,13,16	midst 28:24	mistaken	Motivating	148:3	64:2 65:17
10:11	139:22	102:3 111:7	29:14 43:24	144:22	44:17	152:14,17	66:4 69:19
measureme...	147:25	111:9	million 21:17	Misunderst...	Mount	154:19,22	70:5,16
27:19	156:18	112:19,24	millions	120:17	198:19	164:7 166:7	71:2,7 72:2
measures	166:11	113:2,25	22:18	mitigating	move 34:4	170:12,14	75:3 77:11
62:20 169:5	172:6,16	114:9,10,15	mind 78:16	123:21	44:16	178:22	77:20 80:20
media 112:13	173:2,4,11	114:19,20	mindful	mixed 24:12	118:19	180:14	84:19 86:11
						185:8	

Committee on Public Health and Human Services
April 2, 2018

Page 17

86:16 87:5	208:21	78:10	195:17	noticed 73:4	obtain 138:19	85:16 88:14	180:16,17
90:17 91:19	negative	Nicetown	196:13,25	150:17	138:22	109:16	operated
91:23 92:5	123:14	80:9	197:11,22	189:13	obviously	132:20	139:12
95:18 97:9	neglect 22:22	night 57:6	198:5,17,22	noting 167:25	50:16	133:15	operating
98:12 100:2	neglected	100:21	199:14,17	nowadays	180:20	134:18	159:5
100:9 103:5	69:2 120:13	nightmare	199:19	81:25 83:25	occupied	135:4	operators
105:10	neighborho...	57:23	200:5,19	nudge 139:25	136:24	142:21	137:10
108:4 109:3	53:17 54:11	nightmares	201:11	201:18	occur 192:7	143:20	138:21
109:12,13	88:9	79:25 80:6	207:12	number	occurs 4:22	144:24	opinion 152:7
114:16	neighborho...	92:10	208:14	17:13,20	38:17	147:2 161:4	opioid 55:2
115:23	8:4 12:20	nihilism	209:3	18:4,23	ODAAT	211:7	55:24 62:24
116:8,18,19	40:20 71:10	26:11	non-profits	22:10 34:13	51:24 54:15	old 97:20	95:7
124:7	81:17 97:16	Nolan 163:15	7:7 165:6	44:25 45:4	ODD 129:7	103:21,22	opportunities
128:13	187:16	164:10	171:7,10,12	49:11 54:7	OEO 197:13	old-fashioned	6:16 14:17
129:25	Neighbors	166:8,12	174:14,21	54:21	offended 61:8	82:14	45:8,12
130:4	198:20	179:16	175:18	108:25	offenders	old-school	64:9 195:14
132:18	Nepali 13:20	Nominating	176:2,4,18	111:20	59:24	115:3	195:23
133:7 136:9	network 4:18	191:7,20	176:22	113:9,13	offense 61:7	older 136:3	opportunity
142:19	5:18,20	nominations	196:2 201:8	128:25	93:16	141:21	4:15 16:19
151:22	6:15 7:3,19	201:9	Non-therapy	129:3	offenses	144:5	26:24 40:16
153:10	11:6 13:7	non-Board	73:13	130:21	59:24	151:24	49:13 52:16
154:13,15	13:15 14:18	191:8	non-traditi...	143:4	offensive	189:21	61:21 67:21
158:10	15:15,22	non-distrib...	21:23 29:25	150:18,19	95:22	Olney 78:6,7	83:16 95:6
165:22	16:2,4,8,12	180:15	37:4 115:16	165:5	offer 7:15	once 20:25	101:12
174:17	16:15 45:16	non-intimid...	149:3	171:22	66:7 74:25	158:14	105:17
193:3	45:22 58:18	24:22	nonprofit	189:15	78:18,18	197:12,14	113:18
197:20	179:2	non-Medic...	163:6	198:4 200:2	105:21	208:7	116:25
204:12	188:10	11:15	166:22	202:4	113:13	one-quarter	135:5
210:10	networks	non-profit	177:19	numbers 23:7	132:16	70:23	139:14
needed 18:24	89:15	5:4 164:23	norm 80:10	45:24	157:7	one-size-fits...	140:4
21:12 24:9	173:19	165:16	80:14 91:3	107:24	offered	71:21	170:25
65:22 66:17	never 76:16	166:18,24	normal 81:14	116:2	177:19	one-year	178:6
74:4 95:10	78:3,3 97:7	167:2 169:2	90:19 99:16	167:23	offering	151:22	184:15
124:25	109:3	169:14,20	normalized	numerous	73:21	ones 59:13	193:12
154:8	159:13	170:3,8,16	81:10	180:22	159:11	66:11 205:2	194:12
159:17	167:15	171:17,24	norms 71:13	nurse 148:4	offers 16:3	208:9	196:6,12
205:2	nevertheless	174:2,3	80:17	nurturing	office 15:5	ongoing	201:15
needing	26:21	175:6,17,23	Norristown	25:12 28:4	29:11 31:21	15:20 18:3	209:17,21
63:24	new 12:5	176:15	98:7	Nutter 23:12	64:25 70:18	32:19,20	opposed 40:6
needle 146:8	15:12 23:24	177:8,13	North 11:20		93:13 96:24	47:18,25	98:13 132:8
needs 13:5	57:7 103:17	178:2,9,14	14:2,8 54:2	O	139:23	96:12,13,13	162:8
37:16 38:10	119:23	178:16	113:12	Obama's	168:11,13	126:6 203:6	opposition
47:18 59:15	142:4 150:7	179:15,19	Northeast	25:24	Officer	online 202:12	130:3
59:17 61:23	151:13	179:20	14:3 61:5	objections	163:16	onset 38:17	options 9:6
63:15 70:12	152:10	180:3,7,11	note 2:15	212:4	164:11	open 88:19	37:21 77:13
76:19 91:5	158:20	181:2,5,19	11:3 55:3	objectives	166:14	125:19	order 2:3
93:12,22	171:5	181:22	151:16	92:23	196:21	opened 23:2	37:4 65:20
95:17 98:23	192:19	182:3	175:4,21	169:11	oftentimes	opening	70:16 74:3
109:11	206:3	183:24	notes 167:7	observed	95:12	106:25	74:18 93:24
120:9	newly 150:8	184:8,9	167:10,18	172:22	OG 57:8	209:24	131:13
171:10	153:14	192:3	169:7 212:6	obstacle	oh 85:12	operate 59:23	138:19
183:9	news 77:23	193:15	notice 100:15	94:25	okay 36:25	93:10	169:4 170:2
191:11,22	newspaper	194:8,24	100:18,19	obstacles	81:12,13	149:25	182:21
				65:4,19			

Committee on Public Health and Human Services
April 2, 2018

Page 18

191:23	177:6,13	69:11 73:17	164:19,25	43:16 96:16	patients	45:9 46:8	people's
197:10	179:21	114:8	165:13	108:13	21:18	46:16,20	23:18
198:14	180:3,8,12	172:24	185:21	118:6	Patricia	50:11 53:18	percent 5:24
208:19,22	181:6,8,13	overcome	194:19	123:10	51:10	53:20,22,25	5:25,25 6:2
209:13	181:15,17	130:6	panelist 20:4	161:8	pause 39:20	54:4 57:5	6:8,9,10,10
ordinance	181:22	overdose	panelists 17:7	194:20	158:22	57:20 58:19	6:11,19,20
134:4	182:6,9,14	86:23 87:2	96:22	199:23	pay 77:17	60:12,18	6:20,21,22
organization	182:21,24	92:4	123:13	206:16	78:21	61:5,15	6:24,24,25
87:16	182:24	overextended	panels 127:25	particularly	130:22	62:6,21	6:25 7:2,5
114:13	183:5,10	175:19	paperwork	45:24 62:8	pay-for-per...	63:8,24,25	12:18 36:11
172:7	184:10	overhead	131:14	168:10	10:3,10	63:25 64:2	36:13 59:25
173:25	186:14	36:10	paradigm	169:10	payments	64:7 65:5	69:14,18,23
182:17	188:11	oversaw	90:25	173:18	122:9	65:24 66:10	70:20
183:13	189:6	187:4	parent 97:8	175:18	PCCY	68:10 71:22	112:24
189:2	196:13	oversee 45:22	117:25	partner 5:14	147:21	74:21,24	118:24
191:11,23	197:11,23	oversight	130:5	11:12	148:7,10	78:13 80:15	119:2,4,7
192:6,20	198:16	4:18	parenting	188:10	149:21	80:18 87:18	119:11,13
195:12	200:4,12,19	overview	97:12	204:24	151:21	87:21,23	119:15,19
203:9,21	201:12,16	118:17	parents 11:18	partnered	158:12	89:2,10	119:20,21
204:3,14	202:16	overwhelmi...	115:8	8:11 171:12	160:16	90:16,21	121:21,23
208:14	205:13,22	65:23	148:20,24	partnering	peculiar	92:3,5	122:8
210:7	206:4 209:2		148:25	13:2,17	26:10	93:12 94:6	167:16
organizatio...	209:3	P	155:21	24:19 29:5	peeling	95:9 97:5	173:12
172:4,5	organizatio...	p.m 211:16	parity 66:5	113:11	136:12	97:16 98:5	174:6
174:5	172:23	pace 120:9	209:25	partners 13:9	peer 7:20,22	98:11,19,20	180:21
organizatio...	organized	133:24	Parker 67:17	55:6 169:20	63:9	99:19	189:9,16,18
172:13	12:11 50:13	Pacific 25:8	part 18:18	188:14	peers 79:17	101:15	189:22,24
184:2	orientation	121:2	29:22 31:25	194:5	Penn 3:18	102:7,17,20	207:2
organizations	32:20	paid 65:14	35:14 36:5	partnership	36:24	102:21	209:12,12
5:13 10:9	191:17	182:4 183:8	38:24 45:4	25:6,15	Penn's 20:10	106:12	percentage
11:9,13	192:18	pain 70:4	50:4 71:6	26:4 53:9	Pennsylvania	107:6,10	15:8 119:16
12:12,13	original	paint 20:20	79:19 80:3	114:16	1:7 101:19	108:6 118:5	121:25
13:3,18,25	187:3	134:5 135:9	88:12 98:3	partnerships	122:14	118:6,14,15	125:11
24:20,21	outcomes	136:2,6,8	116:11	11:8 12:5	179:12	124:15	172:18
31:16 46:9	24:12 59:10	136:12,17	118:9	29:4 160:8	183:19	126:8 128:2	perform
47:13 55:16	70:14 73:4	141:23	128:22	181:25	Pennsylvan...	128:23	24:15
72:15	120:23	142:7,18	202:17,21	182:2	8:12 177:21	129:13	181:17
111:15	outlet 114:2	143:2 152:2	203:24	190:21	people 3:6	130:24	performance
125:24	outpatient	painted	Partial 15:17	partying	7:11 14:6	141:4 144:9	92:24
163:7	9:6,12 10:4	142:25	participant	107:2	17:11 18:10	146:16	periodically
165:10,16	10:19 15:17	pair 27:5	73:18	pass 41:23	19:19,20	156:11	143:18
165:20	37:18 68:19	50:4	participants	passed 86:25	22:3 23:5,9	159:9	144:22
166:18,25	72:24	Pan 15:11	9:19 73:7	144:15	26:18 31:3	163:12	permanent
169:3,14	outreach 26:3	panel 3:12	178:4	Pastor 117:18	31:10 32:12	165:7,12	142:13
170:4,8	53:20,22,24	40:17 51:2	participate	pastoral	34:9,13,17	167:6,14	permanently
171:17	56:5 75:6	51:5 52:11	10:15	117:20	35:4 36:22	168:8	142:14
172:15,20	91:18	57:4 90:12	114:11	path 63:19	37:10,11,12	180:21	145:23
172:25	outside	108:10	participated	pathway	38:20 39:24	182:11	permit
173:3,5,8	115:18	109:25	115:2	38:21	40:4,11,16	183:2	148:23
173:10,12	158:12	121:14	172:10	patience	41:2,17	184:16	162:2,15
174:14	210:8	127:6,10	participating	110:18	42:8,10	198:7 199:9	perpetuating
175:17,23	overall 6:5	146:24	8:10 173:5	134:19	43:4,20	202:6 210:5	30:17
176:19,25	10:7 12:14	147:4	particular	164:6	44:8,20,21	210:7	person 21:2
		163:10					

Committee on Public Health and Human Services
April 2, 2018

Page 19

26:5 74:11	68:12,19	116:24	played 12:23	population	PR 96:6	President's	private
76:10 98:25	69:2,23	175:3	playing	5:10 6:6 9:3	practical	119:23	117:13
person's 83:2	70:8 72:5,8	philanthropic	176:10	10:23 69:2	124:3	pressure	122:25
persons 123:5	75:5 80:9	177:9 183:6	please 4:2	69:15,18	practically	93:20	125:14
123:24	89:13 92:2	184:5	67:12	70:7,22	53:20	100:12,20	131:7 184:4
125:13	94:12 96:15	phrase 33:22	105:25	105:2 113:2	practice	pressures	184:23
168:18	104:5	PHS 54:9	152:8	118:24	48:17	101:3	201:20
200:2	111:10	physical	pleasure	119:5,18	117:13	123:12	privilege
perspective	113:13	28:20	185:20	181:3	125:15	pretty 35:25	52:19 91:13
34:8,19	118:18,23	picture 20:20	plumbing	populations	131:7	39:21	proactive
37:25 43:24	119:4,13	129:16	43:6	11:4 56:14	practices	141:19	35:17
46:6 48:6	125:23	piece 37:24	point 2:21	59:19 61:24	72:16	prevalence	197:20
83:4 90:7,9	128:18	44:11 132:7	35:19 46:15	121:9	166:23	121:7	probably
90:21,22	134:5	pile 101:3	58:16,17	176:20,25	167:21	prevent 39:5	2:22 36:12
91:6 127:8	135:19	pipeline	96:10 101:4	position	181:18	69:4 78:20	37:3 38:4
127:24	136:7 138:6	40:24 199:5	101:10	117:18	practitioner	Preventing	47:18 50:7
165:5,23	138:18	pipes 140:24	130:8	199:13	122:22	77:17	50:19 79:24
192:22	140:25	141:4 144:4	142:12	positions	pray 115:21	135:18	89:14,18
195:22	141:20	144:5,13	146:10	68:14	pre-1978	prevention	142:17
198:13	143:25	145:13	172:11	122:17,18	148:14	35:13 37:25	199:18
199:12,22	146:17	pique 177:8	196:16	168:3,10	predicted	38:22 39:17	problem 71:6
203:12,20	148:9 155:2	place 12:20	200:11	172:18	99:11	53:23 56:6	77:10 92:18
203:21	155:22	56:22 61:11	points 21:20	positive 34:5	predomina...	82:4,13,14	97:14
208:6	163:7,17,20	61:14 77:24	36:3 66:7	59:10	12:20 182:6	136:15,25	102:24
perspectives	164:11	94:3 104:9	119:16	possible	premier	148:11	104:3,4,5
175:10	165:8	105:13	200:9	35:16 53:5	157:6,13,14	previous	106:22
pertains	166:14,19	192:8,14	poisoned	58:13	premises	60:16 81:21	140:23
45:15	168:5	210:21	140:3	159:22	138:16	121:13	problems
pervades	170:18	placed 65:19	149:11	post 112:14	prepared	123:13	63:24 70:22
30:25	171:2,4,7	places 23:11	poisoning	post-traum...	137:9	164:25	100:11,12
Pew 119:3	176:3	48:19 49:23	148:9,11	113:8	presence 7:9	previously	100:13
ph 205:16	179:21,23	157:7	153:8	posting 151:7	114:24	74:16	112:25
Ph.D.'s 43:2	180:2,6,9	placing 71:10	police 43:16	potential	present 1:10	173:22	135:24
phenomenal	181:2	120:20	47:24 48:7	63:21 136:3	28:23 61:22	193:7	procedural
44:19	184:21	plagiarize	92:2	178:12	135:5	prides 190:5	2:15
Philadelphia	187:8 196:7	99:6	policies 100:6	191:6,10	202:18	primarily	proceedings
1:2,7 4:20	199:4,8	plague	policy 8:13	194:7	presentation	23:16 165:4	212:4
5:10 8:2,3,4	200:9 203:5	116:21	48:5 147:7	potentially	124:9	primary 23:2	process 83:24
12:2,16	203:13,15	123:23	147:21	139:2	presented	principal	84:2,2,23
13:17 14:2	203:18	plain 151:14	148:4	201:18	85:23	122:10	94:2 118:10
14:3,3,9	204:10	plan 35:24	197:15	poverty 34:8	105:17	Prior 49:12	150:13
15:3,4	Philadelphi...	50:4	political	34:11,20	presently	49:14 77:7	151:2,2,14
23:14 31:19	42:16 57:16	Planning	174:20	69:24 119:5	144:14	prioritizing	186:2
32:10 33:5	59:2 69:14	138:2	pool 196:11	119:9,11,12	President	174:8	190:12
35:21 42:24	157:8,20	plans 36:8	199:8	129:20	3:18 20:10	priority 55:8	192:4,11
45:7 49:13	176:15	71:12	poor 21:16	198:13	25:24 51:7	135:20	201:9 207:6
49:18 50:6	178:8	planted	23:18 48:21	Powell-Folks	51:9 52:2	167:22	processes
50:18 54:3	188:18	178:11	119:10,15	51:21,22	52:25	prison 23:14	94:16
55:10 57:11	193:14	platform	119:18	52:10,14	119:22	47:25 48:6	176:17
57:12 59:6	Philadelphi...	112:16	121:10	81:20	163:18	103:24	191:15
59:25 60:25	171:14	play 100:25	122:4,7	power 188:19	185:12	prisons 21:22	product
61:3 63:5	Philadelphi...	123:22	poorer	193:20	186:17	23:4,11,15	142:7
64:24 66:24	5:23 12:9	136:16	121:10	209:5	198:19	privacy 99:20	productive

Committee on Public Health and Human Services
April 2, 2018

Page 20

42:24 117:2	188:11	32:19 34:18	14:20 15:13	198:6	70:1 71:1	163:1,3	puts 94:3
profession	201:22	36:15 45:18	15:15,20	200:24	71:11 72:1	164:1 165:1	putting 87:7
173:16	202:11	45:21 61:4	17:19 18:2	202:21	73:1,22	166:1,11	108:6 195:2
professional	prohibitive	62:3,18	18:21 28:11	provision 3:5	74:1 75:1	167:1 168:1	200:21
179:2	184:19	65:13,20,21	28:14 29:24	prudent	76:1 77:1	169:1 170:1	
201:23	project 14:10	67:21 70:16	38:2 39:3	158:21	78:1 79:1	171:1 172:1	Q
Professiona...	168:24	71:7 72:18	46:3 47:11	psychiatric	80:1 81:1,2	173:1 174:1	qualified
104:24	204:8	73:7 77:2	52:15,18	9:4 38:10	82:1 83:1	175:1 176:1	151:4
professionals	projects	85:24 90:13	55:6,11	psychiatrists	84:1 85:1	177:1 178:1	184:17
78:12 79:18	202:11	93:24 94:18	59:13 60:14	121:20	86:1 87:1	179:1 180:1	qualitative
112:7	Promise	95:20 106:2	61:20,21	128:24	88:1 89:1	181:1 182:1	29:18
121:19	42:16 120:4	106:14	67:19 68:18	psychological	90:1 91:1	183:1 184:1	171:19
122:2 126:2	promote 5:18	111:9	71:9,14	27:25 28:21	92:1 93:1	184:4 185:1	quality 8:18
177:5,25	11:11 42:21	112:17	72:6,8,9,14	37:16	94:1 95:1	186:1 187:1	31:13 58:21
179:3,13	promoted	127:24	74:2,5,25	psychologists	96:1 97:1,2	188:1 189:1	59:4 61:4
183:23	210:3	131:11	100:7	121:20	98:1,17	190:1 191:1	66:21 67:3
189:3 201:2	promoting	138:4,16,23	122:11	psychother...	99:1 100:1	192:1 193:1	67:4 69:11
207:13	101:13	139:15	127:10	21:11,24	101:1 102:1	194:1 195:1	70:15
professor	promotion	151:12	140:5	public 1:3 2:1	102:15,16	196:1 197:1	120:22
3:16 20:6,8	168:18	155:13	149:23	2:4,5,20 3:1	103:1 104:1	198:1 199:1	130:19
40:8 49:5	proper 69:5	159:17	150:14,25	3:3 4:1,9	105:1 106:1	200:1 201:1	170:24
186:25	111:18	165:6,11,21	151:10,15	5:1 6:1 7:1	107:1 108:1	202:1 203:1	187:17
proficient	131:17	176:25	152:23	8:1 9:1 10:1	109:1 110:1	204:1 205:1	204:6
13:11	properly	195:13	153:7,17,21	11:1 12:1	111:1 112:1	206:1 207:1	quantitative
profit 36:11	115:24	196:20	153:25	13:1 14:1	113:1 114:1	208:1 209:1	29:18
36:18	156:12	provided	154:11	15:1 16:1	115:1 116:1	210:1 211:1	quarter 173:9
180:15	161:22	8:23 16:15	155:2,12	17:1,14	117:1 118:1	211:8,10,15	quarterly
program 5:11	properties	18:24 56:2	156:22	18:1 19:1	119:1 120:1	212:15	192:15
16:8 38:22	139:13	58:3 59:10	157:21	20:1 21:1	121:1 122:1	publicly	quasi 201:20
54:6,13	140:13	68:14 71:24	158:24	22:1 23:1	122:6 123:1	157:18	question
59:22 72:25	141:7	75:13	159:3 165:3	24:1 25:1	124:1 125:1	published	58:24 60:19
83:7,10	148:15	113:25	196:3,7,15	26:1 27:1	126:1 127:1	8:17	60:23 96:8
93:10 95:9	property	117:20	provides	28:1 29:1	128:1 129:1	punitive	105:24
117:22,23	86:14 87:11	156:16	15:19 16:9	30:1 31:1,6	130:1 131:1	23:16	124:13
117:24	109:5	165:4	18:6 21:11	32:1 33:1	132:1 133:1	purpose 2:6	140:11,20
122:6	138:15	provider 4:18	61:17 69:3	34:1 35:1	134:1 135:1	push 19:11	141:10
177:19,24	141:3	6:14 7:3,18	70:15	36:1 37:1	136:1 137:1	123:16	153:5 190:3
183:19	proposal 11:3	10:6 14:18	136:22	38:1 39:1	137:24	139:25	197:6 202:9
184:7,11,18	proposed	15:7 16:4	177:13	40:1 41:1	138:1,18,24	158:21	202:24
184:25	138:20	28:10 45:22	providing	42:1 43:1	139:1 140:1	pushed 41:3	205:9
185:4	proposes	72:11 73:24	6:16 17:25	44:1 45:1	141:1 142:1	41:4,6	questions
188:13	135:16	91:8 117:25	32:11,15	46:1 47:1	143:1 144:1	pushing	16:20 27:22
194:5 201:5	protect 136:9	130:23	46:18 50:18	48:1,5 49:1	145:1 146:1	43:19	47:16 50:25
201:6,25	protocols	142:24	55:13,25	50:1 51:1	147:1,7	123:15	114:3
205:15	106:11	147:10	59:14 66:9	52:1 53:1,6	148:1,2,5	put 38:20	137:18
207:5,9,11	proud 66:18	152:19	67:20 68:24	54:1 55:1	149:1 150:1	48:17 56:4	139:16
programmi...	66:19	156:2 160:2	70:13 93:14	56:1 57:1	151:1 152:1	93:20	146:25
53:15	186:16	provider's	101:22	58:1 59:1	153:1 154:1	105:13	195:24
programs	189:8,17	10:7	111:17	60:1 61:1	155:1 156:1	107:10	196:24
14:13 28:7	204:18	providers 7:4	130:17	62:1 63:1	157:1 158:1	108:18	202:10
54:20 64:11	205:6	7:21 9:23	136:18	64:1 65:1	159:1 160:1	109:9 140:6	203:24
68:15 82:10	provide 8:18	10:4,12,13	154:12	66:1 67:1	161:1,4,6	194:23	206:17
83:5 122:14	11:13 18:20	10:19 14:17	168:20	68:1 69:1	162:1,22,24	195:10	quick 92:11
							quickly 85:21

Committee on Public Health and Human Services
April 2, 2018

Page 21

Quinones-S...	188:17	37:3 38:11	31:24 32:6	recovery	15:22	reinspection	143:12
4:8 53:4	rank 59:3	38:16 39:20	46:8 71:5	54:18 63:13	referring	142:22	149:25
quite 151:25	Rap 53:17	40:15 43:10	80:19 81:5	63:14,15,17	87:12 106:5	143:4	renovated
157:12	rapid 77:21	44:3,13,22	128:12	64:5 68:23	196:22	reinvest 88:6	153:14
182:16	78:15 79:19	45:18,21	192:22	73:18	reflect 5:9 6:5	88:8	rental 148:15
quorum	rate 10:8 11:3	48:20,22	received	109:10,12	6:15 165:10	reinvested	repaint
162:18	69:24	59:5 63:13	18:11 203:2	recreation	176:20	36:18	142:20
quote 167:22	rates 10:5	64:22 67:13	203:4	40:12,14	181:8 188:4	reinvestment	repair 53:7
167:23	43:14 69:24	75:13 76:16	receiving	103:7,9,11	reflecting	88:5,7	repeat 59:24
169:7,9	reach 14:6	79:24 81:15	33:17 46:9	103:15	5:23 195:4	reiterate	replace 144:9
quote/unqu...	26:3 30:2	81:15 88:20	114:5,6	109:8,13	reform 71:17	162:17	replicable
58:11	36:22 37:2	90:4,10,13	121:10	recruit 193:8	72:6	reiterated	28:25
R	53:13 56:6	91:19 92:7	recertificati...	209:13	refugee 13:6	172:10	report 119:3
race 3:17	63:20,20	92:9,11	142:23	recruited	25:9	relatable 74:3	120:3,5,6
5:23 20:8	97:7,24	93:4,20	recipients	183:23	refuse 139:3	relate 169:10	121:18
173:7,15	210:15	94:21 98:12	72:22	210:2,18	regarding 3:5	relates 28:17	129:10
189:7	reached 9:18	100:25	reckoned	recruiting	18:13 47:21	Relations	166:21
racial 6:3 8:9	21:19 53:19	108:5	157:5	183:2,7,11	73:12 74:14	3:17 20:8	167:7,10,17
10:12,21	reaching	129:17	recognition	189:14	112:14	relationship	167:18,25
22:6,24	15:25 16:6	130:4	77:9 95:2	191:5 193:4	118:19	95:8 111:25	169:7
120:10	73:5 132:14	132:24,25	recognize	recruitment	126:24	114:14	173:23
167:9	132:15	141:16,17	36:19 38:7	167:21	163:5	115:6,18	174:5 176:6
174:11	145:20	141:25	59:21 76:24	168:17	164:22	177:3	176:22
racial/ethnic	react 102:9	144:11	116:6	174:9	165:2	released	reported 5:24
10:6	reacting	146:17	164:14	191:16,24	166:16,25	58:19 120:2	7:21 150:18
racially 173:8	35:16	180:14	recognizes	red 65:18	170:3	relevant	161:14,23
181:16	read 2:25	185:22,23	161:9	redone	203:10	42:11	162:12
radar 105:6	78:10 97:12	194:25	recognizing	143:18	regardless	171:23	174:7
105:11	110:7	195:13,16	60:7	reduce 9:14	112:2	remain	197:14
Rahman	147:22	199:25	recommend...	62:20,22	regards 28:19	120:22	reporter
163:22	readily 78:13	202:14	71:19	151:6	40:9 106:3	remained	212:24
177:23	reading	204:2,3,4,5	161:15,24	reduced	108:13	167:13	reporting
178:24,25	161:17	204:12	162:13	27:25 28:2	region 117:20	remains	197:13
195:2 200:7	162:2,15	205:2,2	192:7,10	28:20	119:17	167:3	reports 29:15
203:3 205:9	ready 94:15	207:25	recommend...	reduces 59:23	179:4,15,21	remarked	29:15 69:17
206:18	137:13	209:4,12,15	144:10	reducing	187:18	40:23	70:19 73:22
207:4	146:7	rear-view	191:13	114:14	203:19	remarks	repositories
Rahman's	157:22	206:19	reconnect	reduction	region's	118:21	23:4
196:9	real 62:20	reason 23:3	130:6	136:19	119:14	remediate	represent
raise 9:15	85:5 99:10	31:2 54:15	record 4:3	reenter 47:3	regions	141:25	46:10 58:21
91:23 96:4	reality 112:23	149:7	20:4 30:8	reentry 46:15	184:11	remember	180:8 190:8
96:14	140:2	reasons	51:19	refer 170:20	registered	27:11 60:15	193:19
156:11	180:16	130:21	110:19	reference	148:4	61:19 62:25	194:2
204:16,19	182:17	148:21	117:8	17:9,17,18	regular 27:6	reminded	representat...
raised 124:12	realize 38:18	151:21	134:20	17:25 19:8	126:5	95:10	168:8
124:15	66:13 92:14	155:9	152:15	34:22 90:15	reimbursed	reminders	174:18,22
127:20	100:3	180:25	154:20	140:12	122:16	9:10	189:10
196:24	realized	Rebecca	164:7	185:17	125:18	reminds 57:5	207:18
raises 195:22	96:25	137:25	170:12	203:8	128:23	remiss 42:4	Representa...
raising 30:19	really 18:22	146:20	178:22	referrals	129:4	remove	113:22
88:23	19:7,11,18	rec 82:4	185:9	11:15 94:13	reimburse...	141:25	representat...
ran 82:10	20:17 25:21	104:7	recovering	94:13 95:9	122:18	renew 139:3	94:17
range 186:14	35:3,14,17	receive 18:12	54:22	referred	130:24	renewal	113:19

Committee on Public Health and Human Services
April 2, 2018

Page 22

158:18	119:10,14	66:22	richness 7:13	rooms 21:21	56:11 58:12	39:19,22	104:5
192:2	resiliency	193:19	right 49:2,6	rooted 28:16	87:7 99:2,3	65:12 82:9	108:11
represented	26:11	194:2	56:22 76:8	Roots 26:16	saving 55:7	82:13 83:9	125:9 131:4
168:2	resolution 2:7	responsible	78:22 79:18	rope 115:3	82:21	83:11 94:7	131:12,21
177:22	2:8,25 3:2	4:17	80:16 84:9	Ross 47:20	saw 2:14	96:3,4	142:2
representing	4:16 52:20	result 9:8	91:23	roughly	94:14 98:9	104:6	178:23
167:15	132:24	10:25 22:18	106:21	15:25 119:7	110:21	scientific	200:23
168:6	133:13	94:19	107:7,21	routine 46:19	131:9	20:19	seeds 178:11
reproduction	162:24	120:24	108:15	RPR-Notary	188:14	scratched	seeing 41:17
212:21	163:2	158:6 193:4	113:11	212:15	saying 37:9	133:6	46:23
reputation	166:16	206:21	128:3,6	rule 151:6	38:8 103:23	screaming	130:11
57:12	211:5	resulted	129:2,16,19	rules 87:13	108:4,25	63:4	133:16
request 2:10	Resolutions	25:16	129:20	87:14,18	109:6 162:5	screen 105:6	161:3 211:8
11:2 159:19	1:16 2:17	resulting	130:19	106:3,14,15	says 84:3,21	105:11	seek 27:23
162:14	resource	10:17	131:6	106:18	125:7	screening	31:3,11
require	95:23 116:8	results	133:22	107:18	141:18	12:19	70:24
176:23	148:22	180:24	134:15	159:4	144:18	search 194:7	seeking 58:22
required	198:6	retail 149:2	141:10,12	161:16,25	scale 184:15	second 40:13	124:21
143:13	200:20	retain 36:11	142:17	162:14	185:3	78:18 98:3	seen 44:7
144:15	resources	retention	143:19	run 110:23	200:25	113:18	54:4 76:15
150:9	13:12 18:2	168:17	153:24	Rutgers	201:10,13	161:19	76:17 84:19
159:20	18:19,20	return 73:8	166:5	101:18	scary 156:24	seconded	127:14
requirement	19:20 27:24	returning 9:3	199:20	Ryan 156:16	157:2	161:20,22	149:9
74:16 134:7	28:2,22	35:7	201:12	159:24	scene 78:3	secrecy 22:18	195:15
137:7	48:3 56:2	revealed	210:21		scheduled	section 170:3	sees 26:25
138:11	112:18	174:3	rights 99:20	S	43:18 192:9	sections 61:6	98:19
139:10	173:22	revenue	rises 183:13	S 1:11	schedules	sector 164:23	selects 177:24
144:19	175:16	14:21	risk 116:16	sad 92:9	149:4	176:15	self 207:25
requirements	177:15	revenues 15:9	152:5	safe 25:12	scheduling	178:9,14	self-medica...
135:7	183:9 193:7	Reverend	risk-contrib...	28:4 114:2	134:16	181:2,19	70:3
137:11	202:7	186:23	40:19 41:10	134:10	schizophre...	182:4 184:4	selfish 92:19
138:7	respect 37:12	review 58:9	Road 98:6,7	135:14	123:11	184:5	153:24
148:13	66:6 120:13	191:9 192:9	roadblocks	136:18,23	school 3:19	193:15	Senator 95:3
158:20	167:5,24	192:25	56:9	140:14,15	15:2 20:11	194:8	Senior 12:6
requires	168:4 170:8	reviews	Roberts	140:17	35:5 41:9	198:25	senior-level
125:11,25	respectful	191:21	26:13	141:7,11,13	41:11,22	201:20,21	177:25
135:11	70:11	rewarded	Robinson	141:15	42:17 62:4	sectors 149:2	179:14
143:3 176:4	respond	10:13	110:3,11	142:6,9,16	62:7 65:8	secure 148:23	sense 30:25
requiring	61:25 102:9	rewarding	robs 34:15	142:17,25	65:21 78:6	securing	145:6,8,11
156:21	responded	29:21 30:3	robust 35:25	145:22,23	80:12 82:11	150:9	209:19
research 8:14	60:16	Reynolds	Roc 27:2	155:13	82:19 83:12	Security	sensitive
171:15,18	responding	1:13 79:6	Roland 4:14	safety 149:8	85:2 93:17	101:18	59:20
171:22	40:7	147:25	23:25 30:11	150:22	93:18,25	see 19:10	sensitivities
172:10	response 4:16	148:12	53:11	safety-net	94:2,9,12	26:18 54:17	71:13
181:14,14	58:23 77:21	154:25	role 12:24	122:11	94:15,21	56:19 61:11	sensitivity
187:4 204:8	78:15 79:19	162:19	172:12	sake 26:8	97:21 98:17	69:9 76:21	71:15
205:18	127:8	179:7	room 1:7	salute 104:25	124:10	77:11 79:23	sent 191:13
reserve	133:14	185:20	17:11 79:25	105:4	144:15,17	91:11,15,19	separate 21:4
134:14	161:2 162:9	RFP 60:16	89:10 91:14	159:24	195:11	92:6,7,20	159:7
residential	211:6	RFPs 74:13	93:19	samples	school-to-p...	93:3 95:12	September
135:9	responsibili...	RHD 14:5	102:25	136:22	40:24	99:21	94:13
138:15	8:5 192:21	Ribbon 58:8	108:4	SAP 94:2,5	schools 15:4	102:12	201:14
residents	responsibility	rich 16:11	165:12	sat 94:21	38:3,6	103:19	series 16:4
				save 53:7			

Committee on Public Health and Human Services
April 2, 2018

Page 23

41:10 57:7 serious 21:20 seriously 8:8 servant 97:3 serve 5:15 6:15 8:20 8:21 10:12 56:10 60:25 61:24 63:7 73:3 170:17 174:15 177:7 178:2 179:14 181:9 184:16,17 186:18 188:12 190:9 205:15 209:17 served 6:4,7 38:4,6 68:13 117:17 176:21 181:5 187:3 187:10 serves 4:19 14:5,7,10 24:24 169:7 service 5:11 9:6 10:22 12:23 53:6 59:14 60:5 61:17 62:18 68:15 70:19 71:4,5 72:18,22 94:18 101:22 105:7 108:23 149:2 155:15 157:22 193:23 service-orie... 171:17 served 75:6 155:17 services 1:4 2:6 3:4,6,16 4:10,13,25	5:6,19 8:7 8:11,14 10:15,24 11:2,5,12 12:3,6 15:5 15:6,11 16:14 17:15 18:11,12,24 19:21 24:8 30:14 31:10 31:11 32:12 33:18 45:20 45:21 46:8 53:18 55:15 58:18 59:9 60:4,17 64:25 65:13 65:21 66:8 67:23 68:18 68:21,22,24 68:25 69:22 70:6,13 71:2,8,25 73:7,21 74:25 76:3 81:21 82:4 82:6 85:25 86:15 91:7 91:8 93:24 94:8 106:13 111:14,17 122:11 125:12,18 126:4,5 127:22 128:2,3,6,7 128:12,12 129:5 130:17 137:25 148:3 156:16 157:7 163:4 165:4,7,11 165:21 166:12 177:2 182:5 202:11 211:11,16 Services' 29:11 serving 55:20 94:6 103:8	120:11 191:19 201:3 session 64:20 131:15 161:18 162:3,16 set 190:11 sets 48:4 159:4 198:14 setting 112:5 115:19 settings 136:15 137:4 seven 38:3 104:19,21 138:13 severity 116:4 121:8 sexual 113:16 Shaiheed 44:15,15 45:3 Shakima 205:16 shambles 120:8 shame 114:8 shape 193:22 share 6:3 20:22 30:15 114:3 204:7 shared 13:4 44:23 176:8 sharing 112:4 115:9 Sharmain 163:17 185:12 194:21 206:22 Shawn 147:6 147:20 shelters 21:22 shining 185:25 shot 67:2 76:8 80:11 81:12 show 26:20 78:11 80:11	102:18 180:22 showed 94:11 123:8 showing 80:18 shown 7:8 123:3 shrouded 22:17 shut 107:4 109:3 shutting 104:6 108:20 shy 159:13 sick 155:18 side 98:4 107:14 158:15 189:21 200:25,25 208:25 sign 184:10 signed 201:4 205:14 significance 141:12 significant 35:20 36:14 39:21 50:16 75:22,23 100:16 120:21 140:23 172:21 significantly 35:25 172:19 signify 59:6 162:5 signs 116:6 silence 22:19 33:23 34:3 90:18 siloization 92:17 similar 125:24 183:9 200:8 simple 93:23 106:7 simply 41:4	63:22 104:23 115:21 176:22 simultaneo... 69:21 single 62:10 129:21 148:25 sir 86:3 sister 97:18 Sisterly 117:3 sisters 111:6 sit 40:16 108:4,17 123:5 131:16 159:20 205:16 207:16,23 208:16 site 25:21 78:12 sitting 55:7 57:9 63:22 129:14 183:24 situated 42:7 situation 48:22 76:5 141:20 six 4:23 33:6 38:3 129:22 190:25 size 188:14 skew 189:21 skill 48:3 198:14 199:21 skills 172:17 173:7 198:23 199:2 skip 150:15 small 36:17 136:14 180:17 smaller 121:25 175:18 smell 84:4 Smith 14:24 snatched	82:18 snowballing 76:4 snowballs 75:25 social 3:19 20:11 24:15 25:12 28:5 31:12 64:3 64:22 69:7 70:11 111:14 112:13 121:21 122:19 165:4 174:25 187:23 188:9 societal 25:11 28:2,15 116:13 society 11:19 100:12 190:7 193:22 socioecono... 73:16 solely 25:19 40:6 solidified 57:14 solution 200:24 solutions 176:13,16 178:12 186:3 194:7 solving 187:19 somebody 81:12 96:24 132:11,15 somewhat 22:14 57:3 son 89:12 soon 86:20 sooner 38:19 sororities 12:14 sorry 85:12 206:9 sort 130:9	143:2 158:16 210:4 sorts 22:13 souls 99:2 source 135:25 sources 122:10 South 8:3 13:25 33:4 Southeast 11:20 13:16 Southern 171:5 Southwest 8:2 14:2 space 20:21 29:23 43:11 83:13 183:7 202:20 spaces 21:23 Spanish 151:15 Spanish-sp... 13:21 speak 5:8 35:12 39:25 80:7,13,23 159:12 184:9 206:23 speaking 105:3 109:15 115:10 special 65:11 65:12 177:12 specialist 63:9 specialists 7:20,22 specialized 16:9 Specialty 16:3 specific 9:8 14:4 61:23 170:3 specifically 20:15 22:8 22:15 39:4 42:23	120:12 125:21 171:8 190:15,17 specifics 86:5 99:19 specified 137:7,16 155:10 spectrum 89:13 spend 36:9 73:5 136:11 spent 17:18 36:14 199:17 spiritual 11:24 12:2 115:23 spoke 19:9 113:24 132:4 156:15 sponsor 2:10 145:15 184:6 201:16 sponsored 50:8 184:24 sponsors 184:20 spreading 210:10 stable 148:24 staff 6:13 16:4 58:5 60:23 97:5 101:16,25 102:14 105:19 139:21 151:11 175:20 181:24 201:24 204:14 205:4 staffing 63:10 stage 21:20 stakeholders 7:15 158:8 stand 102:17 155:7
--	--	--	--	---	--	---	---

Committee on Public Health and Human Services
April 2, 2018

Page 24

standard 190:12	121:18	26:8	strong 11:8	64:9,13	39:23 52:22	182:25	34:24 36:19
standards 74:15	stating 147:16	strain 152:22	29:4 54:5	subsequently 74:11	52:24 60:17	183:20,22	44:24 47:25
137:12	statistical 118:17	105:12	188:24	174:16	66:16 82:8	186:7	48:7 49:21
156:18,21	statistically 123:3	183:17	210:17	subsidizes 122:7	89:15 95:25	197:15	57:21 59:3
standpoint 28:10	statistics 20:18	206:24	stronger 155:19	substance 9:7	114:17	200:12	61:20 65:7
start 19:16	status 24:13	208:8	structurally 100:2	10:4,24,25	115:22	204:5,13	66:12,25
35:3 38:11	142:11	5:18 16:13	structure 50:6 72:20	38:14 39:5	156:25	205:3 206:2	67:20 68:16
52:8,9 79:3	stay 186:8	26:3 36:23	72:25 210:4	39:12 46:23	157:19	207:20	71:20 72:6
83:12 86:20	stays 111:22	39:14	structured 49:22	49:25 54:22	169:21	208:6,8	72:19 73:21
103:20	stems 18:18	136:25	structures 50:20	success 37:22	177:14,17	209:2 210:6	77:21 79:14
169:5	stenographic 212:6	168:16	struggled 47:5	193:17	178:7 184:6	210:9,11	79:16,17
182:12	step 76:24	208:5	47:5	successfully 188:8	184:22	surface 133:6	85:5 89:18
started 19:4,6	91:8 104:22	strategy 38:8	struggles 27:4	suffer 33:23	193:13	surprisingly 93:3	98:21 120:8
52:21 63:3	stepped 62:16	38:24 96:14	27:4	34:2 50:15	202:22	survey 171:16,18	120:12
78:18 82:3	stepping 160:13	208:15	struggling 26:22 98:5	90:18 116:2	204:10,20	173:6	123:19
82:4,6	steps 19:18	stratification 69:8	26:22 98:5	suffered 92:14	205:24	surveyed 166:23	125:2,7,10
88:23	35:3 105:12	streamline 94:22	116:24	suffering 22:8	supported 16:16 31:21	172:16	130:12,15
106:25	146:9	streams 72:12	200:17	22:19 111:7	supporting 32:11 33:6	surveying 170:6	132:6
127:7 204:4	150:20,25	street 53:21	STS 117:21	suggesting 172:11	132:16	surveys 207:6	144:17
starts 100:7	165:13	54:5 55:13	117:24	suggestion 202:4	174:2	suspect 158:24	systematic 28:21
100:20	168:19	55:23 70:3	students 65:25 78:7	suggestions 204:25	supportive 179:8 185:3	suspended 100:21	systemic 132:7
183:14	stigma 9:15	84:18 86:18	80:13 93:23	suggests 176:9	201:18	161:16	174:25
state 3:7 4:3	11:10 18:14	86:22 87:8	96:5	suicide 125:5	supports 58:18 61:5	162:2,15	systems 21:4
20:4 30:7	28:3 30:20	107:10	studies 180:22	suicide 22:25	66:16	sustain 131:2	27:21 29:2
41:18 51:19	30:23,24	streets 54:25	181:15	113:5	149:21	sustainability 172:8 205:3	64:24 71:17
55:19 57:11	31:6,12	Strength 14:5	208:2	suite 210:15	184:4	sustainable 96:7,9	84:25 89:19
57:12,20	32:22 35:19	strength-ba... 43:23	study 12:16	Sulaiman 163:21	sure 19:19	Suzanne 26:13	120:7,16,21
58:11 72:4	50:16 60:10	29:3 148:13	50:9 123:8	177:23	36:4 42:22	Swanson 137:21,22	193:23
98:6,6	61:12 84:8	190:19	171:6	178:25	46:7 49:7,8	137:25	
110:19	109:9	194:8	181:13	195:2	60:4 66:23	146:23	T
113:19	116:22	strengthened 23:23	202:10	206:18	80:25 82:19	switch 133:17	T 3:13 4:10
117:7	stigmas 25:11	strengtheni... 64:22	stuff 83:22	summation 75:4	91:4 93:21	symposiums 9:21	23:25
122:13	stigmatize 60:11	173:25	90:18 100:7	supervision 212:23	95:21	symptoms 38:13 76:24	Tabernacle 12:7
134:20	stigmatized 31:5 60:14	190:16	Subcommit... 191:7,20	supervisor 117:24	107:11	102:7 116:6	table 3:22
150:14	stolen 84:13	190:16	subject 67:22	supplement... 171:19	125:15	21:13,15,18	51:14 55:7
152:14	stories 37:13	178:13	subjects 22:14	supplier 181:24	131:13	23:15 24:23	57:9 65:24
154:19	43:21,22	stress 113:8	submit 143:13	support 5:14	140:12	28:8,9,9	108:18
164:7 166:6	76:13	stressors 40:20	submits 143:11	5:20 9:24	141:6	33:19,20	110:5 134:2
170:11	story 26:17	strictly 83:25	submitted 139:7	13:7 32:18	143:16	34:5,11,15	147:12
178:21	storytellers 26:15	strides 65:16	Suboxone		149:12		159:14
185:8	storytelling 7:24 26:6,7	strive 8:17			153:19		163:24
state's 150:18					155:12		175:10
state-licensed 150:11					160:2,11		193:21
stated 193:7					163:13		208:25
statement 120:6					165:19		taboo 22:14
164:16					166:8		tackle 73:23
states 49:2,12					169:25		169:17
49:16 50:10							187:11
							190:3
							take 2:22 8:5

Committee on Public Health and Human Services
April 2, 2018

Page 25

19:18 35:3	90:11,15	136:19	178:7	154:5	158:2,4	59:22 68:19	93:17,19
61:7 95:15	103:10,11	technology	193:13	tests 136:20	159:10	68:20 93:10	94:5 96:11
104:9	130:13	193:6	211:5	text 9:10	160:11,20	117:20	96:11 101:2
105:21	140:22	teddy 41:25	testifying	thank 3:10	160:21,22	122:25	101:11
123:20	181:6	teens 112:12	51:24	4:14 16:22	160:23	132:11	105:21
125:8	195:18	telephonic	testimonies	17:3,5	161:12	thing 45:14	106:23
130:20	196:14	13:9	153:4	19:24,25	163:8 164:5	60:8 78:11	108:8,9
146:9	209:15	tell 37:12	testimony 2:7	30:4,5,19	164:17,19	78:15,16,19	109:10
150:25	talking 44:2	40:17 43:20	2:17,19,23	33:9,11,13	165:17,23	96:22 97:17	116:12
160:11	59:13 79:21	65:8 93:2	4:4 5:16	47:8,10	165:25	131:5,23	127:23
182:22	86:6 89:17	98:22 129:9	16:23 17:6	48:8,9,12	170:9,14	140:19	128:8,22
192:8 207:3	106:6	telling 97:23	18:6 20:5	48:12,14	178:5,18,19	142:12	131:18
taken 44:5	121:14	Temple	30:6,9 33:9	50:21,22,23	179:4,5	207:17,20	133:4 153:4
150:20	127:12	106:24	33:14 36:24	50:24 51:2	185:5,6,14	things 19:9	153:6
153:20	128:25	187:2	48:23 51:3	52:14,19	193:11	27:7,17	165:18
161:7	141:16	ten 48:25	51:20 52:9	56:15,16,23	194:11,13	30:21 32:18	180:19
168:19	151:24	69:16 81:22	56:17 67:7	67:5,6,8,16	194:16,18	35:11,20	185:25
212:6	153:23	83:23 87:22	67:21 75:11	67:24 75:9	202:2	40:18,25	186:13
takes 44:16	179:17	88:4 119:6	75:17 85:22	75:10,14	203:23	41:12 42:3	187:7,9
66:20 77:24	talks 98:18	148:19	89:16	85:9,19	206:6 209:9	42:6,14	188:5 195:4
157:15	tape 65:18	179:25	104:11,19	86:3 89:3,5	209:10	43:9 44:6	195:16,19
190:5	targeted 7:24	180:2	109:22	89:6,8	210:24,25	46:12 49:17	197:7,20
192:14	70:6 168:21	tend 129:6	110:20	96:19,21	211:3,12,13	49:19 54:7	198:6 199:2
talent 49:20	targeting	182:9	117:6,9	104:10,11	211:14	66:11 75:15	202:3,19
182:15,20	14:4	tends 189:21	126:15,18	104:13,18	thanking	77:19 80:14	thought
183:4,8	Tasco 17:13	tenure 68:13	132:22	109:17,18	52:21	81:9 83:20	26:16
184:12,24	196:23	196:23	133:18	109:19,20	thanks 53:5	91:3,11	127:21
196:11	task 178:10	terms 35:25	134:21	109:21	83:6	99:4 104:9	158:20
198:8 199:3	Taubenber...	36:6,9,15	135:2,5	110:17	Theatre	107:16,21	three 4:23
199:4,8	1:13 16:25	37:8 39:11	137:20	114:22	26:13	108:2,16	14:18 15:7
201:12,16	48:10,11	39:17 40:3	138:4	117:4,5	themes 89:22	123:15,16	15:12 20:12
205:16	49:8 50:21	44:12 46:6	139:15,19	118:8	theoretical	128:19	20:12 29:20
talents 177:7	58:24 67:25	46:22 50:4	147:17,22	126:14,17	28:15	132:3	30:24 31:25
talk 19:7 26:9	162:21	77:14 92:24	149:12	126:20,22	theory 24:4	133:23	32:4 33:4
44:6 45:5	taught 126:7	95:2 134:11	152:13	132:19,21	therapeutic	140:14	36:3 167:22
45:11 59:12	190:10	140:17	154:18	132:21	23:16 71:17	159:15	180:25
75:18 85:22	taxing 175:17	145:16	158:5,25	133:8,10	111:25	208:20	190:14
95:4,6	teach 29:2	189:7	159:11	134:18,19	112:5	think 18:5,18	thresholds
125:6	teacher	test 141:14	164:8 166:7	135:4	115:17	32:22 33:21	176:24
127:19	132:14	143:13	169:22	137:19	therapist	34:8 35:13	thrive 155:19
128:15	teachers 96:5	144:16	170:10	139:14,18	90:23 95:12	35:18,21	throw 92:11
140:15	team 79:19	tested 153:10	178:20,23	139:20	110:9,11	37:21 38:23	Thursday
143:21	86:23 88:22	153:13	185:9	140:7,9,10	111:3	42:3,14	100:19
145:21	91:18	testified	194:14,20	145:25	112:11	43:8 44:13	124:25
180:11	139:22	127:16	202:25	146:11,12	117:13,22	45:7,17	tide 23:8
186:6 196:2	teams 7:10	testify 4:15	203:4	146:13,18	130:18	46:4 47:17	ties 195:11
196:4	53:23	16:19 52:16	211:13	146:19,23	therapists	47:17 48:16	Tiffany 110:3
198:13	tear 55:4	52:19	testing	147:15,24	73:9 95:14	49:19 57:8	110:11
202:6	technical	132:23	136:21	152:11,12	118:4,13	58:23 60:24	tight 87:24
204:22	16:10	133:12	138:8,16	152:19	122:16	62:11 66:19	107:22,25
208:2	151:12	160:25	144:20	154:10,16	125:20,22	76:23 77:8	time 11:5
talked 27:3	177:14	166:15	148:14	154:17,24	132:5	82:23 85:25	22:2 28:23
34:25 36:21	techniques	170:15	149:22	157:17	therapy	90:6,14	41:8 51:8

Committee on Public Health and Human Services
April 2, 2018

Page 26

51:24 52:8	181:6	156:17,19	41:16,19	trickled	127:25	150:7,10	units 12:23
52:23 53:12	188:15	traditional	62:7,12,13	124:5	140:14	192:20	University
73:5,13,14	206:5	30:2 37:17	62:14,21	tries 158:17	143:19	207:17,22	3:18 8:12
75:9 86:2	211:13	44:4	75:19 76:6	trigger	150:3 159:3	208:18	20:9 101:18
88:9 94:8	today's 5:16	traditionally	76:10,20	142:22	159:3,6	understand...	101:19
97:6,6	127:6	18:10	77:19,20	143:3	206:17,20	8:15 11:17	106:25
98:19	171:24	traditions	78:14 79:20	truancy	two-sided	69:3 84:22	177:21
101:12	toddlers	120:15	80:3,4,16	82:20	208:15	120:14	179:11
103:8,12	149:18	tragic 120:18	80:22 81:3	true 55:18	two-year	123:6	183:19
104:2	tokenism	train 91:21	81:4,23,24	158:25	152:7	137:10	187:2
106:13	208:3	195:13,16	90:15 99:9	181:25	type 58:2	171:9	unnecessary
107:5	told 26:16	208:25	103:2,19	182:2	77:2 92:15	202:24	55:9 152:8
124:25	78:24	trained 7:19	113:15	185:19	128:3,11,13	205:18	untreated
126:15	111:21	7:23 12:9	124:9 126:7	212:7	132:3	understands	62:12 70:4
131:16	tolerant	95:14	128:11	truly 65:2	types 104:9	116:4	75:19,24
136:11	97:17	101:14	trauma-inf...	trust 73:14	105:20	151:22	76:7,20
137:18	Tonight	102:2,20	124:3,11	73:25 74:4	128:7	understood	116:3
138:14	26:20	121:19	trauma-rel...	79:12,16,16	typically	78:3 140:16	unusual
139:17	tools 177:15	132:5	77:5	125:2	49:23 50:3	underutilized	141:19
144:23	top 14:21	training 7:15	traumatic	Trustees		183:16	unworthiness
157:19	48:25 59:4	7:24 15:20	76:4 77:25	23:14	U	underway	31:2
160:5	167:22	15:21,23	traumatized	Trusts 119:3	U.S 73:22	2:16	UPPN 179:2
163:11,14	179:25	16:3 71:14	83:14,19	try 63:20	UAC 188:19	undiagnosed	upstream
165:24	180:6,9	77:4,7,12	treat 62:23	78:20 86:23	188:22	116:3	35:15 40:6
188:7,15	183:4	78:17	78:13 85:8	90:13,24,25	189:2 190:4	undoing	uptown
195:14	188:25	101:17	132:9 159:7	95:25 98:9	190:13,22	80:16	210:13
197:3	topic 133:2	102:3	treated 21:14	99:23	191:6,7,9	unequal 21:5	urban 41:23
209:22	164:21	111:19	61:16 80:21	133:23	191:18,18	unfair 131:19	163:18
210:16	186:12	124:2	treating 21:9	144:7 199:7	193:3,25	131:20	185:13
Time's 53:4	topics 22:16	126:12	132:8	203:17	ultimately	unfortunat...	186:6,17
timely 114:5	total 7:21	129:8	treatment	210:6	34:7 208:3	60:13 63:2	187:12
186:12	totally 79:21	151:10	8:19 9:7,16	trying 27:18	unannounced	112:5	195:7
times 129:13	79:22	198:10	14:23 22:11	32:5 39:5	57:25	uniform	urges 72:5
182:14	touch 33:14	203:15	22:20 31:4	40:4 65:16	unbiased	197:17	usage 111:13
183:4,15	76:21	trainings	36:16 39:21	86:17 88:20	74:3	uniformly	use 9:7 10:4
205:22	touched	12:10 13:14	50:18 57:20	92:2 109:9	unchanged	170:4	10:24,25
207:22	97:14	16:6 105:20	58:22 64:11	127:2	167:14	uninsured	13:9 16:13
tirelessly	touches 59:15	124:5 126:6	64:15 69:8	143:15	uncommon	21:17 39:24	22:3 37:10
193:16	touching	126:7	69:20 70:25	154:6	122:23	93:12	38:14 39:5
title 2:25	97:14	168:22	71:11,23	159:15	under-utiliz...	unions 42:25	39:12 46:23
today 5:8	tours 50:9	trains 177:24	74:10,12	165:14	10:24	unique 50:7	48:2 49:25
16:19 20:17	Towey 147:6	traits 102:21	77:2 80:19	187:11	underpaid	84:13	65:12 87:10
26:20 52:20	147:19,20	transcript	81:5 94:4	205:22	152:25	111:11,15	93:7 144:12
69:16 75:13	town 9:20	212:8,21	95:10 111:9	Tuesday 57:6	underperfo...	uniquely 84:9	149:5
109:15,22	25:7 40:10	Transformi...	114:5,7	100:15	183:16	unit 11:24	156:19
132:24	40:25 43:11	120:4	116:9 122:7	turn 101:10	underserving	13:8,15	190:23
135:5 138:4	43:13	translating	131:11	twice 191:9	120:11	16:2	useful 108:11
154:23	track 76:12	13:12	trepidation	two 17:7 21:3	understand	unite 187:15	uses 14:12
158:6	81:23,24	transparency	200:18	36:3 40:11	8:20 36:5	United 48:25	usual 21:20
164:20	tracking	55:18	tribute 62:18	43:11,17,18	43:2 55:18	121:17	81:13
176:8	167:12	transportat...	trickle-down	67:14 75:15	74:6 84:16	171:4 203:2	usually 142:2
177:23	tracks 91:21	71:11 189:5	181:23	89:22 95:22	84:18 125:4	203:7,14	utilize 126:4
178:6,12	trades 42:25	trauma 41:16	182:7	101:15	147:3	204:9,24	199:25
					149:14		

Committee on Public Health and Human Services
April 2, 2018

Page 27

V	157:10,11	184:8 185:8	ways 29:25	197:16	went 82:12,19	147:11	43:7 44:24
vacancies	visited 157:12	185:14	30:2 37:14	200:21	91:20,20	163:23	45:2,6
198:3	Vivitrol 64:8	186:4,5,22	47:21 63:12	201:10,13	99:13 195:6	witnessed	48:14 49:14
valid 139:8	64:12	194:18	73:23 99:10	208:13	201:6	58:2 76:10	49:15 53:5
validated	voice 44:20	200:7,23	123:16	210:6,9,12	weren't 97:16	76:15	55:17 59:8
175:11	44:22 67:13	202:3,12	155:20	210:19	97:19	Witnesses	59:18 61:18
valuable	118:11	210:9	171:11	we've 6:12	WES 51:11	3:21 51:13	64:3,14,16
42:24	159:13	211:11	177:17	7:22 20:21	52:6 67:15	110:4	64:16 66:22
value 7:11	voices 25:3	wanted 33:14	178:14	24:18 30:16	67:20 68:16	133:25	67:4 82:13
62:15	44:17,22	40:2 46:12	we'll 41:14	30:21 37:7	72:23 73:3	147:11	82:14 83:13
120:15	175:9	75:15 76:21	47:11 129:4	40:11 53:16	West 3:17 8:2	163:23	83:16,17,21
values 74:7	193:20,21	104:18	162:23	53:19 54:6	20:8 61:3	woman	84:12,17
variety	vote 134:15	131:6 204:5	we're 17:6,25	54:7,10,13	94:12	124:21	86:13 87:6
172:17	vulnerable	204:16	18:4 20:23	61:9 79:13	white 51:8,25	125:4 156:3	87:17 89:25
189:4	56:14 75:5	wants 4:4	27:18,21	90:24 99:22	52:2 56:18	156:3	90:4,5,10
various 9:19	112:4 175:2	99:2 147:18	28:24 29:4	105:18	56:20 67:7	209:24	92:25 93:6
42:12 44:23	178:15	Warren	29:14,23,24	127:15	75:16 76:23	women 7:5	96:3 103:13
59:16 64:3	194:9	14:24	32:8,24	144:21	82:8 83:6	14:15,19	112:17
72:12 95:5	W	Washington	39:18 40:3	149:9 205:6	89:17 92:16	15:13 16:16	126:23
97:25	W 119:23	49:15	40:10 42:17	207:6,8	97:20 101:9	22:5 62:8	130:24
127:10	wait 94:7	water 140:22	42:18 43:9	wealth 21:7	105:18	168:2	131:24
177:4	146:24	140:24	43:12,12,15	187:18	173:4,13	189:15,15	140:8
184:11	walk 106:9	141:2	45:7 46:23	website 151:9	174:18	189:19	145:14,18
vary 188:14	walked 96:24	143:22,25	46:25 66:9	151:17	182:6	193:10	146:13
vendors	walls 55:5	144:3,6,12	67:4 77:10	Wednesday	White's 84:14	207:2	148:24,25
196:3	want 16:24	144:16,20	79:21 80:25	100:18	white-led	209:15	155:3 167:3
197:22	17:8 29:13	145:4,9,10	83:3,4,8,11	week 124:19	171:12	210:2,14,14	175:16
200:5	30:7,18	145:21,23	83:17 84:21	124:20	172:20	210:18,20	182:21
venues 9:20	32:23 35:14	153:15,16	85:3,4	187:25	173:3,12	women's	186:15
44:23	42:21 44:6	153:18	91:19 92:11	188:4	174:21	53:16,16	187:7,11,19
versus 140:15	48:15 52:9	way 34:5	92:23 98:5	weekend 58:4	176:2	women-led	188:16,20
vet 190:12	56:23 75:13	37:13 49:21	105:2,10	weeks 67:14	wide 150:17	46:4	189:17
vetting 191:5	77:22 78:25	50:12 56:3	107:11,22	weigh 75:21	188:17	wonder	190:8
Vice 4:7	79:2 80:8	62:13,14	107:23	78:25	189:3	112:21	193:18
Vietnamese	84:5,7 99:3	66:17 71:16	108:16	weight 74:15	widely 155:16	wonderful	201:15
13:19	99:5,18	80:5 81:16	109:9	welcome 75:3	wider 23:2	185:21	202:20
viewed 25:20	100:14	85:25 87:2	125:15	182:24	wife 97:19	wondering	203:25
views 74:23	101:9	87:6 93:5	128:25	well-being	WILLIAM	143:5	204:20
Vigil 54:13	102:11	96:2 97:15	129:13	24:5	1:12	Woodland	205:8
vigilant 46:13	105:4,23	98:16 99:18	130:11	well-known	Williams	187:3	206:13
violations	118:8	116:12,12	132:4,5	26:15	23:22	word 30:19	209:2
87:10	126:14,22	123:15	143:15	wellness	willing 98:11	32:22,23	210:11
violence	134:25	128:23	145:8 146:3	13:23 14:9	103:13	60:10 96:2	worked 5:9
41:18,20	146:12	130:16	146:7 150:2	14:11 37:10	wind 23:6	109:10	17:12 25:17
43:14 69:10	152:14	142:9	150:13	Wells 51:6	98:23	127:9	54:8 68:11
116:14	154:19	160:13	154:5	79:8,9	windows	work 3:19	104:19
violent 113:9	157:5	171:4	157:17	85:21 86:3	136:21	4:22 7:14	148:11
Virginia	158:13	190:10	159:15	86:7 87:13	wipe 136:19	11:10 12:16	193:16
49:16	159:10,24	198:17	161:5	88:17 91:10	143:13	13:8 20:11	204:9
vis-a-vis	162:17	203:2,7,14	179:22	102:23	witness 3:21	20:20 29:21	workers 78:2
41:20,21	164:14,19	204:10,25	180:3	105:25	51:13 110:4	36:23 37:7	121:22
vision 190:11	165:17	206:16	187:13	106:6,15,22	133:25	39:4,18,18	122:19
visit 57:25	182:10,12	209:8	189:23,25	108:15	134:16	39:22 42:5	workforce

Committee on Public Health and Human Services
April 2, 2018

Page 28

5:11 6:18	<u>X</u>	yielded	12 69:13	37:1 38:1	139:1 140:1	<u>2</u>	25 119:15
6:23 7:12		171:22	172:16	39:1 40:1	141:1 142:1	2 1:8 6:10	184:13
42:18	<u>Y</u>	young 9:16	12.3 119:2	41:1 42:1	143:1 144:1	121:21	201:6
working 28:8	yard 157:14	33:24 35:4	125,000	43:1 44:1	145:1 146:1	163:10	25,000
29:23 30:21	Yeah 81:20	35:5 40:11	31:24	45:1 46:1	147:1 148:1	2,000 54:14	204:19
34:19 35:4	88:17 97:22	40:14,16	13 38:2,16	47:1 48:1	149:1 150:1	2,500 53:24	25.7 119:4
39:7,8	year 6:8 7:20	41:2 42:8	14 5:25	49:1 50:1	151:1 152:1	152:2	26 69:23
45:11 49:11	12:5 15:9	42:10 43:20	106:18	51:1 52:1	153:1 154:1	20 68:12	119:13
54:3 60:2	15:10,25	44:8,19,21	14,000 53:22	53:1 54:1	155:1 156:1	69:18 70:20	265 7:23
78:4 79:11	28:23 31:24	45:9 54:3	14.4 119:20	55:1 56:1	157:1 158:1	100:23	27,000 12:15
79:13 83:11	32:4 53:14	62:7,8,21	145 171:16	57:1 58:1	159:1 160:1	112:23	28 189:21
91:17 93:10	53:14	65:5 84:24	15 14:21 15:9	59:1 60:1	161:1,5,11	148:10	
93:21	113:10,18	98:20	50:9	61:1 62:1	161:14,23	174:6 180:6	<u>3</u>
105:15	140:21	103:10,11	150,000	63:1 64:1	162:1,12	180:9	3 6:10,21
108:19,19	145:2	106:11	188:12	65:1 66:1	163:1 164:1	189:16,24	3-12 169:4
108:21	149:14	135:22	16 13:15	67:1 68:1	165:1 166:1	209:11	170:2
111:5,8	153:6	136:24	17 6:8 15:10	69:1 70:1	167:1 168:1	2000s 63:6	197:10
131:8	158:19	146:15	103:21	71:1 72:1	169:1 170:1	2002 119:22	30 79:14
139:22	179:4,10	193:8	180:8	73:1 74:1	171:1 172:1	2006 7:19	107:5
144:7	190:17	younger 9:2	170651 1:16	75:1 76:1	173:1 174:1	120:2	30-plus
145:20	191:9,20	149:19	2:8,17 3:2	77:1 78:1	175:1 176:1	2007 69:13	207:11
153:25	206:19,21	youth 4:19	4:16	79:1 80:1	177:1 178:1	2010 11:23	30,000 38:6
164:21	years 15:12	14:8,11,13	170837 1:16	81:1 82:1	179:1 180:1	118:22	300-plus
168:12,23	17:13,15,21	44:12,16,16	2:8,18	83:1 84:1	181:1 182:1	2011 148:10	201:4
169:18	18:4 20:12	53:25 54:2	162:25	85:1 86:1	183:1 184:1	170:21	332 160:13
176:11	20:12 23:15	79:12 81:21	166:16	87:1 88:1	185:1 186:1	2012 12:8	35 5:25
189:25	29:20 31:25	83:8 92:10	211:5	89:1 90:1	187:1 188:1	31:18,23	189:25
190:5 198:9	48:18 50:9	147:8 148:6	171125 1:16	91:1 92:1	189:1 190:1	2013 171:3	350 7:22
199:11	52:22 60:21	188:12	2:9	93:1 94:1	191:1 192:1	2014 8:17	194:5
200:4,13	62:4 65:9		177 7:4 45:24	95:1 96:1	193:1 194:1	9:17 13:23	36 15:12
208:13	68:12 69:16	<u>Z</u>	46:2	97:1 98:1	195:1 196:1	2015 9:22	52:22
works 44:14	79:14 81:22	Z 27:3	18 92:12	99:1 100:1	197:1 198:1	10:20 174:6	108:21
54:2 59:23	83:23 87:14		119:8	101:1 102:1	199:1 200:1	2016 5:22	37 119:7
123:22	87:22 88:3	<u>0</u>	167:16	103:1 104:1	201:1 202:1	12:17 112:9	39 6:24
208:3	88:4 103:21	<u>1</u>	18,000 179:3	105:1 106:1	203:1 204:1	2017 6:22	
workshops	103:21		180215 1:16	107:1 108:1	205:1 206:1	9:17 10:20	<u>4</u>
113:14	104:7,8	1 6:11,22 7:2	2:1,9,19,23	109:1 110:1	207:1 208:1	12:17,22	4 6:20 121:23
world 48:19	106:10,24	163:10	3:1 4:1 5:1	111:1 112:1	209:1 210:1	16:5 119:3	4,000 9:19
82:3 84:16	107:6	188:8	6:1 7:1 8:1	113:1 114:1	211:1	166:21	4/2/18 2:1 3:1
104:20	108:22	1,000 16:6	9:1 10:1	115:1 116:1	180651 52:20	173:23	4:1 5:1 6:1
worlds 159:3	142:18	27:14 53:18	11:1 12:1	117:1 118:1	19 6:9	190:13	7:1 8:1 9:1
159:7,7	143:5,19	54:5	13:1 14:1	119:1 120:1	1948 57:12	2018 1:8	10:1 11:1
worries	146:12,13	1,600 12:8	15:1 16:1	121:1 122:1	57:19	12:14 81:22	12:1 13:1
206:11	148:10	1:35 211:16	17:1 18:1	123:1 124:1	1969 187:23	121:12	14:1 15:1
worse 169:13	150:3,16	10 38:16 50:9	19:1 20:1	125:1 126:1	1978 134:9	2019 152:9	16:1 17:1
wounds 85:9	155:4 176:2	173:11	21:1 22:1	127:1 128:1	135:14	2020 135:17	18:1 19:1
wrapped 47:2	188:7	10,000 47:17	23:1 24:1	129:1 130:1	136:6	138:22	20:1 21:1
write 129:3	189:12	10:25 1:8	25:1 26:1	131:1 132:1	141:22	21 6:20 92:12	22:1 23:1
writing	193:15	100 54:8	27:1 28:1	133:1,19	1980s 57:22	122:8	24:1 25:1
108:24	195:8	1199C 147:9	29:1 30:1	134:1,3	1994 167:11	235 15:23	26:1 27:1
written 85:22	203:14	154:23	31:1 32:1	135:1,6	1st 135:17	24 6:9 153:25	28:1 29:1
151:8	yield 59:10	156:14	33:1 34:1	136:1 137:1	138:22	24-hour	30:1 31:1
wrong 81:15	85:13,15	158:19	35:1 36:1	138:1,5	152:9	152:18	32:1 33:1
		159:19					34:1 35:1

Committee on Public Health and Human Services
April 2, 2018

Page 29

40:1 41:1	146:1 147:1	189:23					
42:1 43:1	148:1 149:1	5,000 31:22					
44:1 45:1	150:1 151:1	50 7:20 21:16					
46:1 47:1	152:1 153:1	60:21					
48:1 49:1	154:1 155:1	119:11					
50:1 51:1	156:1 157:1	131:15					
52:1 53:1	158:1 159:1	188:7					
54:1 55:1	160:1 161:1	189:23					
56:1 57:1	162:1 163:1	500 12:4					
58:1 59:1	164:1 165:1	151:24					
60:1 61:1	166:1 167:1	502 150:11					
62:1 63:1	168:1 169:1	51 119:14					
64:1 65:1	170:1 171:1	53 6:8 189:8					
66:1 67:1	172:1 173:1						
68:1 69:1	174:1 175:1	6					
70:1 71:1	176:1 177:1	6 6:25					
72:1 73:1	178:1 179:1	6-800 134:4					
74:1 75:1	180:1 181:1	135:9 137:8					
76:1 77:1	182:1 183:1	60 83:11					
78:1 79:1	184:1 185:1	131:15					
80:1 81:1	186:1 187:1	180:20					
82:1 83:1	188:1 189:1						
84:1 85:1	190:1 191:1	7					
86:1 87:1	192:1 193:1	7 6:2 36:10					
88:1 89:1	194:1 195:1	7,500 53:19					
90:1 91:1	196:1 197:1	7,700 15:25					
92:1 93:1	198:1 199:1	7.1 119:20					
94:1 95:1	200:1 201:1	70 95:4 184:9					
96:1 97:1	202:1 203:1	188:10					
98:1 99:1	204:1 205:1	194:5					
100:1 101:1	206:1 207:1	71 6:19					
102:1 103:1	208:1 209:1						
104:1 105:1	210:1 211:1	8					
106:1 107:1	40 59:25	8 36:10					
108:1 109:1	79:14	8,000 179:20					
110:1 111:1	133:21	81 46:2					
112:1 113:1	189:3,18	816 7:19					
114:1 115:1	207:2						
116:1 117:1	209:12	9					
118:1 119:1	400 1:7 26:14	9 6:25					
120:1 121:1	63:7	90 38:5 58:5					
122:1 123:1	42.2 119:18	92 36:12,13					
124:1 125:1	42nd 25:20	93 36:12,13					
126:1 127:1	43.4 118:24						
128:1 129:1	44 5:24 94:13						
130:1 131:1	94:13						
132:1 133:1	45 6:23 12:17						
134:1 135:1	16:5						
136:1 137:1	46 7:4						
138:1 139:1	46,000 53:13						
140:1 141:1	49 193:15						
142:1 143:1							
144:1 145:1	5						
	5 103:21						

