

COUNCIL OF THE CITY OF PHILADELPHIA
SPECIAL COMMITTEE ON GUN VIOLENCE
PREVENTION AND COMMITTEE ON CHILDREN
AND YOUTH

Via Microsoft Teams
Philadelphia, Pennsylvania
Thursday, April 15, 2021
1:05 p.m.

PRESENT:

COUNCILMAN KENYATTA JOHNSON, CO-CHAIR
COUNCILWOMAN HELEN GYM, CO-CHAIR
COUNCILWOMAN JAMIE GAUTHIER
COUNCILWOMAN KATHERINE GILMORE RICHARDSON
COUNCILMAN DEREK S. GREEN
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILMAN MARK SQUILLA
COUNCILMAN ISAIAH THOMAS

RESOLUTION 200524 - Resolution authorizing the
Committees on Gun Violence Prevention and
Committee on Children and Youth to conduct
joint hearings to examine the need for
universal access to trauma counseling for
Philadelphia's youth.

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1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 COUNCILWOMAN GYM: Thank you
3 very much. Good afternoon, everyone.
4 This is a joint hearing of the Special
5 Committee on Gun Violence Prevention and
6 Children and Youth regarding Resolution
7 No. 200524.

8 I understand that state law
9 currently requires that the following
10 announcement be made at the beginning of
11 every remote public hearing:

12 Due to the current public
13 health emergency, City Council committees
14 are currently meeting remotely. We are
15 using Microsoft Teams to make these
16 remote hearings possible. Instructions
17 for how the public may view and offer
18 public testimony at public hearings of
19 Council committees are included in the
20 public hearing notices that are published
21 in the Daily News, the Philadelphia
22 Inquirer, and Legal Intelligencer prior
23 to the hearings, and can also be found on
24 PHLCouncil.com.

25 Will the Clerk please call the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 roll to take attendance. Members that
3 are in attendance will please indicate
4 that they are present when their names
5 are called. Also, please say a few brief
6 words when responding so that your image
7 will be displayed on screen when you
8 speak.

9 THE CLERK: Councilmember Derek
10 Green.

11 COUNCILMAN GREEN: Good
12 morning, Madam Chair. Looking forward
13 towards an engaging conversation for
14 today's hearing.

15 COUNCILWOMAN GYM: Good
16 afternoon.

17 THE CLERK: Councilmember
18 Isaiah Thomas.

19 COUNCILMAN THOMAS: Good
20 afternoon, Madam Chair. Good afternoon,
21 colleagues. I'm present.

22 COUNCILWOMAN GYM: Good
23 afternoon.

24 THE CLERK: Councilmember Jamie
25 Gauthier.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 COUNCILWOMAN GAUTHIER: Good
3 afternoon, Madam Chair. Good afternoon,
4 colleagues and the public. Present.

5 COUNCILWOMAN GYM: Good
6 afternoon.

7 THE CLERK: Councilmember Maria
8 Quinones-Sanchez.

9 COUNCILWOMAN SANCHEZ: Good
10 afternoon, colleagues. I am present.
11 Thank you.

12 COUNCILWOMAN GYM: Thank you.

13 THE CLERK: And that is it for
14 roll, Madam Chair.

15 COUNCILWOMAN GYM: Thank you
16 very much.

17 A quorum of the Committee is
18 present and this hearing is now called to
19 order.

20 Will the Clerk please read the
21 title of the resolution.

22 THE CLERK: Resolution No.
23 200524, authorizing the Committees on Gun
24 Violence Prevention and Children and
25 Youth to conduct joint hearings to

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 examine the need for universal access to
3 trauma counseling for Philadelphia's
4 youth.

5 COUNCILWOMAN GYM: Thank you so
6 much.

7 So as individuals know, our
8 Council Chair will be joining us,
9 Councilmember Johnson, will be joining us
10 shortly, and this is a continuation of
11 the conversation from last week's
12 hearing, and given that the Mayor's
13 budget address landed this morning, this
14 is also a really important time for us to
15 continue the conversation around the
16 City's prioritization of addressing
17 public safety, dealing with gun violence,
18 and in particular dealing with the trauma
19 and the counseling supports that are
20 necessary to help young people deal with
21 what the past year has brought to them.

22 Last week we heard from
23 leadership of the School District and
24 City agencies. We heard from doctors and
25 principals and from the leaders of

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 community organizations that are working
3 to support young people experiencing
4 trauma.

5 We also know that there are
6 about 25 schools - charter, alternative,
7 and public schools - that are deeply
8 impacted by gun violence in particular.

9 The amount of gun violence impacting
10 youth in our city is staggering. Not
11 only about the tragedy that happened last
12 night in Councilmember Gauthier's
13 district, but there have been over 750
14 school-aged children who are shooting
15 victims in the City of Philadelphia since
16 January 1st of 2020. It is unacceptable,
17 it is horrifying, and it is deeply,
18 deeply harmful to our city.

19 The impact of gun violence on
20 our youth is not evenly distributed
21 across our school system. Over
22 50 percent of those young shooting
23 victims were enrolled in just 25 schools
24 in the City. We know that we have to do
25 more to support those young people. We

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 know that those school staff at those
3 particular schools need additional help
4 and support and services.

5 And when we are doing things
6 such as conflict resolution, such as
7 expanding counseling supports, such as
8 helping young people connect to jobs,
9 other types of supports in schools, we
10 can better handle the situation that our
11 city is facing right now.

12 We've also heard from doctors
13 and school principals about how trauma
14 starts so early for many children and how
15 important it is that we consider the
16 needs of elementary schools that feed
17 into our high schools where the impacts
18 of violence are concentrated.

19 School principals told us how
20 even though the District has a high level
21 plan and process for how to respond to
22 gun violence, many of those resources and
23 processes are not always felt on the
24 ground in the ways that they are
25 intended.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 We have spent time as a
3 committee engaging directly with young
4 people over the past several weeks in
5 multiple roundtables and in other events.
6 They have repeatedly told us how rare and
7 impactful it can be to develop a trusting
8 and meaningful relationship with an adult
9 mentor.

10 They shared how many youth are
11 suffering from extreme depression and
12 other mental health issues, and how
13 critical it is to have robust access to
14 counselors and mental health services
15 available in their schools. And how in
16 addition to trauma counseling services,
17 youth shared with us that they do need
18 access to jobs and meaningful programs
19 that continue into the evening to make
20 sure that there is a safe space, that
21 there are activities, and that there's a
22 sense of community wherever they may be.

23 I look forward to hearing from
24 panelists today about the need for trauma
25 counseling for youth in the wake of

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 violence, and I'm committed to securing
3 our young people the resources they need
4 and deserve, and I know I speak on behalf
5 of all of our colleagues and members of
6 our respective Committee.

7 With that, I'd like to offer
8 any of my other colleagues an opportunity
9 for any opening remarks, if you are
10 available for it.

11 (No response.)

12 COUNCILWOMAN GYM: Great.

13 Seeing none, we're going to begin to hear
14 testimony from the witnesses we have
15 today.

16 Everyone who has been invited
17 to the meeting to testify should be aware
18 that this public hearing is being
19 recorded, and because the hearing is
20 public, participants and viewers have no
21 reasonable expectation of privacy. By
22 continuing to be in the meeting, you are
23 consenting to being recorded.

24 I also want to recognize the
25 presence of Councilmember Mark Squilla.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Thank you so much. Good afternoon,
3 Councilmember Squilla.

4 COUNCILMAN SQUILLA: Good
5 afternoon. Thank you both Chairs. I
6 appreciate this hearing today.

7 COUNCILWOMAN GYM:
8 Additionally, prior to recognizing
9 members for questions or comments that
10 they may have for witnesses, I will note
11 for the record at this time that we will
12 be using the Chat feature available in
13 Microsoft Teams to allow members to
14 signify that they wish to be recognized.
15 In order to comply with the Sunshine Act,
16 we ask that the Chat feature only be used
17 for this purpose and only be used by
18 Councilmembers.

19 And with that, again, I want to
20 express my gratitude for today's
21 panelists, many of whom were prepared to
22 speak last week and generously made
23 themselves available again today.

24 Will the Clerk please call the
25 first panel.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 THE CLERK: Darcy Walker Krause
3 and Samantha Petroski.

4 COUNCILWOMAN GYM: Good
5 afternoon, everybody.

6 MS. KRAUSE: Good afternoon.

7 COUNCILWOMAN GYM: Thank you so
8 much. If you could just say your name
9 for the record and you may proceed with
10 your testimony.

11 MS. KRAUSE: Thank you. My
12 name is Darcy Walker Krause and I am the
13 Executive Director of Uplift Center for
14 Grieving Children. I want to start by
15 thanking Councilmembers Johnson and Gym
16 for inviting me here today to provide
17 this testimony, and thank you as well to
18 the co-sponsors of Resolution 200524 and
19 to all of the Councilmembers here today
20 for your hearing on this critically
21 important issue for Philadelphia's
22 children and youth and families.

23 I want to start by providing
24 some introductory information on the work
25 that Uplift Center for Grieving Children

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 provides, and then, as requested, I'll
3 move into the effects of gun violence
4 that we are seeing firsthand as well as
5 gaps in services and needs for youth in
6 Philadelphia.

7 Uplift Center for Grieving
8 Children helps children grieving a death
9 to heal and grow through their grief
10 while strengthening families,
11 communities, and professionals'
12 understanding of how best to respond to
13 their needs. Our vision is simple and
14 direct: No child should have to grieve
15 alone. To effectuate this mission and
16 vision, Uplift provides free grief groups
17 to children who have lost a significant
18 person in their life. These groups
19 provide support and coping skills for
20 grieving youth and are provided in
21 several formats.

22 In the family services format,
23 both the child and caregiver attend
24 concurrent peer grief groups facilitated
25 by clinicians. Families can attend as

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 long as they need.

3 We also offer shorter-term
4 grief groups in schools and community
5 organizations. These groups run between
6 six to eight weeks.

7 All grief groups are run by
8 Master's level trained clinicians and are
9 curriculum based. Our curricula include
10 a homicide-specific loss, Spanish
11 language, ambiguous loss, and LGBTQIA+
12 curricula.

13 In addition to grief groups,
14 Uplift works closely with the Network of
15 Neighbors and its partners in responding
16 to crises around the City. And Uplift's
17 clinicians provide legacy groups, which
18 are memorial groups, for youth who have
19 lost friends or teachers, most often to
20 homicide. Finally, Uplift provides
21 training to professionals throughout the
22 City of Philadelphia.

23 To date this year, and just to
24 give you scope, we have run 66 family
25 grief groups for children, youth, and

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 caregivers, and we will be providing
3 another 16 by June, with additional
4 summer grief programming planned. In
5 schools, we have provided grief groups to
6 55 schools and with another 43 schools
7 receiving support this spring. And I
8 want to note that this number is actually
9 reduced from prior years. The prior year
10 we actually ran 200 school grief groups.
11 It's just with the virtual learning, that
12 we've seen a decrease in school grief
13 groups, but actually an increase in our
14 family grief groups.

15 We've provided post-crisis
16 support and legacy groups to nearly 500
17 youth, and the surge in gun violence and
18 death has been extremely dramatic. Each
19 week I see three to four e-mails about
20 different schools that need support to
21 death of students. Finally, we have
22 trained more than 2,200 professionals
23 since September in grief and trauma.

24 When schools were closed in
25 March of 2020, we partnered with

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Dr. Jayme Banks and the School District
3 of Philadelphia to create the Philly
4 HopeLine, a help line that provides
5 support for children, caregivers, and
6 families who are experiencing mental
7 health issues such as stress, anxiety,
8 and isolation; losses such as death loss
9 or ambiguous loss; and other crises.
10 Uplift has utilized the HopeLine to
11 provide critical support to youth and
12 families in Philadelphia. And we've also
13 been able to use that in coordination
14 with the School District's Office of
15 Prevention and Intervention, as well as
16 the Network of Neighbors in coordinating
17 both crisis response and offering a warm
18 line where affected youth and families
19 can call to receive support.

20 Finally, Uplift has been
21 involved in CHOP's Growing Resilience in
22 Teens, or GRIT projects, which was
23 presented at last week's hearing. Uplift
24 clinicians are providing additional grief
25 groups and ambiguous loss groups for

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 CHOP's Karabots Center and in partnership
3 with the Netter Center and schools in
4 West Philadelphia.

5 This work has offered the
6 clinical staff at Uplift a front row seat
7 to the crises that are facing our city,
8 including gun violence, homicide,
9 COVID-19, the fall of the pandemic, and
10 racial trauma. These crises do not
11 individually rise overnight. They've
12 been building for years, and now they
13 have combined together with the pandemic
14 to put Philadelphia's youth, families,
15 and city at-large in a state of crisis.

16 Youth coming to Uplift do not
17 come to talk to group and speak of grief
18 in a vacuum. Instead, they find Uplift
19 because of the grief they may have
20 experienced when their dad died by
21 homicide or their mother succumbed to
22 COVID, but they soon begin to speak of
23 these other crises and how they are
24 impacting their young lives. They talk
25 about the effect of Walter Wallace Jr.'s

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 death and their fears. They speak about
3 the violence in their neighborhoods, if
4 the person they are grieving did not die
5 by violence. These crises and the trauma
6 youth are facing cannot be separated out.

7 All of this work has given the
8 clinical team, myself, and Uplift's
9 Clinical Director, Kevin Carter, time to
10 reflect on the gaps and issues that we
11 see when it comes to serving children and
12 youth in Philadelphia. Here's what tops
13 our list:

14 Trauma should be dealt with
15 first, but grief is often what presents.
16 How youth and families access services
17 matters. As a clinician and social
18 worker, I know that when working with an
19 individual who is experiencing both
20 trauma and grief, whether they're related
21 or not, the trauma should be treated
22 first. But what we're finding at Uplift
23 is that we often don't have that luxury.
24 Families are overwhelmed with grief, and
25 if turned away for some individual trauma

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 support, they might never get any
3 support. They also are most acutely
4 aware of what they're experiencing right
5 now, loss, often to violence or COVID.
6 Trauma services need to incorporate grief
7 support as they are inextricably
8 intertwined in Philadelphia.

9 Two, the City is full of strong
10 community organizations like Uplift, but
11 there is often a lack of awareness of the
12 services among practitioners. We have
13 been open for 21 years and operating at
14 the current capacity that I shared
15 earlier for almost eight years, and still
16 every day we find practitioners and
17 people who do not know of Uplift or what
18 we do. And this is true for other
19 community organizations in the City as
20 well. There's an under-awareness of what
21 exists.

22 Three, City agencies put into
23 place for violence prevention or similar
24 functions often are not working directly
25 with community-based organizations for

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 input on program design or services,
3 which can result in underfunding of
4 pre-existing programs and duplication of
5 services already in existence.

6 Four, while recent efforts such
7 as Network of Neighbors have provided
8 coordination and collaboration in
9 post-crisis response among service
10 providers, greater collaboration and
11 coordination is still needed. Community
12 organizations operate with extremely
13 limited resources, and better
14 coordination and collaboration will allow
15 for these resources to be used most
16 effectively.

17 Five, we need to give youth and
18 families a voice in the service design
19 and development. Reducing trauma for
20 youth includes giving youth a larger
21 voice, more autonomy, and self-efficacy
22 in the response to crises they are
23 facing. I was pleased to hear
24 Councilmember Gym's remark last week
25 about the youth roundtable. We believe

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 that is a critical first step in engaging
3 youth in the response to these crises.

4 Six, funding. I know that you
5 all are probably waiting for that word
6 from an executive director of a
7 non-profit, but it's true. Each and
8 every community organization I know
9 working in this sector could use more
10 funding, for more clinicians to provide
11 more services, to give them the ability
12 to get their services around the
13 community they serve or across the City,
14 and to be able to provide longer-term
15 grief and trauma support, beyond the
16 immediate response or a short-term
17 solution. What we are facing didn't
18 arise overnight, and the response is not
19 a short-term one. We are looking at more
20 than a decade of work to support youth
21 who are reeling from the crises that
22 started before us and still rage on.

23 In closing, as an organization
24 focused primarily on grief support and
25 education, Uplift Center for Grieving

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Children strongly supports this
3 resolution and the need for trauma
4 counseling for youth in the City of
5 Philadelphia. We know that proper
6 clinical support can stem additional
7 violence and the physical and mental
8 health risks associated with the adverse
9 childhood experiences that Philadelphia's
10 children and youth are facing on a daily
11 basis. Should such counseling be funded,
12 we urge that the considerations and gaps
13 we raised be considered, including youth
14 leadership in design, relying on
15 pre-existing community organizations to
16 provide services, and encouraging
17 collaboration and coordination of efforts
18 to best use organizational resources.

19 Thank you again for your time
20 and for giving Uplift Center for Grieving
21 Children and the children and families we
22 serve a voice here today.

23 COUNCILWOMAN GYM: Thank you so
24 much.

25 To our next testifier, are you

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 connected and ready to speak, and if you
3 are, if you could just state your name
4 for the record.

5 MS. PETROSKI: Samantha
6 Petroski. Good afternoon, Madam Chair,
7 Mr. Chair, and Councilmembers. My name
8 is Samantha Petroski. I'm a Clinical
9 Director. I represent the Camelot
10 Education, a provider of several programs
11 of the Opportunity Network in the
12 Philadelphia School District alternative
13 education. I would like to take the time
14 to thank everyone here for being a staple
15 in this movement for change. Thank you
16 for holding this space and giving an
17 opportunity for our voices to be heard.

18 I want each of us today to
19 think about how we're informed of
20 traumatic events and what this looks like
21 in our school community. I invite you to
22 take time to imagine the possibilities.

23 As your mind wanders, let me
24 guide you through some of my experiences.
25 It is being in a group therapy session

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 and exploring what it looks like to stay
3 safe over the weekend and knowing that
4 this may be the last time that you hear
5 your student's voice.

6 It is ending your group session
7 when one of your students is crying while
8 sharing out that they wish for each of us
9 to hug our loved ones, to say I love you,
10 and to make amends with the broken
11 relationships that you may have in life,
12 because this student just had a family
13 member shot and killed.

14 It is a school community
15 motivating a senior who is struggling,
16 getting them back on track, to then
17 receive the news during our morning group
18 counseling that that student was murdered
19 due to gun violence, and another student
20 sharing out that they saw it on social
21 media.

22 It is talking to a caregiver
23 who has been impacted by gun violence and
24 trying to be present for their child but
25 experiencing their own trauma, their own

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 grief. It's listening.

3 It's holding space for our
4 staff who are experiencing vicarious
5 trauma. It is meeting with the student
6 during class in a breakout room because
7 they are experiencing flashbacks of a
8 friend who was shot and killed out front
9 of their home. It is having students say
10 and talk about being in their homes to
11 watch TV or play video games over the
12 weekend because that will keep them alive
13 versus going outside. And, lastly, it's
14 having a student want to buy a gun to
15 stay safe.

16 The stories above create a
17 small snapshot of the narrative that our
18 school community is facing each day.
19 Each day we get on the roller coaster to
20 support our school. We are the
21 gatekeepers of trauma.

22 We are in a crisis, and we need
23 a plan of support. We need change. It
24 is evident the impact of complex trauma.
25 There is no time to process traumatic

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 events during the volume of traumatic
3 experiences that are impacting our
4 students, our school community. The
5 space for healing continues to be
6 disrupted by the complexities of the
7 growing needs, and it continues to
8 highlight the need for more staffing,
9 more programming, funding, prevention,
10 intervention, education, and training.
11 We cannot continue to normalize this.
12 This is not normal. We are numb, we are
13 tired, and we need to work together to
14 change the narrative.

15 I believe the space that we
16 form in a school community creates
17 stability to thrive or falter. We need
18 to be able to hold space and have our
19 voices be heard. Creating a school
20 climate which teaches and guides our
21 students of how to effectively use coping
22 skills to alleviate their trauma
23 reactions that they're experiencing is
24 essential. It's a basic human need.

25 We need to invest in our school

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 communities and properly train and
3 educate each staff member to create this
4 ripple effect. We need to be normalizing
5 self-care for our students and for
6 ourselves, and to be able to integrate
7 this into the fabric of our school
8 community.

9 Camelot's motto is Family. The
10 power of connections with our students,
11 caregivers, and partnerships speaks to
12 the work that we are doing to create
13 lasting change. As we think about the
14 framework of trauma, it is imperative for
15 our school community to have
16 predictability, structure, and to
17 decrease the chaos.

18 Some of the daily systems that
19 we've implemented to decrease symptoms of
20 trauma start from the very moment of
21 contact. This looks like our
22 meet-and-greet by our caring adults that
23 we see you, that we value our students.
24 We work to build the trust on a personal
25 level with each student, holding daily

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 town hall sessions for support of
3 strengthening our community. This has
4 been really successful to building the
5 rapport and making meaningful
6 relationships with our students.

7 But also constantly assessing,
8 constantly checking in with our students
9 to notice is there a shift in their
10 emotional presentation, who may need a
11 one-to-one check-in as well as weekly
12 advisory meetings.

13 We're doing daily group
14 counseling sessions where we hold a space
15 for healing for our students to learn
16 through also the support of
17 social-emotional learning, as well as
18 doing home visits and one-to-one
19 counseling supports.

20 We have placed an emphasis on
21 using trauma assessments to drive
22 supports of our personal learning plans
23 for each of our students in our school
24 community.

25 We know that therapy is

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 essential, right? Students come to us in
3 their most vulnerable state. It is
4 important that we're able to hold space
5 for our students to have them express
6 themselves and know how to properly guide
7 them through their traumatic experience.

8 It is important to have the
9 proper training, not only as school
10 counselors but for all staff to be
11 trauma-informed. We need to be prepared
12 and to have the proper tools in our
13 toolbox to handle these moments of
14 distress. We may be the first person
15 that the students, that our youth are
16 opening up to.

17 As we speak right now, the
18 faculty from Camelot are completing
19 training through the Network of Neighbors
20 for psychological first aid and
21 post-traumatic stress management. I
22 cannot say enough of how appreciative I
23 am for this partnership with Kamela
24 Johnson and Yolanda Hughes. They are
25 amazing, and we need to continue to bring

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 additional resources and funding to their
3 program and programs like this.

4 Camelot staff is now able to be
5 trained for free and to receive
6 accredited certificate for the investment
7 of changing our school community.

8 The partnerships that our
9 school community developed has helped
10 keep us going forward in this time of
11 need. I cannot thank enough the support
12 of the Uplift Center for Grieving
13 Children. They came right away to us
14 when our student was murdered due to gun
15 violence and offered us a space to hold
16 for not only our students but also for
17 our staff.

18 Your support of the
19 Anti-Violence Partnership of Philadelphia
20 with Emily DeCarlo, the work that you do
21 is amazing, and I thank you for all that
22 you have offered us.

23 But I want everybody to
24 remember too that the school day is just
25 not 7:00 a.m. to 3:00 p.m. It's

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 around-the-clock access that our students
3 have to us. We know that the protector
4 factors have caring adults in their life,
5 right, that help promote the healing
6 process. Students hold a connection with
7 us, and we cannot continue to treat them
8 like a business.

9 What does this connection look
10 like? It's receiving a phone call from a
11 past student because their younger
12 sibling was murdered by gun violence and
13 they need somebody to talk to. It's
14 going to the hospital to visit a student
15 to show them that you care. It's meeting
16 a student in the middle of the
17 neighborhood because you haven't heard
18 their voice and you're worried about
19 them. You need to lay eyes on them and
20 see them.

21 We are the lifeline to many of
22 our students.

23 So the question is this: What
24 services and supports are missing? I
25 believe it's crucial that we develop

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 funding to provide evidence-based,
3 trauma-informed, social-emotional
4 learning curriculums for our school; that
5 we need adult social-emotional learning
6 with proper training for support; school
7 counselors to be trained in CBITS or
8 other trauma-informed care; mediation
9 programs to help build conflict
10 resolution not only for the students, our
11 youth, but for our entire school
12 community; to provide support for
13 compassion fatigue; to create
14 environments for healing.

15 We cannot continue to pour from
16 an empty cup.

17 To provide funding to help
18 create authentic and engaging healing
19 spaces in our school community, with
20 supportive furniture, accessory,
21 materials to create and personalize the
22 environment to meet the needs of our
23 students; to create certification
24 programs for students pertaining to
25 trauma care and finding some way to make

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 an elective course to count towards the
3 student's school degree; to create trauma
4 units in our school buildings for
5 trapping care; to offer incentives for
6 therapy for trauma for our students to
7 help build the buy-in due to stigma
8 surrounding mental health and the lack of
9 trust and the outreach for help.

10 We need more of an open
11 communication for the systems that are
12 supporting us. Many of these programs
13 look great on paper, right, but they're
14 failing our students. From my personal
15 experience, and I can only speak for
16 myself, the IBHS program is an example of
17 this. We cannot continue to have
18 agencies partner with our school and work
19 in silos. From my understanding, this
20 program is to help support our school
21 community, yet we feel so alone.

22 When my student was murdered, I
23 called in need of support, and I was told
24 that they did not have grief support for
25 the school community. This was a

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 disservice to my school, neglectful, and
3 frustrating. I should not have to
4 individually refer each student to a
5 service when our school community is in
6 pain and needs healing when we are in a
7 contract for support. Or having three
8 weeks to three months to have a referral
9 be staffed for our youth. Or when my
10 student is in crisis, not being offered
11 this support because the worker did not
12 make a rapport enough with the student
13 and the family. These are just some of
14 the many examples of challenges that I've
15 experienced.

16 Camelot Education does not have
17 a step program. We are left to find the
18 supports on our own.

19 And, lastly, to build and grow
20 our community, we need to build
21 partnerships within the community to make
22 that connection, which we can create
23 options for mentorships and give our
24 students a better avenue.

25 I leave each of you with a

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 small outline of what is needed to help
3 create change. However, this is a
4 conversation that needs to continue with
5 the actions to create a plan that will
6 have lasting ripple effects on our school
7 community for the ages to come.

8 Thank you for your time and
9 this opportunity.

10 COUNCILWOMAN GYM: Thank you
11 very much.

12 And I'm glad to welcome back my
13 Council Co-Chair, Councilman Johnson, to
14 this space. Welcome back.

15 COUNCILMAN JOHNSON: Thank you,
16 Madam Chair.

17 COUNCILWOMAN GYM: I have a few
18 questions, and then, Councilman Johnson,
19 if you wanted -- Chair Johnson, if you
20 wanted to ask a few questions, and then
21 we'll open it up to the rest of the
22 group.

23 COUNCILMAN JOHNSON: Sure.

24 COUNCILWOMAN GYM: First of
25 all, I want to thank this panel for your

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 on-the-ground expertise, similarly to
3 what we heard from Dr. Lee and some other
4 principals last week, which you are
5 showing is how differently things look
6 when we make plans on paper, but at the
7 end of the day, they really have to get
8 into school communities, they have to be
9 felt by young people, and the staff in
10 school buildings need to be like the
11 biggest supporters and cheerleaders of
12 saying this is working.

13 So we are going a little bit
14 deep on what's not working because we are
15 in active meetings, for example, Ms.
16 Petroski, with IBHS. It will help to
17 bring your testimony to them and also to
18 be specific about some of the concerns
19 that you raise.

20 My first question is to the
21 first testifier, Ms. Krause from Uplift,
22 and I wanted to know if you could talk a
23 little bit more about your comment on
24 Issue No. 3, City agencies -- I'll read
25 it out loud again, because I think it's

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 important for us, and it's something I've
3 really struggled with a little bit more.

4 City agencies put into place
5 for violence prevention or similar
6 functions often are not -- these are not
7 working directly with community-based
8 organizations for input on program design
9 or services, which can result in
10 underfunding of pre-existing programs and
11 duplication of services already in
12 existence.

13 One of the things that we find
14 out is that when we talk about violence
15 prevention, by failing to work more
16 directly or having kind of like a map of
17 your community-based organization
18 partners, we just leave out whole groups
19 of people who could be our violence
20 interrupters. And I think all of us are
21 not saying anything surprising by saying
22 it's highly, highly unlikely that many of
23 the youth are going to go directly to the
24 police, for example, as their first
25 belief on who is going to be a violence

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 interrupter. They'll go more likely to a
3 longtime mentor, a family member that
4 they trust, or somebody who has walked
5 them through a process.

6 COUNCILMAN JOHNSON: Excuse me,
7 Madam Chair. Just one second.

8 Can everyone put their -- if
9 you're not speaking and you're not on the
10 panel, can you put your phone on mute,
11 your computer on mute to drown out the
12 background noise, please.

13 COUNCILWOMAN GYM: That could
14 also be me since I'm in City Hall, Chair
15 Johnson.

16 COUNCILMAN JOHNSON: Oh, okay.

17 COUNCILWOMAN GYM: Those sirens
18 are actually just around. So yes.

19 COUNCILMAN JOHNSON:
20 Understood. Go ahead, Madam Chair.

21 COUNCILWOMAN GYM: Yes.

22 So I was wondering if, Ms.
23 Krause, you could expound a little bit
24 more on that and maybe offer either some
25 more insight, specifics.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Chair Johnson and I are
3 interested in not reforming things. We
4 actually want to build these things that
5 work, and so hearing some of your stories
6 about what the gaps are will help us try
7 to address, fix, or change things
8 entirely. But that was one that really
9 spoke out, so I wanted to give you space
10 to expound a little bit more.

11 MS. KRAUSE: Thank you. I
12 appreciate that. I was a little bit
13 nervous to put that actually in my
14 speech. But I've been at Uplift now for
15 a little over eight years, and so I've
16 had the opportunity to both sit on
17 different panels and to meet with other
18 agencies that are doing really important
19 work, and over the years, I've seen
20 different committees get formed or
21 different offices get created under
22 different administrations, and what I've
23 often found is that -- like they might
24 work with one or two groups or we'll
25 reach out to them and then they'll

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 realize that we're here, but what happens
3 is, a lot of times things are getting --
4 and it comes from a good place. It's
5 always trying to like actually to make
6 change, to effect change, to put the
7 government's support behind it, but the
8 problem is is that without drawing on the
9 community resources and building on top
10 of those -- because there's so many good
11 groups out there doing amazing work. I
12 mean, we work with EMIR Healing Center.
13 Shante was here last week. And AVP was
14 just mentioned. Like there are really
15 strong groups that are already out on the
16 streets in the City doing this work day
17 to day, and sometimes what I've seen is
18 that committees will go off in a
19 different direction and not work with
20 these groups or they'll work with one to
21 the exclusion of others, and it really is
22 one of these things that we're going to
23 do better if we're all working together
24 and if we're working with groups that are
25 already in existence, already doing

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 powerful work and have that connection.

3 COUNCILWOMAN GYM: And do you
4 have a sense about why that is? I mean,
5 is it because like there's turnover,
6 people don't know? Is there just not a
7 map of like what's available? Is it that
8 it feels kind of ad hoc or we're
9 responding in crisis?

10 What would you identify as some
11 of the concerns?

12 MS. KRAUSE: It's probably a
13 little bit of all of the above, honestly.
14 I think sometimes we are responding in
15 crisis, right? In the middle of trauma,
16 oftentimes it brings about our own trauma
17 response, right, and we act in that.

18 But I really like what you just
19 referenced. I mean, I think the Network
20 of Neighbors has done a tremendous job,
21 and we work closely with Kamela and
22 Yolanda, and I think they've done a great
23 job of working on that coordination
24 piece.

25 I think there's a disconnect

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 between the community and kind of maybe
3 some of the government decision-making.
4 I'm not -- that's the only thing I can
5 guess, because I think that we all know
6 who we are, you know, when we're talking
7 and when asked, but I think making maybe
8 a map to your point, maybe having some
9 kind of resource like that could be
10 useful.

11 COUNCILWOMAN GYM: And then my
12 second question is whether you can walk
13 us through the process of grief, because
14 I think you talked a little bit about
15 trauma and grief. And, look, I think
16 they're both -- they're tied into one
17 another.

18 We had a pretty intense
19 conversation. We kept it private, just
20 because of the vulnerability of the young
21 people who we spoke with, but I think all
22 the members -- most of the members on the
23 Committee had a chance to listen to some
24 of them.

25 They spoke about depression,

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 that it's grief gone untended. Trauma
3 gone untended becomes a longer-term
4 depression that maybe months later they
5 are able to identify if they've had
6 access to a counselor in between that.
7 But they talk about depression that can
8 also convert into either isolation or
9 anger, and one of the things that we've
10 been hearing from, for example, the
11 School District of Philadelphia is they
12 are not geared up -- and some things that
13 we hear a little bit from the City is
14 that we're not geared up for long-term
15 supports of individuals. And one of the
16 things that I've been interested in is
17 both we need a crisis response plan very
18 clearly, like you need to be able to
19 respond to families in crisis, and I'm
20 talking like 24- to 72-hour plan, a first
21 week plan, survive the first month, then
22 a three-month, and then we can start to
23 graduate out. But repeatedly we're told
24 that we don't have long-term plans to
25 carry individuals through.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 So can you talk about what that
3 means from your vantage point as an
4 expert in this field, how we need to be
5 thinking about it and what would be the
6 consequences, for example, of not dealing
7 with some of this long term.

8 MS. KRAUSE: Absolutely. So
9 whenever I talk about grief, I say that
10 grief is a lifelong journey, because it's
11 not -- no matter when we lose someone,
12 but particularly when we lose someone as
13 a child, it goes along your developmental
14 cycles, both as a child, whether it's
15 you're four years old and don't
16 understand the permanency of death or
17 whether you're an adolescent and identify
18 with the person that's no longer here and
19 wish you still had that person here, or
20 graduation, wedding, first child, beyond.
21 So all these things, all these life
22 events are moments where grief gets kind
23 of brought back up.

24 And so I really think that one
25 of the most important things with grief

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 is giving youth, which is primarily who
3 we work with but as well as caregivers,
4 but giving youth the socio-emotional
5 skills to be able to process what they're
6 experiencing, to be able to have the
7 words, just the words for what you're
8 experiencing, identifying the tough
9 words. Maybe sometimes you're relieved
10 when someone dies, but having those words
11 to talk about that, and then having
12 coping methods that are healthy, talking
13 about healthy coping methods and helping
14 build those into a child's life, helping
15 them identify what caregivers they can
16 rely upon. That's of critical
17 importance. The literature is just
18 resounding about that for years, that a
19 caregiver that they can support -- that
20 can support them, they can go to, and
21 helping them identify that person and
22 then figure out how they use different
23 people and supports in their lives.

24 All of those things that we do
25 in our groups, but all of it is genuinely

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 what kids and youth need when they're
3 grieving.

4 The literature shows that
5 unresolved grief, it does lead to
6 depression. It leads to anxiety. It
7 leads to reductions in academic
8 performance. It's hard to focus in class
9 when you've lost somebody. I mean, this
10 makes sense to us as adults, but when we
11 think about it for kids, they really can
12 have long-reaching effects.

13 So I do think that there's
14 support that is needed for youth around
15 grief specifically. I know that some of
16 the youth talked about having
17 connections, and I do think that that's
18 an important -- to somebody that they
19 know and trust, and I think that we do
20 that within our groups. That's also why
21 we work very closely with the schools.
22 We'll go into schools and work with
23 counselors that they know or teachers
24 that they know. We'll work closely
25 with -- we work with CHOP and we have a

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 site there, and the doctors that they see
3 for their annual visits will make those
4 referrals. So that warm handoff is
5 really important.

6 But it really is something that
7 really cannot be ignored and, very
8 frankly, grief is kind of having a
9 moment, sadly, like just around the
10 country right now with the pandemic, but
11 it's a positive thing, in my opinion,
12 because for far too long, people have
13 kind of turned a blind eye to grief, and
14 I think that what we -- that doesn't
15 serve anyone well, particularly children.

16 COUNCILWOMAN GYM: Thank you
17 very much. I appreciate your responses.
18 Thank you.

19 Mr. Chairman, I'll turn it over
20 to you.

21 COUNCILMAN JOHNSON: Yeah.
22 Well, thank you very much for your
23 presentation, very, very informative.

24 I have a question for Camelot
25 regarding the number of schools that

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Camelot is in and really want to get down
3 to -- well, first of all, again, thank
4 you, Darcy.

5 And, Samantha, you really
6 touched on something that's real
7 critically important to me. It's my wish
8 for the School District as well as
9 alternative schools and as well as
10 charter schools to really engage in some
11 type of what you talked about,
12 trauma-informed curriculum and services,
13 right? And through this process, we saw
14 the number of young people who were shot
15 and murdered in each three categories.
16 That's public schools, charter schools,
17 alternative schools, and special ed
18 schools, which shows the need to like
19 beef up services and support for those
20 children, because I'm trying to really
21 look at how these young people are
22 processing all these murders and
23 shootings that they are seeing on a
24 day-to-day basis.

25 And so I just want to get an

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 idea from the Camelot perspective how
3 many schools are you in and the support
4 for services in those individual schools,
5 and do you have numbers in terms of the
6 number of young people that are from the
7 District that have been assigned to the
8 Camelot schools.

9 MS. PETROSKI: So, Mr. Chair,
10 some of the information that you are
11 asking, I would have to come back at
12 another time to give you specific
13 numbers. I oversee two locations in the
14 Camelot Education Provider Opportunity
15 Network at this time. So one of the
16 things I feel as though a lot of students
17 present with normalizing the grief, that
18 this is kind of something that is going
19 to happen, that we've experienced. I
20 think that a lot of times we don't offer
21 a space to heal and to give that
22 opportunity to feel grief, which is
23 something that we're working with our
24 students to be able to give the
25 vocabulary, to be able to have this space

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 to offer the supports as they're needed.

3 And maybe it's not the first time, right?

4 We might ask them if they need supports

5 and to try to link, but maybe, you know,

6 in the next week, the next month, the

7 next couple of months continuing to have

8 that open conversation at this time.

9 So at this time, there are five
10 schools within our School District that
11 we service for Camelot Education and the
12 Opportunity Network.

13 COUNCILMAN JOHNSON: When you
14 say our School District, you mean the
15 School District of Philadelphia, correct?

16 MS. PETROSKI: Yes. Correct.

17 COUNCILMAN JOHNSON: Just
18 wanted to get an idea of that. Okay.
19 And Camelot will be considered an
20 alternative school, correct?

21 MS. PETROSKI: Correct. And
22 our supports are embedded into our school
23 curriculum as well as into our model.

24 COUNCILMAN JOHNSON: Are the
25 young people who are assigned to the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 school, is there any type of case
3 management with the students who are
4 assigned to Camelot schools?

5 MS. PETROSKI: So one of the
6 things, it depends on the services that
7 were put in place before they came into
8 alternative education. So there usually
9 is a hearing process. Sometimes there is
10 identification of a step case manager
11 from their previous school that may be
12 referred. Some of our students may come
13 in with already supports, but many do
14 not. So really looking at our school
15 provides the needs assessment, looks at
16 each student and sees what supports do
17 they need, and then we work from an
18 individual basis going forward on how we
19 can help support that.

20 COUNCILMAN JOHNSON: Okay.
21 Thank you. I just wanted to say for the
22 record one key component that you talked
23 about that some of our young people feel
24 is that they normalize -- and hear me
25 out, Helen -- they normalize the level of

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 gun violence that they're seeing. The
3 death that they're seeing, the shootings
4 that they're seeing is something that's
5 expected and is a normal part of our
6 lives, particularly when you live in
7 Black, impoverished neighborhoods, right?
8 And so -- and the critical part about why
9 we're doing this hearing, and I can
10 reflect upon my own life growing up in
11 Point Breeze South Philadelphia, I didn't
12 think I was going to live to see 18.
13 That was normal. It was like you don't
14 know, right, because of the shootings and
15 the murders that are taking place in your
16 neighborhood on a day-to-day basis,
17 right?

18 And even now that I'm 47 years
19 old, I'm a father with two children who
20 I'm raising in the Point Breeze
21 neighborhood, as I reflect upon just
22 growing up in this neighborhood, like
23 seeing shootings, coming up on the scene
24 when a person is murdered, right, and how
25 do you process that in terms of me just

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 being a young man just living inside the
3 neighborhood and how I go about my
4 day-to-day life and do I become more
5 aggressive in terms of carrying guns for
6 protection or to defend myself, do I act
7 out in terms of my behavior when a close
8 loved one or a close friend that I've
9 grown up with from the sandbox to high
10 school is murdered, right?

11 How are you processing it if
12 you don't have a positive outlet in terms
13 of family members or extended community
14 members to kind of really invest in you
15 and kind of give you that space to kind
16 of talk about how you feel in an
17 environment where, particularly being
18 masculine, you don't want to share how
19 you really feel, what's really, really
20 going on, if you really, really are hurt.
21 And I see a lot of that when I'm speaking
22 at funerals when a young person is
23 murdered, right, after the funeral, how
24 the young people are processing their
25 feelings, either retaliation or

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 medicating through smoking marijuana,
3 Percocet, Xanies. And I'm just stating
4 off real life experience in terms of me
5 being involved inside my neighborhood.

6 So you just kind of highlighted
7 some things as to why it's critically
8 important that the trauma-based support
9 is really engrained in our education
10 system, right, and also on a macro level,
11 how our communities are suffering.

12 Because if you're seeing children dying
13 or being shot on a day-to-day basis and
14 you live in those neighborhoods, not only
15 family members are impacted but the
16 residents and the neighbors who are
17 living in this very same environment
18 who -- let's say you send a young person
19 to the store from the time that they've
20 been a kid to the time they're a
21 teenager. You watched them go on their
22 prom. You're watching them grow up.
23 You're watching them have children. You
24 know their family member, and then next
25 thing you know, that person's life is

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 taken tragically to some senseless gun
3 violence.

4 How are the little brothers and
5 sisters or little nieces and nephews or
6 cousins, how are they processing that
7 information when they go to school or
8 when the family members go to and from
9 their home.

10 So you really hit something to
11 the core when you talk about that level
12 of trauma support and engrained in the
13 actual curriculum and services of how we
14 support our young people.

15 So Darcy and Samantha, I just
16 want to thank both of you for your hard
17 work and your dedication to this work and
18 really being essential workers, you know,
19 on the front line, because -- and I say
20 to some people -- I don't want to take
21 this as a cliché, but I honestly believe
22 we don't have no other precious resource
23 here in the City of Philadelphia than our
24 young people. That's just how
25 wholeheartedly how I feel about the work

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 that all of you are doing while we're
3 taking time out of our schedule to do
4 this hearing. And so I just want to
5 thank you.

6 Madam Chair?

7 COUNCILWOMAN GYM: Yes. Thank
8 you.

9 Thank you, everybody. Thank
10 you, Mr. Chair, and thank you, everybody,
11 for your testimony today. We'll look
12 forward to following up. And
13 Ms. Petroski in particular, we may be
14 sharing some of your testimony within our
15 internal IBHS group. Councilmember
16 Quinones-Sanchez and I are both on that
17 internal working group, and so if you
18 want to send over additional information
19 about how to improve that particular
20 program, I think it would be extremely
21 helpful right now, and we'll absolutely
22 take your recommendations to heart.

23 Thank you, everybody.

24 COUNCILMAN JOHNSON: Thank you.

25 Are there any other questions

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 or comments from members of the
3 Committee?

4 (No response.)

5 COUNCILMAN JOHNSON: If not,
6 will the Clerk please call the next
7 panel.

8 THE CLERK: Ronald Crawford and
9 Farida Boyer.

10 MR. CRAWFORD: How are you?
11 Can you hear me?

12 COUNCILMAN JOHNSON: Yes, we
13 can hear you. Just state your name and
14 title for the record, and I'm going to
15 ask, Ron, if Farida Boyer can go first.
16 Ladies first. That's something my Nana
17 taught me.

18 So, Ms. Boyer, state your name
19 and title for the record and begin your
20 testimony.

21 MS. BOYER: Okay. Give me one
22 second.

23 Good afternoon. My name is
24 Farida Boyer. I'm a Licensed Marriage
25 and Family Therapist and I'm an Approved

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Supervisor. I have a non-profit
3 organization called The Black Brain
4 Campaign where we help to eradicate the
5 stigma against mental health in the Black
6 community, and I have an outpatient
7 private practice located in West
8 Philadelphia where we provide individual
9 counseling, family counseling, couples
10 counseling. I also sit on the Advisory
11 Committee for the Office of Mental Health
12 and Substance Abuse Services for
13 Pennsylvania. So thank you for having me
14 today.

15 As we attempt to address trauma
16 in the City and find solutions to address
17 the high crime rates and gun violence, we
18 have to look at the core experiences of
19 psychological trauma and how it
20 disempowers and disconnects us from
21 others. Studies have shown that the
22 advanced part of the brain is not fully
23 developed until the age of 25. The
24 prefrontal cortex matures between the
25 ages of 12 and 20, where the most

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 sophisticated of our abilities reside,
3 including our emotional control, impulse
4 restraint, and rational decision-making.

5 Adolescents, youth, our young
6 adult behaviors can be -- adolescents and
7 youth, young adult behaviors can be
8 rectified. However, it depends on our
9 response to the behavior. Our response
10 needs to be clear, direct, and carefully
11 crafted to teach challenged youth to be
12 functional adults. Recovery of trauma is
13 based upon the empowerment of the
14 survivor and the creation of new
15 connections.

16 The purpose of therapy is to
17 promote the recovery of the patient. You
18 cannot fix the child without fixing the
19 entire family. Often parents and
20 caregivers come to therapy with an
21 attitude of the child being the
22 identified patient or the problem. As
23 therapists, we cannot fix the child
24 without fixing the family at-large. As a
25 community, we see the influx of violence,

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 and it is not -- it not only impacts the
3 person who was involved, it impacts the
4 entire family and ultimately the entire
5 community. Therefore, the City of
6 Philadelphia should recruit more marriage
7 and family therapists, because we are
8 trained to look at the family system and
9 not just the individual.

10 The root causes of trauma are
11 not limited to violence. They are often
12 caused by past and present discrimination
13 against people of color. Discrimination
14 against people of color is a tangible
15 basis of minority distrust in the
16 majority society. Therefore, many people
17 are reluctant to participate in therapy,
18 especially with someone who they view as
19 an oppressor.

20 In the Black community, there
21 is a major barrier to seeking services,
22 because we, Black people, were taught
23 what happens in this house stays in this
24 house. Therapy is all about establishing
25 a healthy relationship and should be a

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 model for other healthy relationships.

3 That is why it is imperative that therapy
4 treatment begins in the early stages of
5 development to ensure the optimal result.

6 It is necessary to ensure culturally
7 effective therapists are available to
8 meet the needs of our community.

9 As a clinician, I've been
10 trained to think systemically. This
11 approach in therapy and in supervision
12 includes awareness of differences of
13 values, attitudes, and ways of
14 understanding the world and the influence
15 these have in our professional work.
16 Most of my work experience has provided
17 me the opportunity to support people of
18 color who live or work in the
19 Philadelphia area. At least 90 percent
20 of my clients have experienced some type
21 of traumatic event or knows of a close
22 relative or friend who has been impacted
23 by the ongoing violence in the City.

24 As the co-founder of The Black
25 Brain Campaign, we created LEAP, the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Licensure Education Assistance Program,
3 and this is to address the issue of the
4 lack of licensed therapists and
5 supervisors of color. LEAP helps to
6 provide Master-level therapists with
7 supervision and covers the cost of the
8 licensure exam.

9 And the reason why I'm bringing
10 this up is because in order to sit on a
11 panel, your Aetnas, your Independence
12 Blue Cross, you have to have a license,
13 and many Black clinicians don't have
14 licenses, but they do -- and they're
15 eligible to work for CBH, which provides
16 most of the care for the citizens in the
17 City who face some type of trauma. So in
18 turn, therapists are required to provide
19 therapy for those in need.

20 The Black Brain Campaign offers
21 eight free therapy sessions to those
22 living in the City or in Pennsylvania who
23 need therapy. The increased demand is
24 positive. However, there is not enough
25 culturally competent therapists to meet

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 the needs of those who request services.

3 There has been a 25 percent
4 increase in homicides in the City of
5 Philadelphia -- I'm sorry. There has
6 been an increase in homicides in the City
7 of Philadelphia since 2020. Each year
8 the numbers continue to rise. While The
9 Black Brain Campaign welcomes all who are
10 interested in receiving services and we
11 appreciate referrals from the City and
12 agencies, we would like -- but like many
13 of you, therapists are becoming
14 overwhelmed and overworked.

15 My recommendations are as
16 follows:

17 To utilize an integrative
18 approach to therapy treatment, and an
19 integrative approach would include all
20 services and organizations involved in a
21 person or family to meet collectively
22 while assisting the family with meeting
23 their basic needs and holding those in
24 positions of power to ensure the simplest
25 of the family needs are being met.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 My second recommendation is,
3 culturally competent therapists should be
4 placed in every school to establish a
5 healthy relationships with students in
6 need of support.

7 My last recommendation is
8 mental health and wellness should be
9 viewed as equally important as physical
10 health by providing resources that
11 reflect this priority.

12 Thank you.

13 COUNCILMAN JOHNSON: Thank you
14 very much.

15 Mr. Ronald Crawford.

16 MR. CRAWFORD: Good afternoon.
17 Can you hear and see me?

18 COUNCILMAN JOHNSON: We can
19 hear you, Mr. Crawford. Yes, now we see
20 you.

21 And, first and foremost, to
22 Mr. Crawford and Farida, the same thing
23 for Samantha and Darcy who was just on
24 here, I thank you all for, one, being
25 patient with us. I know we went over

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 time last week for this hearing, and I
3 thank you for being patient to come back
4 this week to provide this critical and
5 important testimony that will help us as
6 we address this senseless issue of gun
7 violence and, most importantly, trauma
8 amongst our children.

9 So I wanted to say thank you to
10 both of you two, and Mr. Crawford, please
11 begin your testimony. Just state your
12 name for the record.

13 MR. CRAWFORD: Ronald Crawford.
14 I'm a therapist who works in North
15 Philadelphia. First of all, good
16 afternoon, Councilmember Gym and
17 Councilmember Johnson. Thanks for
18 inviting me today. I appreciate your
19 interest in my work and the opportunity
20 to share my ideas about reducing gun
21 violence in Philadelphia.

22 As I said earlier, I'm a
23 therapist who works in North
24 Philadelphia, and I work with those who
25 are recovering from mental health

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 challenges, substance abuse, and
3 incarceration.

4 I'd like to start off by
5 telling a story. It's my story, about
6 growing up in the North Philadelphia area
7 in the 1970s. I grew up in poverty. I
8 grew up in Philadelphia at a time when
9 the streets were ravaged with gang
10 violence, and I grew up in a household
11 where I witnessed domestic violence. In
12 fact, I'm a survivor of complex trauma,
13 and I could have benefited from therapy
14 when I was young.

15 Unfortunately, I didn't get
16 therapy, and this was because I didn't
17 want to appear weak or crazy, and I
18 couldn't tell people what was going on in
19 my household.

20 I went to two therapists, but I
21 just didn't connect with them, so I never
22 went back. Unfortunately, for the next
23 ten years, I started self-medicating my
24 feelings of depression and my experiences
25 of trauma by using drugs and alcohol. In

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 1990, I got clean, and I haven't used
3 drugs and alcohol for the past 30 years
4 and eight months.

5 I say that because I usually
6 don't share my personal story. A lot of
7 it has to do that I don't want to seem
8 like I'm trying to pimp my trauma or, you
9 know, get kudos for doing some of the
10 stuff that I should have been doing all
11 my life. I say that for a few reasons.

12 The first reason, I want to
13 take knowledge that I share lived
14 experiences with many of the Black men
15 that I work with, and this allows them to
16 identify me -- this allows them to
17 identify with me in ways that they can't
18 identify with therapists who just have
19 educational experience.

20 Another reason why I shared my
21 story was, I wanted to acknowledge like
22 many of those that I work with, there
23 have been times in my life when I needed
24 therapy and I didn't get it, possibly
25 because I just couldn't find a therapist

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 that I could connect with.

3 Still another reason why I
4 shared my personal story was to show how
5 my recovery from addiction and mental
6 health challenges caused me to look
7 inward, look at my life and realize that
8 my approach to life wasn't working and
9 needed to be changed.

10 The last reason resonates with
11 me the most, and that's because I believe
12 that the City of Philadelphia has to look
13 at what we've been doing to address gun
14 violence and realize that it hasn't been
15 working and our approach needs to change.

16 Over the past 20 years, I've
17 worked with predominantly Black people in
18 North and West Philadelphia, and my goal
19 has been to address cultural disparities
20 in addressing behavioral health care
21 services.

22 Since my interest is the
23 emotional wellness of Black people, I was
24 surprised that last week I heard a lot of
25 discussion about supporting people in

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Philadelphia who had experienced
3 violence, but I didn't hear the concept
4 blackness used as often as I would like
5 to. I heard people speaking to poverty
6 and, you know, White supremacy today, but
7 last week I didn't hear it as much. That
8 was problematic to me, because when I
9 hear people talking about offering
10 therapeutic services to people and don't
11 mention blackness, I'm afraid that they
12 might use a one-size-fit-all approach,
13 and when that's done, Black people
14 suffer, because we have different needs,
15 different ideas, different values, and
16 different language.

17 So I'm going to talk about how
18 Black people are resistant to therapy and
19 how, like the person who spoke before me,
20 that can be eliminated with the use of
21 culturally relevant counselors.

22 My concerns about blackness
23 being addressed was because many of the
24 programs that my colleagues shared about
25 last week, I'm afraid that though they

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 may be good ideas on paper, they might
3 not be effective for Black people, and
4 that's because they might use the same
5 strategies and the same kind of
6 therapists that have been woefully
7 ineffective to Black people for years.
8 This is why I introduced my expression of
9 cultural-relevant counselor. It helps
10 the Black people recover from the
11 experiences of violence as victims and
12 perpetrators of violence.

13 For the past 20 years, I've
14 helped people change unproductive
15 behavior, and I've learned that before a
16 person changes a behavior, they have to
17 change their values about their behavior.
18 Violence is a learned behavior. So
19 before people can learn or change this
20 behavior, they have to change their
21 values about it. Insights such as this
22 make me wonder why professional helpers -
23 counselors, social workers, and
24 therapists - aren't more involved in
25 offering solutions to the gun violence in

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Philadelphia.

3 I hope that today -- and I
4 believe that we should be on the front
5 line because I think that we have
6 insights that the average person, however
7 well-intentioned, just don't have. I
8 hope that with me coming here today I can
9 start the discussion about making
10 professional helpers and other
11 therapeutic concepts more prominent in
12 our response to gun violence in our city.

13 Philadelphia is one of the most
14 violent cities in the nation, as its
15 homicide rate was second to Chicago last
16 year. What's troubling is that this
17 violence occurred amid a coronavirus
18 pandemic and it seemed like the shooters
19 weren't practicing social distancing like
20 the rest of us. Many of them -- I think
21 that the uptick in homicide rate in
22 Philadelphia and across the country was
23 due to the coronavirus pandemic, and I
24 want to give you an example of why I feel
25 that way.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Many of those that I provide
3 therapy to are involved in the criminal
4 justice system. So many of them are on
5 probation or parole. Unfortunately, many
6 of these people that are on probation or
7 parole, they haven't seen probation
8 officers face to face in about a year.
9 And what that does, that creates people
10 who are carrying their guns more
11 frequently, people are using drugs more
12 frequently because they're not worrying
13 about being tested by a PO, and you got
14 to imagine that that increases the
15 likelihood of violence.

16 I believe -- and I'm going to
17 go on a limb and say this -- that when
18 POs start seeing people face to face,
19 there's going to be an increase in the
20 need for drug and alcohol services,
21 because a lot of people are going to be
22 testing positive, because they've been
23 using drugs for the past year. And
24 because most probation officers don't
25 want to fill up the prisons with people

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 using drugs, they're going to send them
3 to treatment, and treatment centers are
4 going to be overwhelmed. This is why I
5 come to you with one of my ideas about
6 starting my own treatment facility that
7 offers trauma-informed drug and alcohol
8 treatment to people in North and West
9 Philadelphia.

10 People who experienced violence
11 can either be victims of it or witnesses
12 of it, and many of those who experience
13 violence in Philadelphia are young Black
14 people. Therapy can help many of these
15 people, but they're resistant to getting
16 therapy because of the stigma associated
17 with having a mental health challenge or
18 needing therapy. I address this
19 resistance by using cultural competence
20 as I integrate their home culture into my
21 therapeutic approach.

22 Research has shown that when a
23 client's home culture is integrated into
24 a therapeutic intervention, that
25 increases the buy-in. They get more

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 comfortable, they feel more relaxed, and
3 they have better treatment outcomes.

4 Many of the young people who
5 experience violence in Philadelphia are
6 members of the hip-hop culture as their
7 values, language, and taste in music,
8 clothes, and drugs are influenced by
9 hip-hop. Integrating hip-hop culture
10 into therapy makes it culturally
11 relevant, and this makes people of color
12 more willing to receive therapy. This
13 willingness can increase retention, which
14 can improve the therapy experience and
15 therapeutic outcomes of people of color.

16 Hip-Hop Cycle Ed is a program
17 that I developed where I integrate an
18 analysis of hip-hop culture and
19 evidence-based counseling strategies, and
20 there's actually a therapeutic
21 intervention where I educate members of
22 the hip-hop culture about their
23 psychological needs.

24 In Hip-Hop Cycle Education, an
25 analysis of hip-hop culture and the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 themes in rap song is used to change
3 values about violence, mass
4 incarceration, drug use, and sexual
5 behavior.

6 In Hip-Hop Cycle Education,
7 healthy behavior is promoted, and one
8 such behavior is reading. Reading books
9 can promote family and community
10 inclusion as people in their friends and
11 family can go to libraries and bookstores
12 in the community.

13 Bibliotherapy is a therapeutic
14 strategy that uses books to help people
15 develop coping skills. In 2019, I wrote
16 and self-published a book titled "What's
17 Free? It Ain't Bein' Booked or on
18 Paper." And in this book I use a
19 therapeutic analysis of Meek Mill's legal
20 experiences to discuss how the hip-hop
21 culture has been impacted by mass
22 incarceration, gun violence, and the
23 opioid epidemic outside of Kensington. I
24 said outside of Kensington because a lot
25 of times we just focused on people who

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 don't live in Philadelphia but go to
3 Kensington and get lost, but what a lot
4 of people don't know is that a dangerous
5 trend in hip-hop culture is the fact that
6 some of the more popular rap artists
7 glamorize the use of opioids as part of
8 drugs, and what young people don't know
9 is that 80 percent of heroin users
10 started out by abusing Percocets.

11 In Hip-Hop Cycle Education, I
12 promote emotional wellness and increased
13 literacy. And reading can be a
14 culturally relevant violence prevention
15 strategy when you consider that in jail
16 culture, people who want to stay out the
17 way, they just go to their cell and read.

18 If you talk to people who have
19 been incarcerated, you'll find out that
20 many people haven't read their first book
21 until they went in jail. So what I try
22 to do is, I try to write books that
23 integrate hip-hop culture, sprinkle in
24 some behavioral health information, and
25 help people understand that it's cool to

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 get counseling, it's cool to ask for
3 help, and it's cool not to get locked
4 back up.

5 Since 2019, I've collaborated
6 with the City of Philadelphia on a few
7 initiatives. Those initiatives involve
8 parts of Hip-Hop Cycle Education and
9 bibliotherapy. In 2019, I was awarded a
10 grant from the Department of Behavioral
11 Health and Intellectual disAbility
12 Services...

13 (Mr. Crawford's screen froze.)

14 COUNCILMAN JOHNSON: Ron, I
15 think you have a technical difficulty.
16 Let me check and see.

17 One second, everyone.

18 (Brief pause.)

19 COUNCILMAN JOHNSON: So in the
20 meanwhile, I'm going to do this: I'm
21 going to ask for Councilman Green to ask
22 his question of Farida Boyer.

23 COUNCILMAN GREEN: Thank you,
24 Mr. Chair. Thank you for --

25 (Councilman Green having

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 connection issues.)

3 COUNCILMAN JOHNSON: Councilman
4 Green, just one second. Somehow you're
5 breaking up as well.

6 COUNCILMAN GREEN: How about
7 now?

8 COUNCILMAN JOHNSON: Now is
9 perfect.

10 COUNCILMAN GREEN: Okay. So I
11 was just saying, Councilmember Johnson,
12 Mr. Chair, thank you for your work and
13 advocacy in this issue and your passion
14 and always willingness to share your
15 personal motivation and what drives you
16 in the work that you do.

17 Ms. Boyer, thank you for your
18 leadership in creating The Black Brain
19 Campaign and also your clinical work in
20 our community. And actually Mr. Crawford
21 also provided some excellent testimony I
22 wanted to touch on.

23 Today the other Chair of this
24 Committee, Councilmember Gym, talked
25 about the Mayor's budget address, and we

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 had a conversation of the need to be
3 bolder in what we do in reference to
4 addressing these issues.

5 Can you still hear me? Making
6 sure. All right. I've been dealing with
7 some technical issues today.

8 But for Ms. Boyer, I'm just
9 curious from your perspective,
10 considering some of the lack of resources
11 that have come to culturally competent
12 providers -- and I've had conversations
13 with Astrokemp (ph) and the Coalition and
14 various members of that Coalition over
15 the years addressing these issues of
16 violence and how we're not giving or
17 providing those resources to those
18 organizations that really can have a real
19 impact, and you talked about a more
20 holistic perspective, not just the youth
21 but the entire family.

22 I'm curious any thoughts you
23 may have in reference to this budget
24 process. You laid out some suggestions.
25 As we start this budget process with

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 today's address from the Mayor, we'll
3 receive about \$1.4 billion in revenue
4 that will help us with our \$450 million
5 deficit, but also will provide additional
6 dollars to do different things. And when
7 you look at the homicide rate of 499
8 homicides last year, we're already ahead
9 of that this year, I'm just curious from
10 your perspective what are some of your
11 additional thoughts on how those dollars
12 could be spent within some of those
13 suggestions that you provided.

14 MS. BOYER: I think it needs to
15 go directly to the community. I sat --
16 and I'm just thinking of -- I looked at
17 some of how the larger agencies get most
18 of the funding, but the smaller agencies
19 are in the community doing the work. And
20 not to say that they're not doing the
21 work.

22 I notice a lot of times -- and
23 this is why I try to refrain from this --
24 that we talk to the administrators, the
25 directors, but we rarely talk to the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 people who are doing the actual work who
3 understand, and although I'm an
4 administrator, I still have a caseload of
5 20 clients that I see a week. So I still
6 have my ear to the street. I understand
7 what's going on. I'm still providing the
8 actual service. It's a difficult
9 balance, but you can't just talk to the
10 administrators. You have to understand
11 what's going on from the people who are
12 doing the actual work.

13 So what I would like to see is
14 some of those smaller agencies that's
15 doing the work get some of those
16 fundings. When you look at a PHMC versus
17 a Warren E. Smith, now you have a lot of
18 culture -- when I say culturally
19 competent agencies, it's the Warren E.
20 Smith, it's the consortiums. We're in
21 the community providing the work, but
22 we're the ones who get the less funding.
23 And that becomes a problem when I talk
24 about the importance of licenses. How is
25 it that -- or why aren't we getting the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 funds that we need to become licensed, to
3 have proper supervision.

4 And I didn't have the
5 intentions on saying this today, but I'm
6 going to say it, because I feel like it
7 needs to be said.

8 It's an issue for me that you
9 go to school. If you get a Master's
10 degree, you have to go through and get
11 this license. You can't afford to do all
12 of that over the funds that you're
13 getting. So there's a transition. I
14 can't make the money I make at this
15 agency, so I'm going to go to the next
16 agency, which it directly impacts the
17 client, because if you can't stay with
18 your therapist for a certain amount of
19 time because they're transitioning
20 because they can't get the money they
21 need, you're not getting the proper
22 service. So you have a lot of transition
23 in that way.

24 So those are the things when
25 you look -- we have to start looking at

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 it systemically. You have to look at it
3 systemically to see where it comes from.
4 And it just trickles down, and it is
5 directly impacting the community. It
6 directly impacts the community, and we
7 just have to do better with it.

8 COUNCILMAN GREEN: You made a
9 very good point. Just thinking about my
10 own path with my son and trying to
11 maintain a person that's providing
12 service, especially when we're talking
13 behavioral and mental health, and having
14 longevity is very important, because you
15 develop those relationships, as
16 Mr. Crawford was talking about. So
17 often, especially for Black men, and as
18 you, Ms. Boyer, said earlier, we don't
19 talk about that. We keep that in the
20 house. I heard you say it over and over
21 and over again. That's so true. We
22 don't talk about those things. You keep
23 that in your home. And then when you
24 look at Black men in particular, we don't
25 express that type of emotion because

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 we're not supposed to be that way. We're
3 supposed to be a certain stereotype that
4 unfortunately sometimes we buy in too
5 much, and we're holding all of that pain
6 and suffering inside, and then a small --
7 it's like a thousand cuts and then one
8 additional cut could cause that
9 explosion, because you're not having an
10 outlet and a release and not talking to
11 someone. And you could be with other
12 Black men all dealing with the pain, the
13 same pain, won't tell each other you're
14 dealing with the same pain, because we
15 don't do that.

16 MS. BOYER: Exactly.

17 COUNCILMAN GREEN: That's
18 what's in the family, let alone African
19 American men.

20 So that type of perspective is
21 so important when I think about my own
22 son, and then talking about other people
23 that have children on the autism spectrum
24 and they have multiple type of either
25 therapy and support people or behavioral

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 support coordinators, all of the acronyms
3 constantly changing over, you can't get a
4 consistency of care.

5 MS. BOYER: And it's all about
6 a relationship. It's about -- this
7 relationship with your therapist should
8 be a model of what your other
9 relationships should be like, because
10 it's built on honesty, it's built on
11 mutual respect and trust. So if you have
12 time to establish that, you can see a
13 difference, and it takes time.

14 One of the things, and then
15 I'll stop talking, one of the things that
16 I realized, they want you to do it in a
17 quick fix. Well, for 47 years I've been
18 behaving this way, so you can't change my
19 behavior in 12 weeks. It just don't
20 happen. So I have clients that's been on
21 my caseload for a year. So we have to
22 look at that.

23 The first day that you meet
24 with me, you want me to give them a
25 diagnosis. I barely even know them, but

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 you want me to attach a diagnosis to
3 them. That's not fair to them. And then
4 you want me to rush my treatment. Well,
5 it takes about five to six sessions to
6 get to know a person, right? Then they
7 have to feel comfortable with sharing and
8 being honest with me. And Imma be real,
9 most Black people feel comfortable with
10 sharing their experience with other
11 people. And Imma put Councilman Johnson
12 on the spot just for a second, because he
13 said something to me one day. He said,
14 she was cutting, right? Now, when he
15 said she was cutting to me, because I'm
16 in the clinical world, I'm thinking,
17 okay, she's really cutting. But he meant
18 cutting up, right? He meant cutting up.
19 But if I didn't know what cutting up
20 meant, Imma assume she's cutting, like
21 she's cutting. Do we need to assess for
22 homicide or suicide.

23 So those are the things when
24 you talk about being culturally
25 competent, some other clinicians may not

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 know what cutting is.

3 COUNCILMAN GREEN: Right. And
4 that is so true, and that goes back to
5 what Mr. Crawford was saying about that
6 competency, because someone not having
7 that full perspective that you have, that
8 has that duality of like I understand the
9 clinical perspective, like, okay, this
10 person is actually cutting themselves, or
11 from the perspective from the community
12 perspective. And so you were able to ask
13 those additional questions to get a real
14 sense of what's going on, whereas a
15 different provider may have not had that
16 perspective to ask that additional
17 question and is now moving in a different
18 path of what they think is the proper
19 therapy and treatment when it's actually
20 not the total case without that full
21 perspective.

22 That's why I think this whole
23 conversation is important, and I want to
24 thank both Councilmember Johnson and
25 Councilmember Gym and also you, Ms.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Boyer, and Mr. Crawford, who also
3 provided that perspective, because we do
4 have to have this bolder perspective of
5 how we are dealing with these issues.

6 I was listening to Solomon
7 Jones this morning and he was talking to
8 a friend of mine, Eric Williams, who also
9 has a son on the autism spectrum, but he
10 is doing this program called Shape Up in
11 West Philly, and he's talking about
12 they're giving young men a hug and how
13 for some like they're resistant because
14 they're just not used to seeing that type
15 of interaction because it's so foreign.
16 And then just like you said, people have
17 not had treatment or support for decades
18 and then you turn to a quick fix, and
19 that's -- when you talk about The Black
20 Brain, unlike other type of injuries, if
21 you break your arm, you break your leg,
22 you can see that injury. You can't see
23 the injury that may be occurring here or
24 occurring here. That takes time to
25 develop the relationship to even be

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 exposed to what the real injury is.

3 COUNCILMAN JOHNSON: So,
4 Mr. Crawford -- thank you, Councilman.

5 MR. CRAWFORD: Yes, sir.

6 COUNCILMAN JOHNSON: Thank you,
7 Councilman Green.

8 Mr. Crawford, you want to
9 finish your testimony?

10 MR. CRAWFORD: Yes, sir. I
11 apologize about the technical glitch.

12 I'll just run through this as
13 quickly as possible for the sake of time.

14 Like I said, over the past two
15 years, I've collaborated with the City of
16 Philadelphia, the Department of
17 Behavioral Health and Intellectual
18 disAbility Services, and the Office of
19 Violence Prevention. With a grant from
20 DBHIDS, I developed a Hip-Hop Cycle Ed
21 workshop series, which was a series of
22 wellness groups in Philadelphia
23 communities where I engaged males of
24 color about their mental wellness. The
25 project promoted literacy from group

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 discussion and by partnering with
3 Black-owned bookstores in the community
4 and giving participants a total of \$4,000
5 worth of \$25 gift cards that can be used
6 to buy books at Uncle Bobbie's Coffee and
7 Books, Hakim's Bookstores, and Black and
8 Nobel.

9 With the grant from the
10 Philadelphia Office of Violence
11 Prevention, I developed the MHSASH
12 Project. MHSASH is an acronym for Mental
13 Health Support After Stuff Happens, and
14 this project was a series of 20 free
15 wellness groups that were facilitated in
16 Philadelphia communities impacted by
17 violence, the trauma-informed groups
18 around the safe space for residents to
19 share their experience of violence.

20 Unfortunately, the coronavirus pandemic
21 prevented the project from achieving its
22 goals, but as soon as the CDC lifts the
23 social distancing guidelines, I plan to
24 continue my partnership with the Office
25 of Violence Prevention and resume the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 wellness groups that are a part of the
3 MHSASH Project.

4 I hope that with the support of
5 City Council, I can continue my
6 collaboration with the City, and I have a
7 few specific ways that you can support
8 me. I'm in the infancy stage of
9 developing trauma-informed drug and
10 alcohol programs in North and West
11 Philadelphia, and I can use help in the
12 following areas:

13 First of all, I need help
14 securing a research grant so that the
15 effectiveness of Hip-Hop Cycle Ed can be
16 tested. There's a lot of talk about
17 evidence-based practice, and all that
18 really is is just an intervention has
19 been tested for its effectiveness. And
20 we need to remember that all
21 evidence-based programs before they were
22 tested were just good ideas that people
23 thought could work. Now, if City Council
24 can feel that this integration between
25 hip-hop culture could be effective in

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 reducing gun violence, that will go a
3 long way in helping me get this program
4 tested.

5 I also need help getting into
6 the provider network of CBH, because as
7 someone spoke earlier, CBH is the care
8 manager of Medicare, and you have to get
9 in their network in order to provide drug
10 and alcohol treatment services for people
11 in communities that have been impacted by
12 violence.

13 I'm looking for a place. So if
14 you know of anybody that wants to lease a
15 suite for a small outpatient program, let
16 me know. I also need access to the
17 Department of Corrections, the
18 Pennsylvania Department of Probation and
19 Parole, and diversionary programs like
20 the ones that PHMC facilitate called the
21 FIR program, Juvenile Treatment Court,
22 Treatment Court, and Mental Health Court.

23 One of my goals was also to
24 have my latest book, "What's Free? It
25 Ain't Bein' Booked or on Paper," a part

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 of the Philadelphia Free Library's
3 signature project, One Book, One
4 Philadelphia. This project promotes
5 literacy, library usage, and sending
6 dialogue by encouraging City of
7 Philadelphia residents to read a book and
8 come together by discussing that book.

9 When I reached out to the Free
10 Library about my book, What's Free, they
11 told me that they weren't interested
12 because they have a list of books that
13 they use, and I understood that, but I
14 was kind of confused. I was like at this
15 particular time, couldn't Philadelphia
16 use a book that supported people getting
17 counseling to address mass incarceration,
18 violence, and the opioid epidemic?

19 So if you can do something, you
20 know, to help me just push that agenda,
21 that will be great.

22 That's all I have for today,
23 but I'm willing to answer any questions
24 that you may have.

25 Thanks for having me.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 COUNCILMAN JOHNSON: Thank you,
3 Mr. Crawford, for taking time out of your
4 schedule. And before I call on my
5 colleague Councilwoman Jamie Gauthier,
6 one, I want to acknowledge you for your
7 hard work and your dedication around this
8 issue. So you gave us a to-do list, and
9 so if you make sure I get a copy of it,
10 that will be very, very helpful.

11 There's a couple things you
12 touched on that's really, really
13 critically important. One, you talk
14 about we have gun violence, and before we
15 have gun violence, we have the issue of
16 violence, right? And in order to change
17 the violence, we have to change what we
18 value, right? And I just think about
19 also how you talked about how this has to
20 be addressed, particularly as a Black
21 issue, around trauma and gun violence
22 just because of the nuances on how we
23 value certain things.

24 And case in point, in most
25 households, right, we were taught --

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 well, I'm 47. So I was taught if you hit
3 me, somebody hit you, you hit them back,
4 right? Somebody bigger than you hits
5 you, you pick up something and you bust
6 them in the head, right?

7 Obviously being a dad, I'm 47
8 with two toddlers, four and six, and I
9 think a little differently, because these
10 days if you put your hands on somebody,
11 you may not come home, right? Because
12 it's not the days of giving out a
13 (inaudible). It's the days of picking up
14 a gun and taking the life of another
15 individual.

16 But my point is really getting
17 to the root causes of that value, valuing
18 of violence as a way to resolve a
19 dispute, resolve a conflict and, most
20 importantly, in some cases, how you
21 express yourself, right? Because we know
22 hurt people hurt people, and so if
23 there's not a gun, you may pick up a
24 knife. If it's not a knife, you may
25 decide to wallop and hit somebody inside

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 their head, right?

3 We're talking about getting to
4 the root causes of why some of our young
5 people react the way they act when it
6 comes to the issue of trauma, which leads
7 me to hip-hop culture. And I'm glad how
8 you intertwined hip-hop culture into
9 addressing the issues of trauma, drug
10 abuse, as well as gun violence, because
11 when we look at all the good work that
12 we're doing and we're trying to do to
13 save our young people, we're competing
14 against what I call street culture,
15 street life. And I started my
16 organization, Peace Not Guns, as a result
17 of a cousin and several friends being
18 murdered, and I started teaching young
19 people conflict resolution, anger
20 management but, most importantly,
21 anti-street methods, because I understood
22 just upon my own personal experiences in
23 growing up and really enjoying the street
24 life, right, just having a frank,
25 transparent conversation, because you

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 have to look at all that comes along with
3 it, right? It's the masculinity, the
4 girls, the fast cars. If you have a
5 reputation, maybe that person as,
6 quote/unquote, "the man," right? But
7 also our young people don't see that the
8 streets don't love you back. That's the
9 people getting kidnapped, that's the
10 shootings, that's the murders and all
11 that comes along with it, but getting to
12 the root causes of how our young people
13 process living in that environment on a
14 day-to-day basis.

15 And so I don't know. Hopefully
16 the wider audience really caught on
17 that both -- Farida said it as well. I
18 guess y'all said culturally competent
19 individuals from a therapeutic standpoint
20 addressing this issue. And so I was
21 going to ask the same thing Councilman
22 Derek Green asked Farida of you. How do
23 we integrate and how do we make sure that
24 culturally competent therapists are a
25 part of our strategy when we address this

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 issue of gun violence? And you actually
3 gave like a bullet point, here are some
4 things you can do to help me, but just
5 give me in summary -- and I've seen you
6 say this before on social media, right?
7 Like why aren't the therapists at the
8 table? And it's the same thing Farida is
9 saying, but I want to hear it from you.

10 How do we integrate as a
11 city -- I know you talked about your
12 particular programs, but let's talk about
13 on a macro scale, because obviously you
14 two as an African American woman and as
15 an African American man who are both
16 therapists on the front line, I'm quite
17 sure you're speaking for other African
18 American women and men who are therapists
19 who are on the front line. And so from
20 your perspective, how do we integrate
21 family therapists on the front line in
22 our fight against this gun violence?

23 MR. CRAWFORD: Well, in
24 ascribing to be culturally competent,
25 there's a few things I need to do. I

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 need to learn about the culture that I'm
3 working with, respect the culture, and
4 understand that if there are beliefs that
5 I have that will prevent me from helping
6 this person, I need to get somebody else
7 to help them.

8 Cultural sensitivity and
9 language. I was listening to you guys
10 talking about the cutting thing. I want
11 to give you a quick example. When I
12 approach people in North and West
13 Philadelphia, to be transparent I'm not
14 dressed the way that I'm dressed today,
15 because when I'm dressed this way, I look
16 like an outsider. I'll probably have a
17 hoodie on, some Tims, some jeans, and I
18 look like the people that I work with, I
19 talk like the people I work with, and
20 then when they get to know me, you know,
21 we share similar experiences. I went to
22 some of the same schools, and I have
23 lived experience in recovering from
24 therapy. So I'm just like you.

25 It's important to speak the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 same language, but that can be difficult.

3 I was watching a white therapist, who was
4 having difficulty using the language
5 that's used in Black culture, ask a
6 person who was charged with killing
7 someone, why did you shoot him?

8 He said, because we got into an
9 argument and he told me he'll be back.

10 She was puzzled. She was like,
11 you mean to tell me you took somebody's
12 life because they said --

13 COUNCILMAN JOHNSON: Ron?

14 MR. CRAWFORD: -- they'll be
15 back?

16 COUNCILMAN JOHNSON: But, Ron,
17 where I grew up at, when you say you'll
18 be back, I know what time it is.

19 MR. CRAWFORD: Right. So she
20 didn't get the language. She didn't get
21 the language.

22 When you say "I'll be back,"
23 I'm going to make sure you don't leave,
24 because I know that that means you're
25 going to go back and get your gun, and if

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 I'm here when you get back here, I'm in
3 for trouble.

4 So one of the things that we
5 can do, we can normalize therapy by -- we
6 have peer supports. We have violence
7 interrupters, people who have been in the
8 streets and who have recovered helping
9 people get out of the streets. We should
10 also use the peer support or the
11 certified peer specialist model, where
12 use therapists who have gone through
13 therapy themselves to tell people, hey,
14 it's cool to have depression, it's cool
15 to ask for help, because -- and this is
16 the last thing I want to say. When you
17 understand African American culture, you
18 understand that we don't even know how to
19 function in therapy. We don't have the
20 skills. There are few skills that you
21 need to be able to do well in therapy.
22 One of them is, you have to learn how to
23 ask for help. You have to learn how to
24 first admit that there's a problem. You
25 have to learn how to express feelings,

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 and you may need to cry every once in a
3 while. All of those skills we as Black
4 men were taught not to do. So when we
5 get to therapy and we're expected to do
6 those things, like the person that spoke
7 before me said, it takes a long
8 transition, like there are certain
9 therapeutic models like CBT that give you
10 12 sessions. They don't work in the
11 Black community, because it takes eight
12 of those sessions just for me to get to
13 know you. So I agree with the person who
14 was sharing before. I was nodding my
15 head.

16 So there's so many things that
17 we can do to make therapists more
18 culturally competent. You just got to
19 let us come to the table and talk to
20 them.

21 COUNCILMAN JOHNSON: Thank you.

22 Councilwoman Jamie Gauthier.

23 (No response.)

24 COUNCILMAN JOHNSON:

25 Councilwoman Gauthier, are you still

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 here?

3 COUNCILWOMAN GAUTHIER: Thank
4 you, Mr. Chair. I'm here. Can you hear
5 me?

6 COUNCILMAN JOHNSON: Yes, I
7 can. Yes.

8 COUNCILWOMAN GAUTHIER: Okay.
9 Thank you so much, Mr. Chair.

10 I just really --

11 COUNCILMAN JOHNSON: I'm
12 jealous you're outside, but it's all
13 good.

14 COUNCILWOMAN GAUTHIER: It's
15 the beauty of being virtual.

16 I just really wanted to thank
17 the panel, Ms. Boyer and Mr. Crawford,
18 for their powerful testimony and for
19 their work and for their advocacy around
20 culturally competent mental health
21 services. So thank you so much for being
22 here today and sharing what you shared.
23 And I commit myself to being a part of
24 finding more supports for these type of
25 services in our communities, especially

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524
2 at this time.

3 And I also wanted to thank
4 Mr. Crawford for his work in West
5 Philadelphia and to volunteer to be a
6 part of getting his to-do list done. I
7 mean, it's a long to-do list, so, you
8 know, we'll probably have to --

9 COUNCILMAN JOHNSON: That's
10 right.

11 COUNCILWOMAN GAUTHIER: But I
12 think together we can help him to get
13 some of those asks fulfilled. So thank
14 you so much.

15 COUNCILMAN JOHNSON:
16 Absolutely.

17 MR. CRAWFORD: No problem. I'm
18 sorry the list was so long, but I had to
19 shoot my shot.

20 COUNCILMAN JOHNSON: Well,
21 thank you, Councilwoman. We appreciate
22 that.

23 Ron, make sure you give us a
24 follow-up, because we want to be
25 supportive of your efforts again. I ran

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 into you a couple times, right, and I
3 knew you had done some workshops also
4 down in South Philadelphia at Vare Rec
5 Center prior to the pandemic. And so we
6 want to make sure that the mission that
7 you and Farida are talking about -- and
8 that's really being on the front line,
9 because something that Farida talked
10 about as well, I want to do a deeper dive
11 on -- and I'll follow up with my
12 colleagues with some assistance around
13 this -- is how do you get those major
14 companies like PHMC and CBH, and --
15 what's the other one -- DBHIDS, Dr. Jill
16 Bowen and so forth, like basically these
17 are the majorly funded organizations,
18 Councilman Green, and at the end of the
19 day, you know -- and the Council
20 President talked about this the other day
21 during our Violence Prevention and
22 Opportunities Agenda press conference.
23 We have to reexamine. There should be a
24 paradigm shift, right, because reexamine
25 when the major corporations are getting

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 the funding, right, but they're not in
3 the communities, they're not on the front
4 line. And a lot of them get a value
5 about doing numbers. They may partner
6 with The Black Brain Campaign, and The
7 Black Brain Campaign may bring a hundred
8 people out to their event, but those
9 hundred numbers will go toward helping
10 them get a grant and expand their budget,
11 right?

12 And so I know how all of those
13 types of partnerships work, but we want
14 to recognize individuals who are
15 culturally competent who are on the front
16 lines from the behavioral health
17 standpoint supporting our young people,
18 supporting our families, because we
19 recognize that even though we're seeing
20 this level of gun violence that we're
21 seeing right now, we all come from
22 neighborhoods, particularly if you're
23 African American, you live in
24 neighborhoods that have been experiencing
25 trauma since slavery, right? And so when

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 you talk about the issue around police
3 brutality, I remember not only just the
4 Rodney King issue, but I remember my dad
5 telling me how Columbia Avenue was burned
6 down, because there was a rumor that the
7 cops had did something to an African
8 American woman at that particular time.

9 And so we've always dealt with
10 some level of trauma, but this issue is
11 so critical is because something you
12 talked about as well, Ronald, is how we
13 express ourselves. Most young people
14 self-medicate, right? It's not just
15 Kensington. Kensington? No. I mean, at
16 any high school when school was in, you
17 can go outside and see a bunch of young
18 people smoking marijuana in the front of
19 the school, right? No different than
20 them taking Percocets, right, and/or
21 Xanies.

22 And so I applaud Meek Mill
23 because I remember -- I know you wrote a
24 book about his situation and how it
25 relates to hip-hop and mass incarceration

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 and gun violence, and I remember him
3 talking about his struggles, right, with
4 being addicted to Percocet and really
5 taking a stand and telling young people
6 like that's not the direction to go,
7 that's the gateway to hell and that's not
8 what we about. And it was powerful
9 because they're going to listen more to
10 him than to Councilman Derek Green or
11 Kenyatta Johnson, right?

12 And so that message of hip-hop
13 being intertwined in terms of how we
14 capture the minds of our young people and
15 really meet them where they're at, right,
16 and get them to think about things
17 differently when it comes to trauma,
18 processing their trauma, which we know
19 has a significant impact on how hurt
20 people hurt people when it comes to the
21 significant issue of gun violence.

22 And I'll wrap on this. I was
23 talking to some young men the other day
24 and said, well, let's get to the root
25 cause of why we see these gun shootings,

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 right? And it was a real simple response
3 and say, you know what, if you kill
4 somebody man or their homie, right,
5 you're going to see a continuous cycle of
6 revenge, because you killed my man and I
7 got to go back and kill your man, right?
8 And it's a continuous cycle, right? But
9 at what point do we get to the part where
10 we resolve that conflict and really
11 addressing the hurt? Because it's a
12 sense of pride that you got to retaliate
13 for your homie's life who was taken away,
14 and that's why we see that repeated
15 cycle. And no one is going to really sit
16 down and say -- they're going to talk
17 about the hurt, right? But I got to also
18 protect that image and that pride and do
19 the retaliation.

20 And so with that being said, I
21 thank the two of you for taking time out
22 of your schedule and adding to this
23 dialogue, which was very, very
24 informative and helpful.

25 And, again, Ron, make sure you

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 follow up with us with your to-do list,
3 as well as, Farida, any way that we can
4 be supportive in The Black Brain
5 Campaign. I would like for every member
6 of City Council to know the services that
7 The Black Campaign has to offer.

8 You said eight free sessions,
9 eight free sessions, right? I'm sure
10 that there's some individuals that we all
11 interact with that can take advantage of
12 those free services.

13 Now, I don't think PHMC reached
14 out to us, Councilman Green, and said,
15 now we provide free services for young
16 people who are experiencing a level of
17 trauma or their family members. And if
18 they did, no one has provided that
19 information to my office.

20 But, Farida, we like the work
21 that you're doing. Keep up the good
22 work.

23 Ron, we like the work you're
24 doing as well.

25 And with that being said, let

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 me make sure if there any other questions
3 and comments.

4 Councilman Derek Green.

5 COUNCILMAN GREEN: Yeah. I'm
6 just going to make a very quick comment.
7 I was going to add a little levity when
8 Mr. Crawford talked about shoot your
9 shot, that kind of example of that
10 cultural dynamic, but then you started on
11 a hip-hop perspective, which Mr. Crawford
12 provided that and, Councilmember Johnson,
13 Mr. Chair, you did the same, and it just
14 brought another memory that even within
15 our own community, that cultural
16 difference can be very interesting,
17 because I remember hearing the phrase
18 "sipping on syrup," and I had to get that
19 perspective from some of my relatives in
20 the Texas area to understand that's
21 talking about Robitussin as a way of
22 using self-medication to deal with pain.

23 And so there's a lot of
24 dynamics to this issue and, Mr. Chair, as
25 you were talking about these large

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 entities and organizations, we spend a
3 lot of time in City Council talking about
4 the General Fund part of the budget in
5 reference to real estate taxes and wage
6 taxes, business income and receipt taxes,
7 but that's only a little more than maybe
8 55 percent of the budget. Forty-five
9 percent of the budget is coming from
10 Block Grant dollars from the State to the
11 City to go to the Department of
12 Behavioral Health and Intellectual
13 disAbility Services, to CBH, and the
14 Health Department, but because those are
15 the grant dollars coming from the State,
16 we often don't talk about that and have
17 this conversation about how those
18 organizations having provided contracts
19 with culturally competent organizations
20 who are doing the work in the community,
21 and they may be giving them a small
22 contract, but the larger dollars are
23 coming to those larger entities.

24 So I just want to close with
25 that and thank you for both of the

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 panelists in providing testimony and the
3 work that they do in our city.

4 COUNCILMAN JOHNSON: Thank you
5 very much.

6 With that being said, we
7 appreciate your testimony.

8 And now we're going to go into
9 public comment. If there are any
10 questions and comments from members --
11 I'm sorry. Councilman Isaiah Thomas.

12 COUNCILMAN THOMAS: Real quick,
13 Councilmember Johnson. I didn't plan on
14 commenting, but I do appreciate this
15 panel specifically, but I also just
16 wanted to make a note for the record. I
17 appreciate the work that they're doing.
18 This is going to be an item that we're
19 going to have a very close eye on as it
20 relates to this budget cycle. One of the
21 things that I've been advocating for and
22 talking about is that we ask a lot of
23 the, quote/unquote, "grassroots
24 organizations" in the City of
25 Philadelphia to beg for money out of

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 small pots, like gun violence prevention
3 dollars or maybe do a OFC grant or
4 something like that when we have hundreds
5 of millions of dollars that we're
6 spending on helping human services as
7 well as public safety.

8 So I just -- I am concerned
9 about grassroots organizations who have
10 been grassroots for ten years, right?
11 Like how long are they going to be? Like
12 at some point they have to graduate and
13 mature out of the grassroots phase and
14 into a more sustainable space.

15 But then I'm also concerned
16 about those sustainable organizations who
17 deserve an opportunity to graduate into a
18 more mature phase as it relates to the
19 work that they do as a non-profit.

20 So I just wanted to put on the
21 record that this is actually going to be
22 one of our focuses as it relates to this
23 budget season, and when we talked earlier
24 during Council about pushing even
25 further -- and I believe Councilmember

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 Green kind of was the first person to
3 spearhead that -- this is an example of
4 what we're talking about.

5 So, again, thank you to this
6 panel, and thank you, Mr. Chair.

7 COUNCILMAN JOHNSON: Thank you.

8 Thank both of you for your
9 testimony. There are no more questions.

10 We will now go into public
11 comment.

12 THE CLERK: We have Abdul from
13 the Coalition of Black Fathers.

14 MR. JONES: Hello.

15 THE CLERK: Hi. Please state
16 your name for the record and you may
17 proceed with your testimony.

18 MR. JONES: Yes. My name is
19 Arnold Jones.

20 COUNCILMAN JOHNSON: Mr. Jones,
21 you can start your testimony.

22 MR. JONES: Good afternoon.
23 Ramadan Mubarak to all of my Muslim
24 brothers and sisters. Peace and
25 blessings to everybody. Thank you for

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 allowing me to testify today. I want to
3 start off by suggesting that we approach
4 the issue of youth gun violence with some
5 tangible, tangible results, or let's just
6 get, as I would say, down to the brass
7 tax.

8 I am in support of
9 organizations like Nomo Pack (ph), if I'm
10 saying it correct. They have the remedy.
11 Immediate response to child trauma is
12 meeting their needs, hearing their voice,
13 and serving them through social services
14 with results, with resources. So if we
15 look at what Nomo Pack is doing, they are
16 taking our children from environments
17 where they may be experiencing trauma,
18 they may not have resources. They're
19 giving them an environment where they're
20 getting support emotionally, and they
21 have that group dynamic, but they need
22 resources from City government so that
23 they can continue to expound on that type
24 of support system. And I thought about
25 this closely -- thoroughly, my apologies,

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 and I examined their organization
3 closely, because that's the type of work
4 it's going to take in order to make an
5 effective change.

6 City government has to
7 relinquish resources to these grassroot
8 organizations that are in the trenches
9 doing the work that unfortunately a lot
10 of what we're seeing is a direct result
11 of failure from government, because the
12 schools failed our children. There are
13 services from the government that didn't
14 make it to our children.

15 So we have to take that
16 collaborative approach. And I know that
17 as a young man walking the streets of
18 South Philadelphia, I didn't have those
19 type of services available to me. I
20 walked right into Merrill Lynch at 18 and
21 talked myself into a job, but there's so
22 many of my friends and associates, they
23 didn't have that.

24 I listened to Councilman
25 Johnson express his dilemma when he was

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 in University of Penn and he was still
3 dealing with the personal challenge of
4 his own identity, and that's why I
5 respect when that kind of transparency is
6 conveyed through the media so people can
7 hear that we're all human and we
8 struggle.

9 So I appreciate, once again,
10 you guys giving me the opportunity to
11 speak in this hearing, but we want some
12 tangible results. We need resources to
13 help these children. And I'm available
14 to assist at any time to lend my support.

15 Thanks again. You guys have a
16 great day.

17 COUNCILMAN JOHNSON: Thank you
18 very much, Abdul, and you keep up the
19 good work.

20 Any questions or comments from
21 members of the Committee?

22 (No response.)

23 COUNCILMAN JOHNSON: All right.
24 Abdul, listen, I know you also have a
25 program that deals with fathers and

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 making sure fathers are in the household
3 of their parents. Can you expound on
4 that? Because that also plays a major
5 role. The family household, the family
6 dynamic plays a role in how young men
7 shape their identity.

8 MR. JONES: Yes. So Coalition
9 of Black Fathers was an organization that
10 I created as a direct result of my having
11 been raising five children. So the
12 dynamics of me raising a little brother.
13 My dad died when my little brother was
14 three. That's in '96. So then I ended
15 up with two step-sons, and then
16 subsequently my boys came. But what I
17 realized was, I made a difference in
18 their life in areas where I had
19 struggled. So when my dad was
20 disconnected from me, I went through the
21 struggle, and I decided let me just start
22 doing this through the barber shop, and
23 that's what I started doing. You know,
24 building men up to realize that we will
25 all encounter certain challenges, but

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 together, coming together with support,
3 giving each other that support system,
4 relying on one another through your
5 experiences, sharing those experiences
6 and sharing resources, understand that
7 we're relevant and we make up a big
8 difference in our kids' lives. So if I
9 can be there for you, I will recognize
10 your child in this community, and then
11 I'll see if your child was involved in
12 something, or I can take time to bring
13 your child with me. Together we can have
14 that village approach. But we're the
15 front line of defense.

16 So when you remove the father
17 out of the dynamic, you do end up with
18 the results of what we're seeing in the
19 streets today.

20 So I would like for you to
21 understand enough of it as a collective
22 to give support to organizations that
23 actually directly impact these
24 situations, because that's why we're not
25 getting the results we need. And

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 restorative justice has to play a part in
3 this as well. We can't just keep locking
4 everybody up. We have to find ways to
5 work together so that the family dynamic
6 can come together and be stronger.

7 COUNCILMAN JOHNSON: Thank you
8 very much.

9 Any questions and comments from
10 members of the Committee?

11 (No response.)

12 COUNCILMAN JOHNSON: Okay.
13 Hearing none, Abdul, we thank you for
14 your testimony. Thank you for taking
15 time out of your schedule and for
16 speaking during public comment. Thank
17 you very much.

18 MR. JONES: Thank you very
19 much. Peace and blessings.

20 COUNCILMAN JOHNSON: If there
21 are no other questions and comments from
22 members of the Committee, I want to take
23 a moment and thank my colleague
24 Councilwoman Helen Gym, who is the Chair
25 of the Children and Youth Committee, for

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 partnering with me on this very, very
3 critical and important committee hearing.

4 And so, Councilwoman Gym, do
5 you want to add any final remarks before
6 we wrap up?

7 COUNCILWOMAN GYM: No. First
8 of all, thank you, Mr. Chair, for your
9 leadership on this whole issue and also
10 the importance of us having a laser focus
11 right now on the need for trauma. Unless
12 we center it, it's too easy to let this
13 go. And I think one of the things that
14 you've highlighted in your opening
15 comments or as you were responding to
16 Ms. Petroski on the first panel is what
17 it feels like -- how inhumane it is to
18 have young people talk about violence and
19 death in their lives as if it's
20 normalized. And the long-term impact of
21 that on young people is really, really
22 serious for all of us. I mean, it holds
23 young people. It can potentially hold
24 young people back from their potential,
25 and that is why we are doing this

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 hearing, because we've got to center the
3 voices of people who work directly with
4 young people, with young people
5 themselves so that we can show the City
6 there is a different way through it. We
7 don't suck it up and bear it and move on
8 with your life. We need to orient and
9 reorient our city to get people supports
10 and services, to recognize that there is
11 an immediacy and a long-term and that
12 institutions have to do more.

13 Our schools are anchor
14 institutions for families that may lose a
15 house in a pandemic or may be upended
16 because a loved one isn't. So our
17 institutions have got to do more.

18 And I'm grateful to work with
19 you, Councilmember Johnson. I think
20 we're going to come up with a really good
21 roadmap on what this looks like, and it's
22 going to be driven by the voices of
23 people that you've always centered, which
24 are the people who are directly impacted.

25 So thank you.

1 4/15/21 - GUN VIOLENCE/CHILDREN - RES. 200524

2 COUNCILMAN JOHNSON: Well,
3 thank you very much.

4 If there are no other questions
5 and comments from members of the
6 Committee, this concludes the hearing on
7 youth gun violence and trauma, the
8 Special Committee on Gun Violence in
9 partnership with the Children and Youth
10 Committee.

11 Thank you very much, everyone,
12 for your time and thank you very much for
13 your participation. Take care.

14 (Special Committee on Gun
15 Violence Prevention and Committee on
16 Children and Youth concluded at 2:58
17 p.m.)

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A							
a.m 29:25	addicted 107:4	77:13	66:16	64:18	78:13	barber 118:22	19:13 33:24
Abdul 114:12	addiction 67:5	102:19	alternative 6:6 22:12	103:21	at-large 16:15 58:24	barely 84:25	39:23 73:3
117:18,24	adding 108:22	advocating 112:21	47:9,17	112:7,14,17	attach 85:2	barrier 59:21	82:7
120:13	addition 8:16	Aetnas 61:11	49:20 50:8	117:9	attempt 57:15	beyond 20:15	43:20
abilities 58:2	13:13	afford 81:11	28:25 29:21	appreciative 28:22	attend 12:23	based 13:9	43:20
ability 20:11	13:13	afraid 68:11	39:11	approach 60:11 62:18	attendance 12:25	barely 84:25	43:20
able 15:13	additional 7:3 14:3	African 83:18 97:14	ambiguous 13:11 15:9	62:19 67:8	attitude 3:2,3	barrier 59:21	43:20
20:14 25:18	15:24 21:6	97:15,17	15:25	67:15 68:12	attitudes 58:21	based 13:9	43:20
26:6 28:4	29:2 55:18	100:17	amends 23:10	72:21 98:12	audience 60:13	basic 25:24	43:20
29:4 42:5	79:5,11	105:23	American 83:19 97:14	115:3	audience 96:16	basically 104:16	43:20
42:18 44:5	83:8 86:13	106:7	Approved 56:25	116:16	authentic 31:18	basis 21:11	43:20
44:6 48:24	86:16	afternoon 2:3	April 1:9	119:14	authorizing 1:18 4:23	beat 122:7	43:20
48:25 86:12	Additionally 10:8	3:16,20,20	area 60:19	Approved 56:25	autism 83:23	beauty 102:15	43:20
100:21	address 5:13	3:23 4:3,3,6	65:6 110:20	April 1:9	autonomy 19:21	becoming 62:13	43:20
absolutely 43:8 55:21	38:7 57:15	4:10 10:2,5	amid 70:17	area 60:19	available 8:15 9:10	beef 47:19	43:20
103:16	57:16 61:3	11:5,6 22:6	amount 6:9	areas 90:12	behalf 9:4	beginning 2:10	43:20
abuse 57:12	64:6 67:13	56:23 63:16	analysis 73:18,25	118:18	behaving 84:18	begins 60:4	43:20
65:2 95:10	67:19 72:18	64:16	74:19	argument 99:9	behavior 52:7 58:9	behalf 9:4	43:20
abusing 75:10	77:25 79:2	114:22	anchor 122:13	arm 87:21	behavior 69:15,16,17	behavior 52:7 58:9	43:20
academic 45:7	92:17 96:25	age 57:23	and/or 106:20	Arnold 114:19	69:18,20	behavior 69:15,16,17	43:20
access 1:20	addressed 68:23 93:20	agencies 5:24	anger 42:9	around-the... 30:2	74:5,7,8	behavior 69:15,16,17	43:20
5:2 8:13,18	addressing 5:16 67:20	18:22 32:18	95:19	artists 75:6	84:19	behavior 69:15,16,17	43:20
17:16 30:2	78:4,15	35:24 36:4	announcem... 2:10	ascribing 97:24	109:4,7	behavior 69:15,16,17	43:20
42:6 91:16	79:17,18	38:18 62:12	annual 46:3	avenue 33:24	114:13	behavior 69:15,16,17	43:20
accessory 31:20	80:14,19	79:17,18	answer 92:23	106:5	118:9	behavior 69:15,16,17	43:20
accredited 29:6	95:9 96:20	80:14,19	anti-street 95:21	106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
accurately 124:5	108:11	agency 81:15	Anti-Viole... 29:19	106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
achieving 89:21	administra... 38:22	81:16	anxiety 15:7	106:5	114:13	behavior 69:15,16,17	43:20
acknowledge 66:21 93:6	administra... 80:4	agenda 92:20	anybody 91:14	106:5	118:9	behavior 69:15,16,17	43:20
acronym 89:12	administra... 79:24 80:10	ages 34:7	apologies 115:25	106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
acronyms 84:2	admit 100:24	aggressive 52:5	apologize 88:11	106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
act 10:15	adolescent 43:17	agree 101:13	appear 65:17	106:5	114:13	behavior 69:15,16,17	43:20
40:17 52:6	adolescents 58:5,6	ahead 37:20	applaud 106:22	106:5	118:9	behavior 69:15,16,17	43:20
95:5	adult 8:8	79:8	apply 124:22	106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
actions 34:5	31:5 58:6,7	aid 28:20	appreciate 10:6 38:12	106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
active 35:15	adults 26:22	Ain't 74:17	46:17 62:11	106:5	114:13	behavior 69:15,16,17	43:20
activities 8:21	30:4 45:10	91:25		106:5	118:9	behavior 69:15,16,17	43:20
actual 54:13	58:12	alcohol 65:25		106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
80:2,8,12	advanced 57:22	66:3 71:20		106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
acutely 18:3	advantage 109:11	72:7 90:10		106:5	114:13	behavior 69:15,16,17	43:20
ad 40:8	adverse 21:8	91:10		106:5	118:9	behavior 69:15,16,17	43:20
add 110:7	advisory 27:12 57:10	alive 24:12		106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
121:5	advocacy	alleviate 25:22		106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
		allow 10:13		106:5	114:13	behavior 69:15,16,17	43:20
		19:14		106:5	118:9	behavior 69:15,16,17	43:20
		allowing 115:2		106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
		allows 66:15		106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	43:20
				106:5	114:13	behavior 69:15,16,17	43:20
				106:5	118:9	behavior 69:15,16,17	43:20
				106:5	Black-owned 89:3	behavior 69:15,16,17	43:20
				106:5	blackness 68:4,11,22	behavior 69:15,16,17	

91:25 books 74:8 74:14 75:22 89:6,7 92:12 bookstores 74:11 89:3 89:7 Bowen 104:16 Boyer 56:9 56:15,18,21 56:24 76:22 77:17 78:8 79:14 82:18 83:16 84:5 87:2 102:17 boys 118:16 brain 57:3,22 60:25 61:20 62:9 77:18 87:20 105:6 105:7 109:4 brass 115:6 break 87:21 87:21 breaking 77:5 breakout 24:6 Breeze 51:11 51:20 brief 3:5 76:18 bring 28:25 35:17 105:7 119:12 bringing 61:9 brings 40:16 broken 23:10 brother 118:12,13 brothers 54:4 114:24 brought 5:21 43:23 110:14 brutality 106:3 budget 5:13 77:25 78:23 78:25 105:10 111:4,8,9 112:20	113:23 build 26:24 31:9 32:7 33:19,20 38:4 44:14 building 16:12 27:4 39:9 118:24 buildings 32:4 35:10 built 84:10 84:10 bullet 97:3 bunch 106:17 burned 106:5 business 30:8 111:6 bust 94:5 buy 24:14 83:4 89:6 buy-in 32:7 72:25 C call 2:25 10:24 15:19 30:10 56:6 93:4 95:14 called 3:5 4:18 32:23 57:3 87:10 91:20 Camelot 22:9 28:18 29:4 33:16 46:24 47:2 48:2,8 48:14 49:11 49:19 50:4 Camelot's 26:9 Campaign 57:4 60:25 61:20 62:9 77:19 105:6 105:7 109:5 109:7 capacity 18:14 capture 107:14 cards 89:5 care 30:15 31:8,25 32:5 61:16 67:20 84:4	91:7 123:13 carefully 58:10 caregiver 12:23 23:22 44:19 caregivers 14:2 15:5 26:11 44:3 44:15 58:20 caring 26:22 30:4 carry 42:25 carrying 52:5 71:10 cars 96:4 Carter 17:9 case 50:2,10 86:20 93:24 caseload 80:4 84:21 cases 94:20 categories 47:15 caught 96:16 cause 83:8 107:25 caused 59:12 67:6 causes 59:10 94:17 95:4 96:12 CBH 61:15 91:6,7 104:14 111:13 CBITS 31:7 CBT 101:9 CDC 89:22 cell 75:17 center 11:13 11:25 12:7 16:2,3 20:25 21:20 29:12 39:12 104:5 121:12 122:2 centered 122:23 centers 72:3 certain 81:18 83:3 93:23 101:8 118:25	certificate 29:6 124:2 certification 31:23 124:21 certified 100:11 CERTIFY 124:3 certifying 124:25 Chair 3:12 3:20 4:3,14 5:8 22:6,7 34:16,19 37:7,14,20 38:2 48:9 55:6,10 76:24 77:12 77:23 102:4 102:9 110:13,24 114:6 120:24 121:8 Chairman 46:19 Chairs 10:5 challenge 72:17 117:3 challenged 58:11 challenges 33:14 65:2 67:6 118:25 chance 41:23 change 22:15 24:23 25:14 26:13 34:3 38:7 39:6,6 67:15 69:14 69:17,19,20 74:2 84:18 93:16,17 116:5 changed 67:9 changes 69:16 changing 29:7 84:3 chaos 26:17 charged 99:6 charter 6:6 47:10,16 Chat 10:12	10:16 check 76:16 check-in 27:11 checking 27:8 cheerleaders 35:11 Chicago 70:15 child 12:14 12:23 23:24 43:13,14,20 58:18,21,23 115:11 119:10,11 119:13 child's 44:14 childhood 21:9 children 1:4 1:19 2:6 4:24 6:14 7:14 11:14 11:22,25 12:8,8,17 13:25 15:5 17:11 21:2 21:10,21,21 29:13 46:15 47:20 51:19 53:12,23 64:8 83:23 115:16 116:12,14 117:13 118:11 120:25 123:9,16 CHOP 45:25 CHOP's 15:21 16:2 cities 70:14 citizens 61:16 city 1:2 2:13 5:24 6:10 6:15,18,24 7:11 13:16 13:22 16:7 16:15 18:9 18:19,22 20:13 21:4 35:24 36:4 37:14 39:16 42:13 54:23	57:16 59:5 60:23 61:17 61:22 62:4 62:6,11 67:12 70:12 76:6 88:15 90:5,6,23 92:6 97:11 109:6 111:3 111:11 112:3,24 115:22 116:6 122:5 122:9 City's 5:16 class 24:6 45:8 clean 66:2 clear 58:10 clearly 42:18 Clerk 2:25 3:9,17,24 4:7,13,20 4:22 10:24 11:2 56:6,8 114:12,15 cliche 54:21 client 81:17 client's 72:23 clients 60:20 80:5 84:20 climate 25:20 clinical 16:6 17:8,9 21:6 22:8 77:19 85:16 86:9 clinician 17:17 60:9 clinicians 12:25 13:8 13:17 15:24 20:10 61:13 85:25 close 52:7,8 60:21 111:24 112:19 closed 14:24 closely 13:14 40:21 45:21 45:24 115:25 116:3 closing 20:23 clothes 73:8	Co-Chair 1:12,12 34:13 co-founder 60:24 co-sponsors 11:18 Coalition 78:13,14 114:13 118:8 coaster 24:19 Coffee 89:6 collaborated 76:5 88:15 collaboration 19:8,10,14 21:17 90:6 collaborative 116:16 colleague 93:5 120:23 colleagues 3:21 4:4,10 9:5,8 68:24 104:12 collective 119:21 collectively 62:21 color 59:13 59:14 60:18 61:5 73:11 73:15 88:24 Columbia 106:5 combined 16:13 come 16:17 28:2 34:7 48:11 50:12 58:20 64:3 72:5 78:11 92:8 94:11 101:19 105:21 120:6 122:20 comes 17:11 39:4 82:3 95:6 96:2 96:11 107:17,20 comfortable 73:2 85:7,9	coming 16:16 51:23 70:8 111:9,15,23 119:2 comment 35:23 110:6 112:9 114:11 120:16 commenting 112:14 comments 10:9 56:2 110:3 112:10 117:20 120:9,21 121:15 123:5 commit 102:23 committed 9:2 committee 1:3,4,19 2:5 4:17 8:3 9:6 41:23 56:3 57:11 77:24 117:21 120:10,22 120:25 121:3 123:6 123:8,10,14 123:15 committees 1:18 2:13 2:19 4:23 38:20 39:18 communica... 32:11 communities 12:11 26:2 35:8 53:11 88:23 89:16 91:11 102:25 105:3 community 6:2 8:22 13:4 18:10 18:19 19:11 20:8,13 21:15 22:21 23:14 24:18
---	---	---	---	---	---	--	--

25:4,16	concept 68:3	124:5	corporations	10:3 19:24	cousins 54:6	critically	73:24 74:6
26:8,15	concepts	continuation	104:25	55:15 64:16	covers 61:7	11:20 47:7	75:11 76:8
27:3,24	70:11	5:10	correct 49:15	64:17 77:11	COVID	53:7 93:13	88:20 90:15
29:7,9	concerned	continue 5:15	49:16,20,21	77:24 86:24	16:22 18:5	Cross 61:12	108:5,8,15
31:12,19	113:8,15	8:19 25:11	115:10	86:25	COVID-19	crucial 30:25	112:20
32:21,25	concerns	28:25 30:7	124:8	110:12	16:9	cry 101:2	cycles 43:14
33:5,20,21	35:18 40:11	31:15 32:17	Corrections	112:13	crafted 58:11	crying 23:7	
34:7 39:9	68:22	34:4 62:8	91:17	113:25	Crawford	cultural	D
41:2 52:13	concluded	89:24 90:5	cortex 57:24	122:19	56:8,10	67:19 72:19	D 1:14
57:6 58:25	123:16	115:23	cost 61:7	Councilme...	63:15,16,19	98:8 110:10	dad 16:20
59:5,20	concludes	continues	Council 1:2	10:18 11:15	63:22 64:10	110:15	94:7 106:4
60:8 74:9	123:6	25:5,7	2:13,19 5:8	11:19 22:7	64:13,13	cultural-rel...	118:13,19
74:12 77:20	concurrent	continuing	34:13 90:5	Councilwo...	77:20 82:16	69:9	daily 2:21
79:15,19	12:24	9:22 49:7	90:23	1:12,13,13	86:5 87:2	culturally	21:10 26:18
80:21 82:5	conduct 1:19	continuous	104:19	1:14 2:2	88:4,5,8,10	60:6 61:25	26:25 27:13
82:6 86:11	4:25	108:5,8	109:6 111:3	3:15,22 4:2	93:3 97:23	63:3 68:21	dangerous
89:3 101:11	conference	contract 33:7	113:24	4:5,9,12,15	99:14,19	73:10 75:14	75:4
110:15	104:22	111:22	Councilman	5:5 9:12	102:17	78:11 80:18	Darcy 11:2
111:20	conflict 7:6	contracts	1:12,14,15	10:7 11:4,7	103:4,17	85:24 96:18	11:12 47:4
119:10	31:9 94:19	111:18	1:15 3:11	21:23 34:10	110:8,11	96:24 97:24	54:15 63:23
community...	95:19	control 58:3	3:19 10:4	34:17,24	Crawford's	101:18	date 13:23
18:25 36:7	108:10	124:24	34:13,15,18	37:13,17,21	76:13	102:20	day 18:16
36:17	confused	conversation	34:23 37:6	40:3 41:11	crazy 65:17	105:15	24:18,19
companies	92:14	3:13 5:11	37:16,19	46:16 55:7	create 15:3	111:19	29:24 35:7
104:14	connect 7:8	5:15 34:4	46:21 49:13	93:5 101:22	24:16 26:3	culture 72:20	39:16,17
compassion	65:21 67:2	41:19 49:8	49:17,24	101:25	26:12 31:13	72:23 73:6	84:23 85:13
31:13	connected	78:2 86:23	50:20 55:24	102:3,8,14	31:18,21,23	73:9,18,22	104:19,20
competence	22:2	95:25	56:5,12	103:11,21	32:3 33:22	73:25 74:21	107:23
72:19	connection	111:17	63:13,18	120:24	34:3,5	75:5,16,23	117:16
competency	30:6,9	conversatio...	76:14,19,21	121:4,7	created 38:21	80:18 90:25	day-to-day
86:6	33:22 40:2	78:12	76:23,25	counseling	60:25	95:7,8,14	47:24 51:16
competent	77:2	convert 42:8	77:3,3,6,8	1:20 5:3,19	118:10	98:2,3 99:5	52:4 53:13
61:25 63:3	connections	conveyed	77:10 82:8	7:7 8:16,25	creates 25:16	100:17	96:14
78:11 80:19	26:10 45:17	117:6	83:17 85:11	21:4,11	71:9	cup 31:16	days 94:10,12
85:25 96:18	58:15	cool 75:25	86:3 88:3,4	23:18 27:14	creating	curious 78:9	94:13
96:24 97:24	consenting	76:2,3	88:6,7 93:2	27:19 57:9	25:19 77:18	78:22 79:9	DBHIDS
101:18	9:23	100:14,14	96:21 99:13	57:9,10	creation	current 2:12	88:20
102:20	consequenc...	coordinating	99:16	73:19 76:2	58:14	18:14	104:15
105:15	43:6	15:16	101:21,24	92:17	crime 57:17	currently 2:9	deal 5:20
111:19	consider 7:15	coordination	102:6,11	counselor	criminal 71:3	2:14	110:22
competing	75:15	15:13 19:8	103:9,15,20	42:6 69:9	crises 13:16	curricula	dealing 5:17
95:13	considerati...	19:11,14	104:18	counselors	15:9 16:7	13:9,12	5:18 43:6
completing	21:12	21:17 40:23	107:10	8:14 28:10	16:10,23	curriculum	78:6 83:12
28:18	considered	coordinators	109:14	31:7 45:23	17:5 19:22	13:9 47:12	83:14 87:5
complex	21:13 49:19	84:2	110:4,5	68:21 69:23	20:3,21	49:23 54:13	117:3
24:24 65:12	considering	coping 12:19	112:4,11,12	count 32:2	crisis 15:17	curriculum	deals 117:25
complexities	78:10	25:21 44:12	114:7,20	country	16:15 24:22	31:4	dealt 17:14
25:6	consistency	44:13 74:15	116:24	46:10 70:22	33:10 40:9	cut 83:8	106:9
comply 10:15	84:4	cops 106:7	117:17,23	couple 49:7	40:15 42:17	cuts 83:7	death 12:8
component	consortiums	copy 93:9	120:7,12,20	93:11 104:2	42:19	cutting 85:14	14:18,21
50:22	80:20	core 54:11	123:2	couples 57:9	critical 8:13	85:15,17,18	15:8 17:2
computer	constantly	57:18	Councilme...	course 32:2	15:11 20:2	85:18,19,20	43:16 51:3
37:11	27:7,8 84:3	coronavirus	3:9,17,24	Court 91:21	44:16 51:8	85:21 86:2	121:19
concentrated	contact 26:21	70:17,23	4:7 5:9	91:22,22	64:4 106:11	86:10 98:10	decade 20:20
7:18	contained	89:20	6:12 9:25	cousin 95:17	121:3	cycle 73:16	decades

87:17 DeCarlo 29:20 decide 94:25 decided 118:21 decision-m... 41:3 58:4 decrease 14:12 26:17 26:19 dedication 54:17 93:7 deep 35:14 deeper 104:10 deeply 6:7,17 6:18 defend 52:6 defense 119:15 deficit 79:5 degree 32:3 81:10 demand 61:23 Department 76:10 88:16 91:17,18 111:11,14 depends 50:6 58:8 depression 8:11 41:25 42:4,7 45:6 65:24 100:14 Derek 1:14 3:9 96:22 107:10 110:4 deserve 9:4 113:17 design 19:2 19:18 21:14 36:8 develop 8:7 30:25 74:15 82:15 87:25 developed 29:9 57:23 73:17 88:20 89:11 developing 90:9	development 19:19 60:5 developme... 43:13 diagnosis 84:25 85:2 dialogue 92:6 108:23 die 17:4 died 16:20 118:13 dies 44:10 difference 84:13 110:16 118:17 119:8 differences 60:12 different 14:20 38:17 38:20,21,22 39:19 44:22 68:14,15,15 68:16 79:6 86:15,17 106:19 122:6 differently 35:5 94:9 107:17 difficult 80:8 99:2 difficulty 76:15 99:4 dilemma 116:25 direct 12:14 58:10 116:10 118:10 124:24 direction 39:19 107:6 directly 8:3 18:24 36:7 36:16,23 79:15 81:16 82:5,6 119:23 122:3,24 director 11:13 17:9 20:6 22:9 directors	79:25 disAbility 76:11 88:18 111:13 disconnect 40:25 disconnected 118:20 disconnects 57:20 discriminat... 59:12,13 discuss 74:20 discussing 92:8 discussion 67:25 70:9 89:2 disempowers 57:20 disparities 67:19 displayed 3:7 dispute 94:19 disrupted 25:6 disservice 33:2 distancing 70:19 89:23 distress 28:14 distributed 6:20 district 5:23 6:13 7:20 15:2 22:12 42:11 47:8 48:7 49:10 49:14,15 District's 15:14 distrust 59:15 dive 104:10 diversionary 91:19 doctors 5:24 7:12 46:2 doing 7:5 26:12 27:13 27:18 38:18 39:11,16,25 51:9 55:2 66:9,10	67:13 79:19 79:20 80:2 80:12,15 87:10 95:12 105:5 109:21,24 111:20 112:17 115:15 116:9 118:22,23 121:25 dollars 79:6 79:11 111:10,15 111:22 113:3,5 domestic 65:11 Dr 15:2 35:3 104:15 dramatic 14:18 drawing 39:8 dressed 98:14,14,15 drive 27:21 driven 122:22 drives 77:15 drown 37:11 drug 71:20 72:7 74:4 90:9 91:9 95:9 drugs 65:25 66:3 71:11 71:23 72:2 73:8 75:8 duality 86:8 due 2:12 23:19 29:14 32:7 70:23 duplication 19:4 36:11 dying 53:12 dynamic 110:10 115:21 118:6 119:17 120:5 dynamics 110:24 118:12	E E 80:17,19 e-mails 14:19 ear 80:6 earlier 18:15 64:22 82:18 91:7 113:23 early 7:14 60:4 easy 121:12 ed 47:17 73:16 88:20 90:15 educate 26:3 73:21 education 20:25 22:10 22:13 25:10 33:16 48:14 49:11 50:8 53:9 61:2 73:24 74:6 75:11 76:8 educational 66:19 effect 16:25 26:4 39:6 effective 60:7 69:3 90:25 116:5 effectively 19:16 25:21 effectiveness 90:15,19 effects 12:3 34:6 45:12 effectuate 12:15 efforts 19:6 21:17 103:25 eight 13:6 18:15 38:15 61:21 66:4 101:11 109:8,9 either 37:24 42:8 52:25 72:11 83:24 elective 32:2 elementary 7:16 eligible 61:15 eliminated 68:20	embedded 49:22 emergency 2:13 Emily 29:20 EMIR 39:12 emotion 82:25 emotional 27:10 58:3 67:23 75:12 emotionally 115:20 emphasis 27:20 empowerm... 58:13 empty 31:16 encounter 118:25 encouraging 21:16 92:6 ended 118:14 engage 47:10 engaged 88:23 engaging 3:13 8:3 20:2 31:18 engrained 53:9 54:12 enjoying 95:23 enrolled 6:23 ensure 60:5,6 62:24 entire 31:11 58:19 59:4 59:4 78:21 entirely 38:8 entities 111:2 111:23 environment 31:22 52:17 53:17 96:13 115:19 environme... 31:14 115:16 epidemic 74:23 92:18 equally 63:9 eradicate 57:4 Eric 87:8	especially 59:18 82:12 82:17 102:25 essential 25:24 28:2 54:18 establish 63:4 84:12 establishing 59:24 estate 111:5 evening 8:19 evenly 6:20 event 60:21 105:8 events 8:5 22:20 25:2 43:22 everybody 11:5 29:23 55:9,10,23 114:25 120:4 evidence 124:4 evidence-b... 31:2 73:19 90:17,21 evident 24:24 Exactly 83:16 exam 61:8 examine 1:19 5:2 examined 116:2 example 32:16 35:15 36:24 42:10 43:6 70:24 98:11 110:9 114:3 examples 33:14 excellent 77:21 exclusion 39:21 Excuse 37:6 executive 11:13 20:6 existence 19:5 36:12 39:25 exists 18:21	expand 105:10 expanding 7:7 expectation 9:21 expected 51:5 101:5 experience 28:7 32:15 53:4 60:16 66:19 72:12 73:5,14 85:10 89:19 98:23 experienced 16:20 33:15 48:19 60:20 68:2 72:10 experiences 21:9 22:24 25:3 57:18 65:24 66:14 69:11 74:20 95:22 98:21 119:5,5 experiencing 6:3 15:6 17:19 18:4 23:25 24:4 24:7 25:23 44:6,8 105:24 109:16 115:17 expert 43:4 expertise 35:2 exploring 23:2 explosion 83:9 exposed 88:2 expound 37:23 38:10 115:23 118:3 express 10:20 28:5 82:25 94:21 100:25 106:13 116:25 expression 69:8
--	--	---	---	---	--	--	--

extended 52:13	74:9,11	FIR 91:21	8:23 29:10	31:17 79:18	33:23 38:9	72:2,4	92:21
extreme 8:11	78:21 83:18	first 10:25	50:18 55:12	80:22 105:2	48:12,21,24	76:20,21	117:16
extremely 14:18 19:12	97:21	17:15,22	found 2:23	fundings	52:15 56:21	80:7,11	greater 19:10
55:20	109:17	20:2 28:14	38:23	80:16	70:24 84:24	81:6,15	Green 1:14
eye 46:13	118:5,5	28:20 34:24	four 14:19	funds 81:2,12	97:5 98:11	86:14 96:21	3:10,11
112:19	120:5	35:20,21	19:6 43:15	funeral 52:23	101:9	99:23,25	76:21,23,25
eyes 30:19	far 46:12	36:24 42:20	94:8	funerals	103:23	107:9 108:5	77:4,6,10
	Farida 56:9	42:21 43:20	framework	52:22	119:22	108:15,16	82:8 83:17
	56:15,24	47:3 49:3	26:14	furniture	given 5:12	110:6,7	86:3 88:7
	63:22 76:22	56:15,16	frank 95:24	31:20	17:7	112:8,18,19	96:22
F	96:17,22	63:21 64:15	frankly 46:8	further	giving 19:20	113:11,21	104:18
fabric 26:7	97:8 104:7	66:12 75:20	free 12:16	113:25	21:20 22:16	116:4	107:10
face 61:17	104:9 109:3	84:23 90:13	29:5 61:21	G	44:2,4	122:20,22	109:14
71:8,8,18	109:20	100:24	74:17 89:14	games 24:11	78:16 87:12	good 2:3 3:11	110:4,5
71:18	fast 96:4	114:2 121:7	91:24 92:2	gang 65:9	89:4 94:12	3:15,19,20	114:2
facilitate	father 51:19	121:16	92:9,10	gaps 12:5	111:21	3:22 4:2,3,5	grew 65:7,8
91:20	119:16	firsthand	109:8,9,12	17:10 21:12	115:19	4:9 10:2,4	65:10 99:17
facilitated	fathers	12:4	109:15	38:6	117:10	11:4,6 22:6	grief 12:9,16
12:24 89:15	114:13	five 19:17	frequently	gatekeepers	119:3	39:4,10	12:24 13:4
facility 72:6	117:25	49:9 85:5	71:11,12	24:21	glad 34:12	56:23 63:16	13:7,13,25
facing 7:11	118:2,9	118:11	friend 24:8	gateway	95:7	64:15 69:2	14:4,5,10
16:7 17:6	fatigue 31:13	fix 38:7 58:18	52:8 60:22	107:7	glamorize	82:9 90:22	14:12,14,23
19:23 20:17	fears 17:2	58:23 84:17	87:8	Gauthier	75:7	95:11	15:24 16:17
21:10 24:18	feature 10:12	87:18	friends 13:19	1:13 3:25	glitch 88:11	102:13	16:19 17:15
fact 65:12	10:16	fixing 58:18	74:10 95:17	4:2 93:5	go 36:23 37:2	109:21	17:20,24
75:5	feed 7:16	58:24	116:22	101:22,25	37:20 39:18	114:22	18:6 20:15
factors 30:4	feel 32:21	flashbacks	front 16:6	102:3,8,14	44:20 45:22	117:19	20:24 24:2
faculty 28:18	48:16,22	24:7	24:8 54:19	103:11	52:3 53:21	122:20	32:24 41:13
failed 116:12	50:23 52:16	focus 45:8	70:4 97:16	Gauthier's	54:7,8	government	41:15 42:2
failing 32:14	52:19 54:25	121:10	97:19,21	6:12	56:15 71:17	41:3 115:22	43:9,10,22
36:15	70:24 73:2	focused 20:24	104:8 105:3	geared 42:12	74:11 75:2	116:6,11,13	43:25 45:5
failure	81:6 85:7,9	74:25	105:15	42:14	75:17 79:15	governmen...	45:15 46:8
116:11	90:24	focuses	106:18	General	81:9,10,15	39:7	46:13 48:17
fair 85:3	feelings 52:25	113:22	119:15	111:4	91:2 99:25	graduate	48:22
fall 16:9	65:24	follow 104:11	froze 76:13	generously	105:9	42:23	grieve 12:14
falter 25:17	100:25	109:2	frustrating	10:22	106:17	113:12,17	grieving
families	feels 40:8	follow-up	33:3	generously	107:6 108:7	graduation	11:14,25
11:22 12:10	121:17	103:24	fulfilled	10:22	111:11	43:20	12:7,8,20
12:25 15:6	felt 7:23 35:9	following 2:9	103:13	getting 23:16	112:8	grant 76:10	17:4 20:25
15:12,18	field 43:4	55:12 90:12	full 18:9 86:7	39:3 72:15	114:10	88:19 89:9	21:20 29:12
16:14 17:16	fight 97:22	follows 62:16	86:20	80:25 81:13	121:13	90:14	45:3
17:24 19:18	figure 44:22	foregoing	fully 57:22	81:21 91:5	goal 67:18	105:10	GRIT 15:22
21:21 42:19	fill 71:25	124:7,21	124:5	92:16 94:16	goals 89:22	111:10,15	ground 7:24
105:18	final 121:5	foreign 87:15	function	95:3 96:9	91:23	113:3	group 16:17
122:14	Finally 13:20	foremost	100:19	96:11 103:6	goes 43:13	grassroot	22:25 23:6
family 12:22	14:21 15:20	63:21	functional	104:25	86:4	116:7	23:17 27:13
13:24 14:14	find 16:18	form 25:16	58:12	115:20	going 9:13	grassroots	34:22 55:15
23:12 26:9	18:16 33:17	format 12:22	functions	119:25	24:13 29:10	112:23	55:17 88:25
33:13 37:3	36:13 57:16	formats	18:24 36:6	gift 89:5	30:14 35:13	113:9,10,13	115:21
52:13 53:15	66:25 75:19	12:21	Fund 111:4	GILMORE	36:23,25	grateful	groups 12:16
53:24 54:8	120:4	formed 38:20	funded 21:11	1:13	39:22 48:18	122:18	12:18,24
56:25 57:9	finding 17:22	forth 104:16	104:17	girls 96:4	50:18 51:12	gratitude	13:4,5,7,13
58:19,24	31:25	Forty-five	funding 20:4	give 13:24	52:20 56:14	10:20	13:17,18,25
59:4,7,8	102:24	111:8	20:10 25:9	19:17 20:11	65:18 68:17	great 9:12	14:5,10,13
62:21,22,25	finish 88:9	forward 3:12	29:2 31:2		71:16,19,21	32:13 40:22	14:14,16

15:25,25	60:1 61:1	46:16 55:7	63:17,19	93:10	85:22	50:10	63:9 64:5
36:18 38:24	62:1 63:1	64:16 77:24	68:3,7,9	108:24	homicide-s...	identified	82:14 83:21
39:11,15,20	64:1,6,20	86:25	78:5 97:9	helping 7:8	13:10	58:22	86:23 93:13
39:24 44:25	65:1 66:1	120:24	102:4 117:7	44:13,14,21	homicides	identify	98:25 121:3
45:20 88:22	67:1,13	121:4,7	heard 5:22	91:3 98:5	62:4,6 79:8	40:10 42:5	importantly
89:15,17	68:1 69:1	Gym's 19:24	5:24 7:12	100:8 105:9	homie 108:4	43:17 44:15	64:7 94:20
90:2	69:25 70:1		22:17 25:19	113:6	homie's	44:21 66:16	95:20
grow 12:9	70:12 71:1	H	30:17 35:3	helps 12:8	108:13	66:17,18	impoverish...
33:19 53:22	72:1 73:1	Hakim's 89:7	67:24 68:5	61:5 69:9	honest 85:8	identifying	51:7
growing	74:1,22	hall 27:2	82:20	heroin 75:9	honestly	44:8	improve
15:21 25:7	75:1 76:1	37:14	hearing 2:4	hey 100:13	40:13 54:21	identity	55:19 73:14
51:10,22	77:1 78:1	handle 7:10	2:11,20	Hi 114:15	honesty	117:4 118:7	impulse 58:3
65:6 95:23	79:1 80:1	28:13	3:14 4:18	high 7:17,20	84:10	ignored 46:7	inaudible
grown 52:9	81:1 82:1	handoff 46:4	5:12 8:23	52:9 57:17	hoodie 98:17	image 3:6	94:13
guess 41:5	83:1 84:1	hands 94:10	9:18,19	106:16	hope 70:3,8	108:18	incarcerated
96:18	85:1 86:1	happen 48:19	10:6 11:20	highlight	90:4	imagine	75:19
guide 22:24	87:1 88:1	84:20	15:23 38:5	25:8	Hopefully	22:22 71:14	incarceration
28:6	89:1 90:1	happened	42:10 50:9	highlighted	96:15	Imma 85:8	65:3 74:4
guidelines	91:1,2 92:1	6:11	51:9 55:4	53:6 121:14	HopeLine	85:11,20	74:22 92:17
89:23	93:1,14,15	happens 39:2	64:2 110:17	highly 36:22	15:4,10	immediacy	106:25
guides 25:20	93:21 94:1	59:23 89:13	115:12	36:22	horrifying	122:11	incentives
gun 1:3,18	94:14,23	hard 45:8	117:11	hip-hop 73:6	6:17	immediate	32:5
2:1,5 3:1	95:1,10	54:16 93:7	120:13	73:9,9,16	hospital	20:16	include 13:9
4:1,23 5:1	96:1 97:1,2	harmful 6:18	121:3 122:2	73:18,22,24	30:14	115:11	62:19
5:17 6:1,8,9	97:22 98:1	he'll 99:9	123:6	73:25 74:6	house 59:23	impact 6:19	included 2:19
6:19 7:1,22	99:1,25	head 94:6	hearings 1:19	74:20 75:5	59:24 82:20	24:24 78:19	includes
8:1 9:1	100:1 101:1	95:2 101:15	2:16,18,23	75:11,23	122:15	107:19	19:20 60:12
10:1 11:1	102:1 103:1	heal 12:9	4:25	76:8 88:20	household	119:23	including
12:1,3 13:1	104:1 105:1	48:21	heart 55:22	90:15,25	65:10,19	121:20	16:8 21:13
14:1,17	105:20	healing 25:5	Helen 1:12	95:7,8	118:2,5	impacted 6:8	58:3
15:1 16:1,8	106:1 107:1	27:15 30:5	50:25	106:25	households	23:23 53:15	inclusion
17:1 18:1	107:2,21,25	31:14,18	120:24	107:12	93:25	60:22 74:21	74:10
19:1 20:1	108:1 109:1	33:6 39:12	hell 107:7	110:11	hug 23:9	89:16 91:11	income 111:6
21:1 22:1	110:1 111:1	health 2:13	Hello 114:14	hit 54:10 94:2	87:12	122:24	incorporate
23:1,19,23	112:1 113:1	8:12,14	help 5:20 7:3	94:3,3,25	Hughes 28:24	impactful 8:7	18:6
24:1,14	113:2 114:1	15:7 21:8	15:4 30:5	hits 94:4	human 25:24	impacting	increase
25:1 26:1	115:1,4	32:8 57:5	31:9,17	hoc 40:8	113:6 117:7	6:9 16:24	14:13 62:4
27:1 28:1	116:1 117:1	57:11 63:8	32:7,9,20	hold 25:18	hundred	25:3 82:5	62:6 71:19
29:1,14	118:1 119:1	63:10 64:25	34:2 35:16	27:14 28:4	105:7,9	impacts 7:17	73:13
30:1,12	120:1 121:1	67:6,20	38:6 50:19	29:15 30:6	hundreds	59:2,3	increased
31:1 32:1	122:1 123:1	72:17 75:24	57:4 64:5	121:23	113:4	81:16 82:6	61:23 75:12
33:1 34:1	123:7,8,14	76:11 82:13	72:14 74:14	holding 22:16	hurt 52:20	imperative	increases
35:1 36:1	guns 52:5	88:17 89:13	75:25 76:3	24:3 26:25	94:22,22	26:14 60:3	71:14 72:25
37:1 38:1	71:10 95:16	91:22	79:4 90:11	62:23 83:5	107:19,20	implemented	Independe...
39:1 40:1	guys 98:9	102:20	90:13 91:5	holds 121:22	108:11,17	26:19	61:11
41:1 42:1	117:10,15	105:16	92:20 97:4	holistic 78:20		importance	indicate 3:3
43:1 44:1	Gym 1:12 2:2	111:12,14	98:7 100:15	home 24:9	I	44:17 80:24	individual
45:1 46:1	3:15,22 4:5	healthy 44:12	100:23	27:18 54:9	IBHS 32:16	121:10	17:19,25
47:1 48:1	4:12,15 5:5	44:13 59:25	103:12	72:20,23	35:16 55:15	important	48:4 50:18
49:1 50:1	9:12 10:7	60:2 63:5	117:13	82:23 94:11	idea 48:2	5:14 7:15	57:8 59:9
51:1,2 52:1	11:4,7,15	74:7	helped 29:9	homes 24:10	49:18	11:21 28:4	94:15
53:1 54:1,2	21:23 34:10	hear 9:13	69:14	homicide	ideas 64:20	28:8 36:2	individually
55:1 56:1	34:17,24	19:23 23:4	helpers 69:22	13:20 16:8	68:15 69:2	38:18 43:25	16:11 33:4
57:1,17	37:13,17,21	42:13 50:24	70:10	16:21 70:15	72:5 90:22	45:18 46:5	individuals
58:1 59:1	40:3 41:11	56:11,13	helpful 55:21	70:21 79:7	identification	47:7 53:8	5:7 42:15

42:25 96:19 105:14 109:10 ineffective 69:7 inextricably 18:7 infancy 90:8 influence 60:14 influenced 73:8 influx 58:25 information 11:24 48:10 54:7 55:18 75:24 109:19 informative 46:23 108:24 informed 22:19 inhumane 121:17 initiatives 76:7,7 injuries 87:20 injury 87:22 87:23 88:2 input 19:2 36:8 Inquirer 2:22 inside 52:2 53:5 83:6 94:25 insight 37:25 insights 69:21 70:6 institutions 122:12,14 122:17 Instructions 2:16 integrate 26:6 72:20 73:17 75:23 96:23 97:10 97:20 integrated 72:23 Integrating 73:9 integration	90:24 integrative 62:17,19 Intellectual 76:11 88:17 111:12 Intelligencer 2:22 intended 7:25 intense 41:18 intentions 81:5 interact 109:11 interaction 87:15 interest 64:19 67:22 interested 38:3 42:16 62:10 92:11 interesting 110:16 internal 55:15,17 interrupter 37:2 interrupters 36:20 100:7 intertwined 18:8 95:8 107:13 intervention 15:15 25:10 72:24 73:21 90:18 introduced 69:8 introductory 11:24 invest 25:25 52:14 investment 29:6 invite 22:21 invited 9:16 inviting 11:16 64:18 involve 76:7 involved 15:21 53:5 59:23 62:20 69:24 71:3 119:11 inward 67:7	Isaiah 1:15 3:18 112:11 isolation 15:8 42:8 issue 11:21 35:24 61:3 64:6 77:13 81:8 93:8 93:15,21 95:6 96:20 97:2 106:2 106:4,10 107:21 110:24 115:4 121:9 issues 8:12 15:7 17:10 77:2 78:4,7 78:15 87:5 95:9 item 112:18 J jail 75:15,21 Jamie 1:13 3:24 93:5 101:22 January 6:16 Jayne 15:2 jealous 102:12 jeans 98:17 Jill 104:15 job 40:20,23 116:21 jobs 7:8 8:18 Johnson 1:12 5:9 11:15 28:24 34:13 34:15,18,19 34:23 37:6 37:15,16,19 38:2 46:21 49:13,17,24 50:20 55:24 56:5,12 63:13,18 64:17 76:14 76:19 77:3 77:8,11 85:11 86:24 88:3,6 93:2 99:13,16 101:21,24 102:6,11	103:9,15,20 107:11 110:12 112:4,13 114:7,20 116:25 117:17,23 120:7,12,20 122:19 123:2 joining 5:8,9 joint 1:19 2:4 4:25 Jones 87:7 114:14,18 114:19,20 114:22 118:8 120:18 journey 43:10 Jr.'s 16:25 June 14:3 justice 71:4 120:2 Juvenile 91:21 K Kamela 28:23 40:21 Karabots 16:2 KATHERI... 1:13 keep 24:12 29:10 82:19 82:22 109:21 117:18 120:3 Kensington 74:23,24 75:3 106:15 106:15 Kenyatta 1:12 107:11 kept 41:19 Kevin 17:9 key 50:22 kid 53:20 kidnapped 96:9 kids 45:2,11 kids' 119:8	kill 108:3,7 killed 23:13 24:8 108:6 killing 99:6 kind 36:16 40:8 41:2,9 43:22 46:8 46:13 48:18 52:14,15,15 53:6 69:5 92:14 110:9 114:2 117:5 King 106:4 knew 104:3 knife 94:24 94:24 know 5:7 6:5 6:24 7:2 9:4 17:18 18:17 20:4 20:8 21:5 27:25 28:6 30:3 35:22 40:6 41:5,6 45:15,19,23 45:24 49:5 51:14 53:24 53:25 54:18 63:25 66:9 68:6 75:4,8 84:25 85:6 85:19 86:2 91:14,16 92:20 94:21 96:15 97:11 98:20,20 99:18,24 100:18 101:13 103:8 104:19 105:12 106:23 107:18 108:3 109:6 116:16 117:24 118:23 knowing 23:3 knowledge 66:13 knows 60:21 Krause 11:2 11:6,11,12 35:21 37:23	38:11 40:12 43:8 kudos 66:9 L L 124:15 lack 18:11 32:8 61:4 78:10 Ladies 56:16 laid 78:24 landed 5:13 language 13:11 68:16 73:7 98:9 99:2,4,20 99:21 large 110:25 larger 19:20 79:17 111:22,23 laser 121:10 lasting 26:13 34:6 lastly 24:13 33:19 latest 91:24 law 2:8 lay 30:19 lead 45:5 leaders 5:25 leadership 5:23 21:14 77:18 121:9 leads 45:6,7 95:6 LEAP 60:25 61:5 learn 27:15 69:19 98:2 100:22,23 100:25 learned 69:15 69:18 learning 14:11 27:17 27:22 31:4 31:5 lease 91:14 leave 33:25 36:18 99:23 Lee 35:3 left 33:17 leg 87:21 legacy 13:17	14:16 legal 2:22 74:19 lend 117:14 let's 53:18 97:12 107:24 115:5 level 7:20 13:8 26:25 50:25 53:10 54:11 105:20 106:10 109:16 levity 110:7 LGBTQIA 13:11 libraries 74:11 library 92:5 92:10 Library's 92:2 license 61:12 81:11 licensed 56:24 61:4 81:2 licenses 61:14 80:24 licensure 61:2,8 life 12:18 23:11 30:4 43:21 44:14 51:10 52:4 53:4,25 66:11,23 67:7,8 94:14 95:15 95:24 99:12 108:13 118:18 122:8 lifeline 30:21 lifelong 43:10 lifts 89:22 likelihood 71:15 limb 71:17 limited 19:13 59:11 line 15:4,18 54:19 70:5	97:16,19,21 104:8 105:4 119:15 lines 105:16 link 49:5 list 17:13 92:12 93:8 103:6,7,18 109:2 listen 41:23 107:9 117:24 listened 116:24 listening 24:2 87:6 98:9 literacy 75:13 88:25 92:5 literature 44:17 45:4 little 35:13,23 36:3 37:23 38:10,12,15 40:13 41:14 42:13 54:4 54:5 94:9 110:7 111:7 118:12,13 live 51:6,12 53:14 60:18 75:2 105:23 lived 66:13 98:23 lives 16:24 44:23 51:6 119:8 121:19 living 52:2 53:17 61:22 96:13 located 57:7 locations 48:13 locked 76:3 locking 120:3 long 13:2 43:7 46:12 91:3 101:7 103:7,18 113:11 long-reachi... 45:12 long-term 42:14,24 121:20
---	---	---	---	--	--	--	--

122:11	M	124:7	53:15 54:8	million 79:4	MURPHY	needed 19:11	113:19
longer 43:18	macro 53:10	matters	56:2 73:6	millions	124:15	34:2 45:14	normal 25:12
longer-term	97:13	17:17	73:21 78:14	113:5	music 73:7	49:2 66:23	51:5,13
20:14 42:3	Madam 3:12	mature	109:17	mind 22:23	Muslin	67:9	normalize
longevity	3:20 4:3,14	113:13,18	112:10	minds 107:14	114:23	needing	25:11 50:24
82:14	22:6 34:16	matures	117:21	mine 87:8	mute 37:10	72:18	50:25 100:5
longtime 37:3	37:7,20	57:24	120:10,22	minority	37:11	needs 7:16	normalized
look 8:23	55:6	Mayor 79:2	123:5	59:15	mutual 84:11	12:5,13	121:20
30:9 32:13	maintain	Mayor's 5:12	memorial	missing 30:24	N	25:7 31:22	normalizing
35:5 41:15	82:11	77:25	13:18	mission 12:15	name 11:8,12	33:6 34:4	26:4 48:17
47:21 55:11	major 59:21	mean 39:12	memory	104:6	22:3,7	50:15 58:10	North 64:14
57:18 59:8	104:13,25	40:4,19	110:14	model 49:23	56:13,18,23	60:8 62:2	64:23 65:6
67:6,7,12	118:4	45:9 49:14	men 66:14	60:2 84:8	64:12	62:23,25	67:18 72:8
79:7 80:16	majority	99:11 103:7	82:17,24	100:11	114:16,18	67:15 68:14	90:10 98:12
81:25 82:2	59:16	106:15	83:12,19	models 101:9	names 3:4	73:23 79:14	note 10:10
82:24 84:22	majorly	121:22	87:12 97:18	moment	Nana 56:16	81:7 115:12	14:8 112:16
95:11 96:2	104:17	meaningful	101:4	26:20 46:9	narrative	neglectful	notes 124:6
98:15,18	making 27:5	8:8,18 27:5	107:23	120:23	24:17 25:14	33:2	notice 27:9
115:15	41:7 70:9	means 43:3	118:6,24	moments	nation 70:14	neighborho...	79:22
looked 79:16	78:5 118:2	99:24	mental 8:12	28:13 43:22	nearly 14:16	30:17 51:16	notices 2:20
looking 3:12	males 88:23	124:23	8:14 15:6	money 81:14	necessary	51:21,22	nuances
20:19 50:14	man 52:2	meant 85:17	21:7 32:8	81:20	5:20 60:6	52:3 53:5	93:22
81:25 91:13	96:6 97:15	85:18,20	57:5,11	112:25	need 1:19 5:2	neighborho...	numb 25:12
looks 22:20	108:4,6,7	media 23:21	63:8 64:25	month 42:21	7:3 8:17,24	17:3 51:7	number 14:8
23:2 26:21	116:17	97:6 117:6	67:5 72:17	49:6	105:22,24	53:14	46:25 47:14
50:15	management	mediation	82:13 88:24	months 33:8	9:3 13:2	105:22,24	48:6
122:21	28:21 50:3	31:8	89:12 91:22	42:4 49:7	14:20 18:6	neighbors	numbers
lose 43:11,12	95:20	Medicare	102:20	66:4	19:17 21:3	13:15 15:16	48:5,13
122:14	manager	91:8	mention	morning 3:12	24:22,23	19:7 28:19	62:8 105:5
loss 13:10,11	50:10 91:8	medicating	68:11	5:13 23:17	25:8,13,17	40:20 53:16	105:9
15:8,9,25	map 36:16	53:2	mentioned	87:7	25:24,25	nephews 54:5	
18:5	40:7 41:8	Meek 74:19	39:14	mother 16:21	26:4 27:10	nervous	O
losses 15:8	March 14:25	106:22	mentor 8:9	motivating	28:11,25	38:13	objections
lost 12:17	Maria 1:14	meet 31:22	37:3	23:15	29:11 30:13	Netter 16:3	124:4
13:19 45:9	4:7	38:17 60:8	mentorships	motivation	30:19 31:5	network	obviously
75:3	marijuana	61:25 62:21	33:23	77:15	32:10,23	13:14 15:16	94:7 97:13
lot 39:3 48:16	53:2 106:18	84:23	Merrill	motto 26:9	33:20 35:10	19:7 22:11	occurred
48:20 52:21	Mark 1:15	107:15	116:20	move 12:3	42:17,18	28:19 40:19	70:17
66:6 67:24	9:25	meet-and-g...	message	122:7	43:4 45:2	48:15 49:12	occurring
71:21 74:24	marriage	26:22	107:12	movement	47:18 49:4	91:6,9	87:23,24
75:3 79:22	56:24 59:6	meeting 2:14	met 62:25	22:15	50:17 61:19	never 18:2	OFC 113:3
80:17 81:22	masculine	9:17,22	methods	moving 86:17	61:23 63:6	65:21	offer 2:17 9:7
90:16 105:4	52:18	24:5 30:15	44:12,13	Mubarak	71:20 78:2	new 58:14	13:3 32:5
110:23	masculinity	62:22	95:21	114:23	81:2,21	news 2:21	37:24 48:20
111:3	96:3	115:12	MHSASH	multiple 8:5	85:21 90:13	23:17	49:2 109:7
112:22	mass 74:3,21	meetings	89:11,12	83:24	90:20 91:5	nieces 54:5	offered 16:5
116:9	92:17	27:12 35:15	90:3	murdered	91:16 97:25	night 6:12	29:15,22
loud 35:25	106:25	member	MICHELE	23:18 29:14	98:2,6	Nobel 89:8	33:10
love 23:9	Master's	23:13 26:3	124:15	30:12 32:22	100:21	nodding	offering
96:8	13:8 81:9	37:3 53:24	Microsoft 1:8	47:15 51:24	101:2	101:14	15:17 68:9
loved 23:9	Master-level	109:5	2:15 10:13	52:10,23	115:21	noise 37:12	69:25
52:8 122:16	61:6	members 3:2	middle 30:16	95:18	117:12	Nomo 115:9	offers 61:20
luxury 17:23	materials	9:5 10:9,13	40:15	murders	119:25	115:15	72:7
Lynch 116:20	31:21	41:22,22	Mill 106:22	47:22 51:15	121:11	non-profit	office 15:14
	matter 43:11	52:13,14	Mill's 74:19	96:10	122:8	20:7 57:2	57:11 88:18

89:10,24 109:19 officers 71:8 71:24 offices 38:21 oftentimes 40:16 Oh 37:16 okay 37:16 49:18 50:20 56:21 77:10 85:17 86:9 102:8 120:12 old 43:15 51:19 on-the-gro... 35:2 once 101:2 117:9 one-size-fit... 68:12 one-to-one 27:11,18 ones 23:9 80:22 91:20 ongoing 60:23 open 18:13 32:10 34:21 49:8 opening 9:9 28:16 121:14 operate 19:12 operating 18:13 opinion 46:11 opioid 74:23 92:18 opioids 75:7 Opportunit... 104:22 opportunity 9:8 22:11 22:17 34:9 38:16 48:14 48:22 49:12 60:17 64:19 113:17 117:10 oppressor 59:19 optimal 60:5 options 33:23	order 4:19 10:15 61:10 91:9 93:16 116:4 organization 20:8,23 36:17 57:3 95:16 116:2 118:9 organizatio... 21:18 organizatio... 6:2 13:5 18:10,19,25 19:12 21:15 36:8 62:20 78:18 104:17 111:2,18,19 112:24 113:9,16 115:9 116:8 119:22 orient 122:8 outcomes 73:3,15 outlet 52:12 83:10 outline 34:2 outpatient 57:6 91:15 outreach 32:9 outside 24:13 74:23,24 102:12 106:17 outsider 98:16 overnight 16:11 20:18 oversee 48:13 overwhelmed 17:24 62:14 72:4 overworked 62:14 P p.m 1:9 29:25 123:17 Pack 115:9 115:15 pain 33:6 83:5,12,13	83:14 110:22 pandemic 16:9,13 46:10 70:18 70:23 89:20 104:5 122:15 panel 10:25 34:25 37:10 56:7 61:11 102:17 112:15 114:6 121:16 panelists 8:24 10:21 112:2 panels 38:17 paper 32:13 35:6 69:2 74:18 91:25 paradigm 104:24 parents 58:19 118:3 parole 71:5,7 91:19 part 51:5,8 57:22 75:7 90:2 91:25 96:25 102:23 103:6 108:9 111:4 120:2 participants 9:20 89:4 participate 59:17 participation 123:13 particular 5:18 6:8 7:3 55:13 55:19 82:24 92:15 97:12 106:8 particularly 43:12 46:15 51:6 52:17 93:20 105:22 partner 32:18 105:5 partnered 14:25	partnering 89:2 121:2 partners 13:15 36:18 partnership 16:2 28:23 29:19 89:24 123:9 partnerships 26:11 29:8 33:21 105:13 parts 76:8 passion 77:13 path 82:10 86:18 patient 58:17 58:22 63:25 64:3 pause 76:18 Peace 95:16 114:24 120:19 peer 12:24 100:6,10,11 Penn 117:2 Pennsylvania 1:8 57:13 61:22 91:18 people 5:20 6:3,25 7:8 8:4 9:3 18:17 35:9 36:19 40:6 41:21 44:23 46:12 47:14 47:21 48:6 49:25 50:23 52:24 54:14 54:20,24 59:13,14,16 59:22 60:17 65:18 67:17 67:23,25 68:5,9,10 68:13,18 69:3,7,10 69:14,19 71:6,9,11 71:18,21,25 72:8,10,14 72:15 73:4 73:11,15 74:10,14,25 75:4,8,16	75:18,20,25 80:2,11 83:22,25 85:9,11 87:16 90:22 91:10 92:16 94:22,22 95:5,13,19 96:7,9,12 98:12,18,19 100:7,9,13 105:8,17 106:13,18 107:5,14,20 107:20 109:16 117:6 121:18,21 121:23,24 122:3,4,4,9 122:23,24 percent 6:22 60:19 62:3 75:9 111:8 111:9 Percocet 53:3 107:4 Percocets 75:10 106:20 perfect 77:9 performance 45:8 permanency 43:16 perpetrators 69:12 person 12:18 17:4 28:14 43:18,19 44:21 51:24 52:22 53:18 59:3 62:21 68:19 69:16 70:6 82:11 85:6 86:10 96:5 98:6 99:6 101:6 101:13 114:2 person's 53:25 personal 26:24 27:22 32:14 66:6	67:4 77:15 95:22 117:3 personalize 31:21 perspective 48:2 78:9 78:20 79:10 83:20 86:7 86:9,11,12 86:16,21 87:3,4 97:20 110:11,19 pertaining 31:24 Petroski 11:3 22:5,6,8 35:16 48:9 49:16,21 50:5 55:13 121:16 ph 78:13 115:9 phase 113:13 113:18 Philadelphia 1:2,8 2:21 6:15 12:6 13:22 15:3 15:12 16:4 17:12 18:8 21:5 22:12 29:19 42:11 49:15 51:11 54:23 57:8 59:6 60:19 62:5,7 64:15,21,24 65:6,8 67:12,18 68:2 70:2 70:13,22 72:9,13 73:5 75:2 76:6 88:16 88:22 89:10 89:16 90:11 92:2,4,7,15 98:13 103:5 104:4 112:25 116:18 Philadelphi... 1:20 5:3 11:21 16:14	21:9 Philly 15:3 87:11 PHLCounc... 2:24 PHMC 80:16 91:20 104:14 109:13 phone 30:10 37:10 phrase 110:17 physical 21:7 63:9 pick 94:5,23 picking 94:13 piece 40:24 pimp 66:8 place 18:23 36:4 39:4 50:7 51:15 91:13 placed 27:20 63:4 plan 7:21 24:23 34:5 42:17,20,21 89:23 112:13 planned 14:4 plans 27:22 35:6 42:24 play 24:11 120:2 plays 118:4,6 please 2:25 3:3,5 4:20 10:24 37:12 56:6 64:10 114:15 pleased 19:23 PO 71:13 point 41:8 43:3 51:11 51:20 82:9 93:24 94:16 97:3 108:9 113:12 police 36:24 106:2 popular 75:6 POs 71:18 positions 62:24	positive 46:11 52:12 61:24 71:22 possibilities 22:22 possible 2:16 88:13 possibly 66:24 post-crisis 14:15 19:9 post-traum... 28:21 potential 121:24 potentially 121:23 pots 113:2 pour 31:15 poverty 65:7 68:5 power 26:10 62:24 powerful 40:2 102:18 107:8 practice 57:7 90:17 practicing 70:19 practitioners 18:12,16 pre-existing 19:4 21:15 36:10 precious 54:22 predictabili... 26:16 predomina... 67:17 prefrontal 57:24 prepared 10:21 28:11 presence 9:25 present 1:11 3:4,21 4:4 4:10,18 23:24 48:17 59:12 presentation 27:10 46:23 presented
--	---	--	---	---	--	--	--

15:23	124:4	28:9,12	120:16	114:23	107:15	91:2	remarks 9:9
presents	process 7:21	31:6 81:3	124:16	ran 14:10	108:10,15	reductions	121:5
17:15	24:25 30:6	81:21 86:18	published	103:25	121:21,21	45:7	remedy
President	37:5 41:13	properly 26:2	2:20	rap 74:2 75:6	122:20	reeling 20:21	115:10
104:20	44:5 47:13	28:6	purpose	rapport 27:5	reason 61:9	reexamine	remember
press 104:22	50:9 51:25	protect	10:17 58:16	33:12	66:12,20	104:23,24	29:24 90:20
pretty 41:18	78:24,25	108:18	push 92:20	rare 8:6	67:3,10	refer 33:4	106:3,4,23
prevent 98:5	96:13	protection	pushing	rarely 79:25	reasonable	reference	107:2
prevented	processes	52:6	113:24	rate 70:15,21	9:21	78:3,23	110:17
89:21	7:23	protector	put 16:14	79:7	reasons	111:5	remote 2:11
prevention	processing	30:3	18:22 36:4	rates 57:17	66:11	referenced	2:16
1:4,18 2:5	47:22 52:11	provide	37:8,10	rational 58:4	Rec 104:4	40:19	remotely
4:24 15:15	52:24 54:6	11:16 12:19	38:13 39:6	ravaged 65:9	receipt 111:6	referral 33:8	2:14
18:23 25:9	107:18	13:17 15:11	50:7 85:11	reach 38:25	receive 15:19	referrals	remove
36:5,15	professional	20:10,14	94:10	reached 92:9	23:17 29:5	46:4 62:11	119:16
75:14 88:19	60:15 69:22	21:16 31:2	113:20	109:13	73:12 79:3	referred	reorient
89:11,25	70:10	31:12,17	puzzled	react 95:5	receiving	50:12	122:9
104:21	professionals	57:8 61:6	99:10	reactions	14:7 30:10	reflect 17:10	repeated
113:2	13:21 14:22	61:18 64:4		25:23	62:10	51:10,21	108:14
123:15	professiona...	71:2 79:5	Q	read 4:20	recognize	63:11	repeatedly
previous	12:11	91:9 109:15	question	35:24 75:17	9:24 105:14	reforming	8:6 42:23
50:11	program	provided	30:23 35:20	75:20 92:7	105:19	38:3	reporter
pride 108:12	19:2 29:3	12:20 14:5	41:12 46:24	reading 74:8	119:9	refrain 79:23	124:25
108:18	32:16,20	14:15 19:7	76:22 86:17	74:8 75:13	122:10	regarding 2:6	represent
primarily	33:17 36:8	60:16 77:21	questions	ready 22:2	recognized	46:25	22:9
20:24 44:2	55:20 61:2	79:13 87:3	10:9 34:18	real 47:6 53:4	10:14	related 17:20	reproduction
principals	73:16 87:10	109:18	34:20 55:25	78:18 85:8	recognizing	relates	124:22
5:25 7:13	91:3,15,21	110:12	86:13 92:23	86:13 88:2	10:8	106:25	reputation
7:19 35:4	117:25	111:18	110:2	108:2 111:5	recommen...	112:20	96:5
prior 2:22	programmi...	provider	112:10	112:12	63:2,7	113:18,22	request 62:2
10:8 14:9,9	14:4 25:9	22:10 48:14	114:9	realize 39:2	recommen...	relationship	requested
104:5	programs	86:15 91:6	117:20	67:7,14	55:22 62:15	8:8 59:25	12:2
prioritization	8:18 19:4	providers	120:9,21	118:24	record 10:11	84:6,7	required
5:16	22:10 29:3	19:10 78:12	123:4	realized	11:9 22:4	87:25	61:18
priority	31:9,24	provides 12:2	quick 84:17	84:16	50:22 56:14	relationships	requires 2:9
63:11	32:12 36:10	12:16 13:20	87:18 98:11	118:17	56:19 64:12	23:11 27:6	RES 2:1 3:1
prisons 71:25	68:24 90:10	15:4 50:15	110:6	really 5:14	112:16	60:2 63:5	4:1 5:1 6:1
privacy 9:21	90:21 91:19	61:15	112:12	27:4 35:7	113:21	82:15 84:9	7:1 8:1 9:1
private 41:19	97:12	providing	quickly 88:13	36:3 38:8	114:16	relative 60:22	10:1 11:1
57:7	project 88:25	11:23 14:2	Quinones-S...	38:18 39:14	recorded	relatives	12:1 13:1
probably	89:12,14,21	15:24 63:10	1:14 4:8	39:21 40:18	9:19,23	110:19	14:1 15:1
20:5 40:12	90:3 92:3,4	78:17 80:7	55:16	43:24 45:11	recover	relaxed 73:2	16:1 17:1
98:16 103:8	projects	80:21 82:11	quite 97:16	46:5,6,7	69:10	release 83:10	18:1 19:1
probation	15:22	112:2	quorum 4:17	47:2,5,10	recovered	relevant	20:1 21:1
71:5,6,7,24	prom 53:22	psychological	quote/unqu...	47:20 50:14	100:8	68:21 73:11	22:1 23:1
91:18	prominent	28:20 57:19	96:6 112:23	52:14,19,19	recovering	75:14 119:7	24:1 25:1
problem 39:8	70:11	73:23		52:19,20,20	64:25 98:23	relieved 44:9	26:1 27:1
58:22 80:23	promote 30:5	public 2:11	R	53:9 54:10	recovery	relinquish	28:1 29:1
100:24	58:17 74:9	2:12,17,18	racial 16:10	54:18 78:18	58:12,17	116:7	30:1 31:1
103:17	75:12	2:18,20 4:4	rage 20:22	85:17 90:18	67:5	reluctant	32:1 33:1
problematic	promoted	5:17 6:7	raise 35:19	93:12,12	recruit 59:6	59:17	34:1 35:1
68:8	74:7 88:25	9:18,20	raised 21:13	94:16 95:23	rectified 58:8	rely 44:16	36:1 37:1
proceed 11:9	promotes	47:16 112:9	raising 51:20	96:16	reduced 14:9	relying 21:14	38:1 39:1
114:17	92:4	113:7	118:11,12	102:10,16	reducing	119:4	40:1 41:1
proceedings	proper 21:5	114:10	Ramadan	104:8 107:4	19:19 64:20	remark 19:24	42:1 43:1

46:1 47:1	11:18 21:3	118:10	risks 21:8	47:13	76:13	86:14	118:7
48:1 49:1	31:10 95:19	results 115:5	roadmap	saying 35:12	season	108:12	share 52:18
50:1 51:1	resolve 94:18	115:14	122:21	36:21,21	113:23	senseless	64:20 66:6
52:1 53:1	94:19	117:12	Robitussin	77:11 81:5	seat 16:6	54:2 64:6	66:13 77:14
54:1 55:1	108:10	119:18,25	110:21	86:5 97:9	second 37:7	sensitivity	89:19 98:21
56:1 57:1	resonates	resume 89:25	robust 8:13	115:10	41:12 56:22	98:8	shared 8:10
58:1 59:1	67:10	retaliate	Rodney	scale 97:13	63:2 70:15	separated	8:17 18:14
60:1 61:1	resounding	108:12	106:4	scene 51:23	76:17 77:4	17:6	66:20 67:4
62:1 63:1	44:18	retaliation	role 118:5,6	schedule 55:3	85:12	September	68:24
64:1 65:1	resource 41:9	52:25	roll 3:2 4:14	93:4 108:22	sector 20:9	14:23	102:22
66:1 67:1	54:22	108:19	roller 24:19	120:15	securing 9:2	series 88:21	sharing 23:8
68:1 69:1	resources	retention	Ron 56:15	school 5:23	90:14	88:21 89:14	23:20 55:14
70:1 71:1	7:22 9:3	73:13	76:14 99:13	6:21 7:2,13	see 14:19	serious	85:7,10
72:1 73:1	19:13,15	revenge	99:16	7:19 14:10	17:11 26:23	121:22	101:14
74:1 75:1	21:18 29:2	108:6	103:23	14:12 15:2	30:20 46:2	serve 20:13	102:22
76:1 77:1	39:9 63:10	revenue 79:3	108:25	15:14 22:12	51:12 52:21	21:22 46:15	119:5,6
78:1 79:1	78:10,17	RICHARD...	109:23	22:21 23:14	58:25 63:17	service 19:9	shift 27:9
80:1 81:1	115:14,18	1:13	Ronald 56:8	24:18,20	63:19 76:16	19:18 33:5	104:24
82:1 83:1	115:22	right 7:11	63:15 64:13	25:4,16,19	80:5,13	49:11 80:8	shoot 99:7
84:1 85:1	116:7	18:4 28:2	106:12	25:25 26:7	82:3 84:12	81:22 82:12	103:19
86:1 87:1	117:12	28:17 29:13	room 24:6	26:15 27:23	87:22,22	services 7:4	110:8
88:1 89:1	119:6	30:5 32:13	root 59:10	28:9 29:7,9	96:7 106:17	8:14,16	shooters
90:1 91:1	respect 84:11	40:15,17	94:17 95:4	29:24 31:4	107:25	12:5,22	70:18
92:1 93:1	98:3 117:5	46:10 47:13	96:12	31:6,11,19	108:5,14	17:16 18:6	shooting 6:14
94:1 95:1	respective	49:3 51:7	107:24	32:3,4,18	119:11	18:12 19:2	6:22
96:1 97:1	9:6	51:14,17,24	roundtable	32:20,25	seeing 9:13	19:5 20:11	shootings
98:1 99:1	respond 7:21	52:10,23	19:25	33:2,5 34:6	12:4 47:23	20:12 21:16	47:23 51:3
100:1 101:1	12:12 42:19	53:10 55:21	roundtables	35:8,10	51:2,3,4,23	30:24 36:9	51:14,23
102:1 103:1	responding	78:6 85:6	8:5	42:11 47:8	53:12 71:18	36:11 47:12	96:10
104:1 105:1	3:6 13:15	85:14,18	row 16:6	49:10,14,15	87:14	47:19 48:4	107:25
106:1 107:1	40:9,14	86:3 93:16	RPR-Notary	49:20,22	105:19,21	50:6 54:13	shop 118:22
108:1 109:1	121:15	93:18,25	124:16	50:2,11,14	116:10	57:12 59:21	short-term
110:1 111:1	response	94:4,6,11	rumor 106:6	52:10 54:7	119:18	62:2,10,20	20:16,19
112:1 113:1	9:11 15:17	94:21 95:2	run 13:5,7,24	63:4 81:9	seeking 59:21	67:21 68:10	shorter-term
114:1 115:1	19:9,22	95:24 96:3	88:12	106:16,16	seen 14:12	71:20 76:12	13:3
116:1 117:1	20:3,16,18	96:6 97:6	rush 85:4	106:19	38:19 39:17	88:18 91:10	shortly 5:10
118:1 119:1	40:17 42:17	99:19		school-aged	71:7 97:5	102:21,25	shot 23:13
120:1 121:1	56:4 58:9,9	103:10	S	6:14	sees 50:16	109:6,12,15	24:8 47:14
122:1 123:1	70:12	104:2,24	S 1:14	schools 6:6,7	self-care 26:5	111:13	53:13
research	101:23	105:2,11,21	sadly 46:9	6:23 7:3,9	self-efficacy	113:6	103:19
72:22 90:14	108:2	105:25	safe 8:20 23:3	7:16,17	19:21	115:13	110:9
reside 58:2	115:11	106:14,19	24:15 89:18	8:15 13:4	self-medicate	116:13,19	show 30:15
residents	117:22	106:20	safety 5:17	14:5,6,6,20	106:14	122:10	67:4 122:5
53:16 89:18	120:11	107:3,11,15	113:7	14:24 16:3	self-medica...	serving 17:11	showing 35:5
92:7	responses	108:2,4,7,8	sake 88:13	45:21,22	65:23	115:13	shown 57:21
Resilience	46:17	108:17	Samantha	46:25 47:9	self-medica...	session 22:25	72:22
15:21	rest 34:21	109:9	11:3 22:5,8	47:10,16,16	110:22	23:6	shows 45:4
resistance	70:20	113:10	47:5 54:15	47:17,18	self-publish...	sessions 27:2	47:18
72:19	restorative	116:20	63:23	48:3,4,8	74:16	27:14 61:21	sibling 30:12
resistant	120:2	117:23	SANCHEZ	49:10 50:4	send 53:18	85:5 101:10	signature
68:18 72:15	restraint 58:4	121:11	4:9	98:22	55:18 72:2	101:12	92:3
87:13	result 19:3	ripple 26:4	sandbox 52:9	116:12	sending 92:5	109:8,9	significant
resolution	36:9 60:5	34:6	sat 79:15	122:13	senior 23:15	sexual 74:4	12:17
1:18,18 2:6	95:16	rise 16:11	save 95:13	scope 13:24	sense 8:22	Shante 39:13	107:19,21
4:21,22 7:6	116:10	62:8	saw 23:20	screen 3:7	40:4 45:10	shape 87:10	signify 10:14

silos 32:19	Solomon 87:6	100:11	118:23	struggle	suite 91:15	42:15 44:23	123:13
similar 18:23	solution	specific 35:18	starting 72:6	117:8	summary	49:2,4,22	taken 54:2
36:5 98:21	20:17	48:12 90:7	starts 7:14	118:21	97:5	50:13,16	108:13
similarly	solutions	specifically	state 2:8	struggled	summer 14:4	100:6	124:6
35:2	57:16 69:25	45:15	16:15 22:3	36:3 118:19	Sunshine	102:24	takes 84:13
simple 12:13	somebody	112:15	28:3 56:13	struggles	10:15	122:9	85:5 87:24
108:2	30:13 37:4	specifics	56:18 64:11	107:3	supervision	supposed	101:7,11
simplest	45:9,18	37:25	111:10,15	struggling	60:11 61:7	83:2,3	talk 16:17,24
62:24	94:3,4,10	spectrum	114:15	23:15	81:3 124:24	supremacy	24:10 30:13
sipping	94:25 98:6	83:23 87:9	stating 53:3	student 23:12	Supervisor	68:6	35:22 36:14
110:18	108:4	speech 38:14	stay 23:2	23:18,19	57:2	sure 8:20	42:7 43:2,9
sir 88:5,10	somebody's	spend 111:2	24:15 75:16	24:5,14	supervisors	34:23 78:6	44:11 52:16
sirens 37:17	99:11	spending	81:17	26:25 29:14	61:5	93:9 96:23	54:11 68:17
sisters 54:5	son 82:10	113:6	stays 59:23	30:11,14,16	support 6:3	97:17 99:23	75:18 79:24
114:24	83:22 87:9	spent 8:2	stem 21:6	32:22 33:4	6:25 7:4	103:23	79:25 80:9
sit 38:16	song 74:2	79:12	stenographic	33:10,12	12:19 14:7	104:6	80:23 82:19
57:10 61:10	soon 16:22	spoke 38:9	124:6	50:16	14:16,20	108:25	82:22 85:24
108:15	89:22	41:21,25	step 20:2	student's	15:5,11,19	109:9 110:2	87:19 90:16
site 46:2	sophisticated	68:19 91:7	33:17 50:10	23:5 32:3	18:2,3,7	118:2	93:13 97:12
situation 7:10	58:2	101:6	step-sons	students	20:15,20,24	surge 14:17	98:19
106:24	sorry 62:5	spot 85:12	118:15	14:21 23:7	21:6 24:20	surprised	101:19
situations	103:18	spring 14:7	stereotype	24:9 25:4	24:23 27:2	67:24	106:2
119:24	112:11	sprinkle	83:3	25:21 26:5	27:16 29:11	surprising	108:16
six 13:6 20:4	South 51:11	75:23	stigma 32:7	26:10,23	29:18 31:6	36:21	111:16
85:5 94:8	104:4	Squilla 1:15	57:5 72:16	27:6,8,15	31:12 32:20	surrounding	121:18
skills 12:19	116:18	9:25 10:3,4	stop 84:15	27:23 28:2	32:23,24	32:8	talked 41:14
25:22 44:5	space 8:20	stability	store 53:19	28:5,15	33:7,11	survive 42:21	45:16 47:11
74:15	22:16 24:3	25:17	stories 24:16	29:16 30:2	39:7 44:19	survivor	50:22 77:24
100:20,20	25:5,15,18	staff 7:2 16:6	38:5	30:6,22	44:20 45:14	58:14 65:12	78:19 93:19
101:3	27:14 28:4	24:4 26:3	story 65:5,5	31:10,23,24	47:19 48:3	sustainable	97:11 104:9
slavery	29:15 34:14	28:10 29:4	66:6,21	32:6,14	50:19 53:8	113:14,16	104:20
105:25	38:9 48:21	29:17 35:9	67:4	33:24 48:16	54:12,14	symptoms	106:12
small 24:17	48:25 52:15	staffed 33:9	strategies	48:24 50:3	60:17 63:6	26:19	110:8
34:2 83:6	89:18	staffing 25:8	69:5 73:19	50:12 63:5	83:25 84:2	syrup 110:18	113:23
91:15	113:14	stage 90:8	strategy	Studies 57:21	87:17 89:13	system 6:21	116:21
111:21	spaces 31:19	stages 60:4	74:14 75:15	stuff 66:10	90:4,7	53:10 59:8	talking 23:22
113:2	Spanish	staggering	96:25	89:13	100:10	71:4 115:24	41:6 42:20
smaller 79:18	13:10	6:10	street 80:6	subsequently	115:8,20,24	119:3	44:12 68:9
80:14	speak 3:8 9:4	stand 107:5	95:14,15,23	118:16	117:14	systemically	82:12,16
Smith 80:17	10:22 16:17	standpoint	streets 39:16	substance	119:2,3,22	60:10 82:2	83:10,22
80:20	16:22 17:2	96:19	65:9 96:8	57:12 65:2	supported	82:3	84:15 87:7
smoking 53:2	22:2 28:17	105:17	100:8,9	successful	92:16	systems	87:11 95:3
106:18	32:15 98:25	staple 22:14	116:17	27:4	supporters	26:18 32:11	98:10 104:7
snapshot	117:11	start 11:14	119:19	succumbed	35:11		107:3,23
24:17	speaking	11:23 26:20	strengtheni...	16:21	supporting	T	110:21,25
social 17:17	37:9 52:21	42:22 65:4	12:10 27:3	suck 122:7	32:12 67:25	table 97:8	111:3
23:20 69:23	68:5 97:17	70:9 71:18	stress 15:7	suffer 68:14	105:17,18	101:19	112:22
70:19 89:23	120:16	78:25 81:25	28:21	suffering	supportive	take 3:2	114:4
97:6 115:13	speaks 26:11	114:21	strong 18:9	8:11 53:11	31:20	22:13,22	tangible
social-emot...	spearhead	115:3	39:15	83:6	103:25	54:20 55:22	59:14 115:5
27:17 31:3	114:3	118:21	stronger	suggesting	109:4	66:13	115:5
31:5	special 1:3	started 20:22	120:6	115:3	supports 5:19	109:11	117:12
society 59:16	2:4 47:17	65:23 75:10	strongly 21:2	suggestions	7:7,9 21:2	116:4,15	taste 73:7
socio-emoti...	123:8,14	95:15,18	structure	78:24 79:13	27:19,22	119:12	taught 56:17
44:4	specialist	110:10	26:16	suicide 85:22	30:24 33:18	120:22	59:22 93:25

94:2 101:4	21:19,23	65:20 66:18	51:12 55:20	120:15	28:9,19	treated 17:21	U
tax 115:7	22:14,15	69:6,24	60:10 70:5	123:12	31:6	treatment	ultimately
taxes 111:5,6	29:11,21	96:24 97:7	70:20 76:15	times 39:3	transcript	60:4 62:18	59:4
111:6	34:8,10,15	97:16,18,21	79:14 83:21	48:20 66:23	124:8,22	72:3,3,6,8	unacceptable
teach 58:11	34:25 38:11	100:12	86:18,22	74:25 79:22	transition	73:3 85:4	6:16
teachers	46:16,18,22	101:17	93:18 94:9	104:2	81:13,22	86:19 87:17	Uncle 89:6
13:19 45:23	47:3 50:21	therapy	103:12	Tims 98:17	101:8	91:10,21,22	under-awa...
teaches 25:20	54:16 55:5	22:25 27:25	107:16	tired 25:13	transitioning	tremendous	18:20
teaching	55:7,9,10	32:6 58:16	109:13	title 4:21	81:19	trenches	underfundi...
95:18	55:23,24	58:20 59:17	121:13	56:14,19	transparency	40:20	19:3 36:10
team 17:8	57:13 63:12	59:24 60:3	122:19	titled 74:16	117:5	116:8	understand
Teams 1:8	63:13,24	60:11 61:19	thinking 43:5	to-do 93:8	transparent	trend 75:5	2:8 43:16
2:15 10:13	64:3,9	61:21,23	79:16 82:9	103:6,7	95:25 98:13	trickles 82:4	75:25 80:3
technical	76:23,24	62:18 65:13	85:16	109:2	trapping 32:5	trouble 100:3	80:6,10
76:15 78:7	77:12,17	65:16 66:24	Thomas 1:15	today 8:24	trauma 1:20	troubling	86:8 98:4
88:11	86:24 88:4	68:18 71:3	3:18,19	9:15 10:6	5:3,18 6:4	70:16	100:17,18
teenager	88:6 93:2	72:14,16,18	112:11,12	10:23 11:16	7:13 8:16	true 18:18	110:20
53:21	101:21	73:10,12,14	thoroughly	11:19 21:22	8:24 14:23	20:7 82:21	119:6,21
Teens 15:22	102:3,9,16	83:25 86:19	115:25	22:18 55:11	16:10 17:5	86:4 124:7	understand...
tell 65:18	102:21	98:24 100:5	thought	57:14 64:18	17:14,20,21	trust 26:24	12:12 32:19
83:13 99:11	103:3,13,21	100:13,19	90:23	68:6 70:3,8	17:25 18:6	32:9 37:4	60:14
100:13	108:21	100:21	115:24	77:23 78:7	19:19 20:15	45:19 84:11	understood
telling 65:5	111:25	101:5	thoughts	81:5 92:22	21:3 23:25	trusting 8:7	37:20 92:13
106:5 107:5	112:4 114:5	thing 41:4	78:22 79:11	98:14	24:5,21,24	try 38:6 49:5	95:21
ten 65:23	114:6,7,8	46:11 53:25	thousand	102:22	25:22 26:14	75:21,22	unfortunat...
113:10	114:25	63:22 96:21	83:7	115:2	26:20 27:21	79:23	65:15,22
term 43:7	117:17	97:8 98:10	three 14:19	119:19	31:25 32:3	trying 23:24	71:5 83:4
terms 48:5	120:7,13,14	100:16	18:22 33:7	today's 3:14	32:6 40:15	39:5 47:20	89:20 116:9
51:25 52:5	120:16,18	things 7:5	33:8 47:15	10:20 79:2	40:16 41:15	66:8 82:10	units 32:4
52:7,12	120:23	35:5 36:13	118:14	toddlers 94:8	42:2 54:12	95:12	universal
53:4 107:13	121:8	38:3,4,7	three-month	told 7:19 8:6	57:15,19	turn 46:19	1:20 5:2
tested 71:13	122:25	39:3,22	42:22	32:23 42:23	58:12 59:10	61:18 87:18	University
90:16,19,22	123:3,11,12	42:9,12,16	thrive 25:17	92:11 99:9	61:17 64:7	turned 17:25	117:2
91:4	thanking	43:21,25	Thursday 1:9	toolbox 28:13	65:12,25	46:13	unproductive
testifier	11:15	44:24 48:16	tied 41:16	tools 28:12	66:8 93:21	turnover	69:14
21:25 35:21	Thanks 64:17	50:6 53:7	time 5:14 8:2	top 39:9	95:6,9	40:5	unresolved
testify 9:17	92:25	79:6 81:24	10:11 17:9	tops 17:12	105:25	TV 24:11	45:5
115:2	117:15	82:22 84:14	21:19 22:13	total 86:20	106:10	two 18:9	untended
testimony	themes 74:2	84:15 85:23	22:22 23:4	89:4	107:17,18	38:24 48:13	42:2,3
2:18 9:14	therapeutic	93:11,23	24:25 29:10	touch 77:22	109:17	51:19 64:10	upended
11:10,17	68:10 70:11	97:4,25	34:8 48:12	touched 47:6	115:11,17	65:20 88:14	122:15
35:17 55:11	72:21,24	100:4 101:6	48:15 49:3	93:12	121:11	94:8 97:14	Uplift 11:13
55:14 56:20	73:15,20	101:16	49:8,9	tough 44:8	123:7	108:21	11:25 12:7
64:5,11	74:13,19	107:16	53:19,20	town 27:2	trauma-bas...	118:15	12:16 13:14
77:21 88:9	96:19 101:9	112:21	55:3 64:2	track 23:16	53:8	type 47:11	13:20 15:10
102:18	therapist	121:13	65:8 81:19	tragedy 6:11	trauma-inf...	50:2 60:20	15:20,23
112:2,7	56:25 64:14	think 22:19	84:12,13	tragically	28:11 31:3	61:17 82:25	16:6,16,18
114:9,17,21	64:23 66:25	26:13 35:25	87:24 88:13	54:2	31:8 47:12	83:20,24	17:22 18:10
120:14	81:18 84:7	36:20 40:14	92:15 93:3	train 26:2	72:7 89:17	87:14,20	18:17 20:25
testing 71:22	99:3	40:19,22,25	99:18 103:2	trained 13:8	90:9	102:24	21:20 29:12
Texas 110:20	therapists	41:5,7,14	106:8	14:22 29:5	traumatic	115:23	35:21 38:14
thank 2:2	58:23 59:7	41:15,21	108:21	31:7 59:8	22:20 24:25	116:3,19	Uplift's 13:16
4:11,12,15	60:7 61:4,6	43:24 45:11	111:3	60:10	25:2 28:7	types 7:9	17:8
5:5 10:2,5	61:18,25	45:13,17,19	117:14	training	60:21	105:13	uptick 70:21
11:7,11,17	62:13 63:3	46:14 48:20	119:12	13:21 25:10	treat 30:7		urge 21:12

usage 92:5	23:23 29:15	52:1 53:1	103:5	103:3	14:12,15	wish 10:14	worked 67:17
use 15:13	30:12 36:5	54:1 55:1	vulnerability	112:16	15:12 26:19	23:8 43:19	worker 17:18
20:9 21:18	36:14,19,25	56:1 57:1	41:20	113:20	42:9 48:19	47:7	33:11
25:21 44:22	51:2 54:3	58:1 59:1	vulnerable	wants 91:14	67:13 106:9	witnessed	workers
68:12,20	57:17 58:25	60:1 61:1	28:3	warm 15:17	122:2	65:11	54:18 69:23
69:4 74:4	59:11 60:23	62:1 63:1		46:4	weak 65:17	witnesses	working 6:2
74:18 75:7	64:7,21	64:1 65:1	W	Warren	wedding	9:14 10:10	17:18 18:24
90:11 92:13	65:10,11	66:1 67:1	wage 111:5	80:17,19	43:20	72:11	20:9 35:12
92:16	67:14 68:3	68:1 69:1	waiting 20:5	wasn't 67:8	week 5:22	woefully 69:6	35:14 36:7
100:10,12	69:11,12,18	70:1 71:1	wake 8:25	watch 24:11	10:22 14:19	woman 97:14	39:23,24
useful 41:10	69:25 70:12	72:1 73:1	walk 41:12	watched	19:24 35:4	106:8	40:23 48:23
users 75:9	70:17 71:15	74:1 75:1	walked 37:4	53:21	39:13 42:21	women 97:18	55:17 67:8
uses 74:14	72:10,13	76:1 77:1	116:20	watching	49:6 64:2,4	wonder 69:22	67:15 98:3
usually 50:8	73:5 74:3	78:1 79:1	Walker 11:2	53:22,23	67:24 68:7	wondering	works 13:14
66:5	74:22 75:14	80:1 81:1	11:12	99:3	68:25 80:5	37:22	64:14,23
utilize 62:17	78:16 88:19	82:1 83:1	walking	way 31:25	week's 5:11	word 20:5	workshop
utilized 15:10	89:10,17,19	84:1 85:1	116:17	70:25 75:17	15:23	words 3:6	88:21
	89:25 91:2	86:1 87:1	Wallace	81:23 83:2	weekend 23:3	44:7,7,9,10	workshops
V	91:12 92:18	88:1 89:1	16:25	84:18 91:3	24:12	work 11:24	104:3
vacuum	93:14,15,16	90:1 91:1	wallop 94:25	94:18 95:5	weekly 27:11	16:5 17:7	world 60:14
16:18	93:17,21	92:1 93:1	Walter 16:25	98:14,15	weeks 8:4	20:20 25:13	85:16
value 26:23	94:18 95:10	94:1 95:1	wanders	109:3	13:6 33:8	26:12,24	worried
93:18,23	97:2,22	96:1 97:1	22:23	110:21	84:19	29:20 32:18	30:18
94:17 105:4	100:6	98:1 99:1	want 9:24	122:6	welcome	36:15 38:5	worrying
values 60:13	104:21	100:1 101:1	10:19 11:14	ways 7:24	34:12,14	38:19,24	71:12
68:15 69:17	105:20	102:1 103:1	11:23 14:8	60:13 66:17	welcomes	39:11,12,16	worth 89:5
69:21 73:7	107:2,21	104:1 105:1	22:18 24:14	90:7 120:4	62:9	39:19,20	wrap 107:22
74:3	113:2 115:4	106:1 107:1	29:23 34:25	we'll 34:21	well-intenti...	40:2,21	121:6
valuing 94:17	121:18	108:1 109:1	38:4 47:2	38:24 45:22	70:7	44:3 45:21	write 75:22
vantage 43:3	123:7,8,15	110:1 111:1	47:25 52:18	45:24 55:11	wellness 63:8	45:22,24,25	wrote 74:15
Vare 104:4	VIOLENC...	112:1 113:1	54:16,20	55:21 79:2	67:23 75:12	50:17 54:17	106:23
various 78:14	2:1 3:1 4:1	114:1 115:1	55:4,18	103:8	88:22,24	54:17,25	
versus 24:13	5:1 6:1 7:1	116:1 117:1	65:17 66:7	we're 9:13	89:15 90:2	60:15,16,18	X
80:16	8:1 9:1	118:1 119:1	66:12 70:24	17:22 22:19	went 63:25	61:15 64:19	Xanies 53:3
vicarious	10:1 11:1	120:1 121:1	71:25 75:16	27:13 28:4	65:20,22	64:24 66:15	106:21
24:4	12:1 13:1	122:1 123:1	84:16,24	39:2,22,23	75:21 98:21	66:22 77:12	
victims 6:15	14:1 15:1	violent 70:14	85:2,4	39:24 40:8	118:20	77:16,19	Y
6:23 69:11	16:1 17:1	virtual 14:11	86:23 88:8	41:6 42:14	weren't 70:19	79:19,21	y'all 96:18
72:11	18:1 19:1	102:15	93:6 97:9	42:23 48:23	92:11	80:2,12,15	Yeah 46:21
video 24:11	20:1 21:1	vision 12:13	98:10	51:9 55:2	West 16:4	80:21 90:23	110:5
view 2:17	22:1 23:1	12:16	100:16	78:16 79:8	57:7 67:18	93:7 95:11	year 5:21
59:18	24:1 25:1	visit 30:14	103:24	80:20,22	72:8 87:11	98:18,19	13:23 14:9
viewed 63:9	26:1 27:1	visits 27:18	104:6,10	82:12 83:2	90:10 98:12	101:10	62:7 70:16
viewers 9:20	28:1 29:1	46:3	105:13	83:2,5 95:3	103:4	102:19	71:8,23
village	30:1 31:1	vocabulary	111:24	95:12,12,13	white 68:6	103:4	79:8,9
119:14	32:1 33:1	48:25	115:2	101:5	99:3	105:13	84:21
violence 1:3	34:1 35:1	voice 19:18	117:11	105:19,20	wholeheart...	109:20,22	years 14:9
1:18 2:5	36:1 37:1	19:21 21:22	120:22	112:8,18	54:25	109:23	16:12 18:13
4:24 5:17	38:1 39:1	23:5 30:18	121:5	113:5 114:4	wider 96:16	111:20	18:15 38:15
6:8,9,19	40:1 41:1	115:12	wanted 34:19	116:10	Williams	112:3,17	38:19 43:15
7:18,22 9:2	42:1 43:1	voices 22:17	34:20 35:22	117:7 119:7	87:8	113:19	44:18 51:18
12:3 14:17	44:1 45:1	25:19 122:3	38:9 49:18	119:14,18	willing 73:12	116:3,9	65:23 66:3
16:8 17:3,5	46:1 47:1	122:22	50:21 64:9	119:24	92:23	117:19	67:16 69:7
18:5,23	48:1 49:1	volume 25:2	66:21 77:22	122:20	willingness	120:5 122:3	69:13 78:15
21:7 23:19	50:1 51:1	volunteer	102:16	we've 7:12	73:13 77:14	122:18	84:17 88:15

113:10	0	64:1 65:1	17:1 18:1	450 79:4			
Yolanda		66:1 67:1	19:1 20:1	47 51:18			
28:24 40:22	1	68:1 69:1	21:1 22:1	84:17 94:2			
young 5:20	1.4 79:3	70:1 71:1	23:1 24:1	94:7			
6:3,22,25	1:05 1:9	72:1 73:1	25:1 26:1	499 79:7			
7:8 8:3 9:3	12 57:25	74:1 75:1	27:1 28:1		5		
16:24 35:9	84:19	76:1 77:1	29:1 30:1		50 6:22		
41:20 47:14	101:10	78:1 79:1	31:1 32:1		500 14:16		
47:21 48:6	15 1:9	80:1 81:1	33:1 34:1		55 14:6 111:8		
49:25 50:23	16 14:3	82:1 83:1	35:1 36:1			6	
52:2,22,24	18 51:12	84:1 85:1	37:1 38:1			66 13:24	
53:18 54:14	116:20	86:1 87:1	39:1 40:1			7	
54:24 58:5	1970s 65:7	88:1 89:1	41:1 42:1			7:00 29:25	
58:7 65:14	1990 66:2	90:1 91:1	43:1 44:1			72-hour	
72:13 73:4	1st 6:16	92:1 93:1	45:1 46:1			42:20	
75:8 87:12		94:1 95:1	47:1 48:1			750 6:13	
95:4,13,18	2	96:1 97:1	49:1 50:1				8
96:7,12	2,200 14:22	98:1 99:1	51:1 52:1				9
105:17	2:58 123:16	100:1 101:1	53:1 54:1				90 60:19
106:13,17	20 57:25	102:1 103:1	55:1 56:1				96 118:14
107:5,14,23	67:16 69:13	104:1 105:1	57:1 58:1				
109:15	80:5 89:14	106:1 107:1	59:1 60:1				
116:17	200 14:10	108:1 109:1	61:1 62:1				
118:6	200524 1:18	110:1 111:1	63:1 64:1				
121:18,21	2:1,7 3:1	112:1 113:1	65:1 66:1				
121:23,24	4:1,23 5:1	114:1 115:1	67:1 68:1				
122:4,4	6:1 7:1 8:1	116:1 117:1	69:1 70:1				
younger	9:1 10:1	118:1 119:1	71:1 72:1				
30:11	11:1,18	120:1 121:1	73:1 74:1				
youth 1:5,19	12:1 13:1	122:1 123:1	75:1 76:1				
1:20 2:6	14:1 15:1	2019 74:15	77:1 78:1				
4:25 5:4	16:1 17:1	76:5,9	79:1 80:1				
6:10,20	18:1 19:1	2020 6:16	81:1 82:1				
8:10,17,25	20:1 21:1	14:25 62:7	83:1 84:1				
11:22 12:5	22:1 23:1	2021 1:9	85:1 86:1				
12:20 13:18	24:1 25:1	21 18:13	87:1 88:1				
13:25 14:17	26:1 27:1	24- 42:20	89:1 90:1				
15:11,18	28:1 29:1	25 6:6,23	91:1 92:1				
16:14,16	30:1 31:1	57:23 62:3	93:1 94:1				
17:6,12,16	32:1 33:1	89:5	95:1 96:1				
19:17,20,20	34:1 35:1		97:1 98:1				
19:25 20:3	36:1 37:1	3	99:1 100:1				
20:20 21:4	38:1 39:1	3 35:24	101:1 102:1				
21:10,13	40:1 41:1	3:00 29:25	103:1 104:1				
28:15 31:11	42:1 43:1	30 66:3	105:1 106:1				
33:9 36:23	44:1 45:1		107:1 108:1				
44:2,4 45:2	46:1 47:1	4	109:1 110:1				
45:14,16	48:1 49:1	4,000 89:4	111:1 112:1				
58:5,7,11	50:1 51:1	4/15/21 2:1	113:1 114:1				
78:20 115:4	52:1 53:1	3:1 4:1 5:1	115:1 116:1				
120:25	54:1 55:1	6:1 7:1 8:1	117:1 118:1				
123:7,9,16	56:1 57:1	9:1 10:1	119:1 120:1				
	58:1 59:1	11:1 12:1	121:1 122:1				
Z	60:1 61:1	13:1 14:1	123:1				
	62:1 63:1	15:1 16:1	43 14:6				