

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE OF THE WHOLE

ROOM 400, City Hall
Philadelphia, Pennsylvania
Monday, April 30, 2012
10:20 A.M.

PRESENT:

COUNCIL PRESIDENT DARRELL CLARKE
COUNCILWOMAN CINDY BASS
COUNCILWOMAN JANNIE BLACKWELL
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN BILL GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILMAN BOBBY HENON
COUNCILMAN DAVID OH
COUNCILWOMAN QUINONES SANCHEZ
COUNCILMAN MARK SQUILLA
COUNCILWOMAN MARIAN B. TASCO

Bill Nos. 120164, 120165, 120166 and 120167

- - -

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCIL PRESIDENT CLARKE:

3 This is a continuation of the
4 Public Hearing of the Committee
5 of the Whole regarding Bill Nos.
6 120164, 120165, 120166 and Resolution
7 No. 120167. Ms. Lewis, would you
8 please read the titles of the bills and
9 resolution?

10 MS. LEWIS: Bill No.
11 120164: An Ordinance to adopt a
12 Capital Program for the six Fiscal
13 Years 2013-2018 inclusive.

14 Bill No. 120165: An
15 Ordinance to adopt a Fiscal 2013
16 Capital Budget.

17 Bill 120166: An Ordinance
18 adopting the Operating Budget for
19 Fiscal Year 2013.

20 Bill No. 120167: A
21 Resolution providing for the approval
22 by the Council of the City of
23 Philadelphia of a Revised Five-Year
24 Financial Plan for the City of
25 Philadelphia covering Fiscal Years

1 4/30/12 - STATED - BILL 120164, ETC.
2 2013 through 2017, and incorporating
3 proposed changes with respect to
4 Fiscal Year 2012, which is to be
5 submitted by the Mayor to the
6 Pennsylvania Intergovernmental
7 Cooperation Authority (the
8 "Authority") pursuant to the
9 Intergovernmental Cooperation
10 Agreement, authorized by an ordinance
11 of this Council approved by the Mayor
12 on January 3, 1992 (Bill No. 1563-A)
13 by and between the City and the
14 Authority.

15 COUNCIL PRESIDENT CLARKE:
16 Thank you very much, Ms. Lewis. Will
17 the Administration please approach
18 the witness table from Behavioral
19 Health. All right, sir. Please
20 proceed.

21 DR. EVANS: Good morning,
22 President Clarke and Members of
23 Council. My name is Dr. Arthur C.
24 Evans, Jr., Commissioner of the
25 Philadelphia Department of Behavioral

1 4/30/12 - STATED - BILL 120164, ETC.
2 Health and Intellectual disAbility
3 Services, and I am here to present
4 our testimony on our FY2013 Budget.

5 The FY13 DBHIBS Budget
6 request totals \$1.2 billion: \$14.3
7 million in the General Fund, \$258
8 million in the Grants Revenue Fund
9 and \$900 million in the HealthChoices
10 Behavioral Health Revenue Fund. The
11 DBHIBS FY13 Budget will support 291
12 positions, 20 in the General Fund and
13 271 in the Grants Revenue Fund. Of
14 the \$1.2 billion, \$64 million or 5.4
15 percent is for intellectual
16 disabilities and early intervention
17 services and \$1.1 billion is for
18 behavioral health services. Class
19 100 totals \$23.2 million. Class 200
20 Totals \$1.1 billion. Class 300
21 Totals \$155,000, Class 400 totals
22 \$152,000 and Class 800 Totals \$1.3
23 million. And our General Fund amount
24 of \$14.3 million is unchanged from
25 FY12.

1 4/30/12 - STATED - BILL 120164, ETC.

2 The mission of the
3 Department is to improve the health
4 status of Philadelphians in need of
5 behavioral health and intellectual
6 disability services. This is
7 accomplished through an emphasis on
8 recovery- and resilience-focused
9 behavioral health services, as well
10 as an emphasis on self-determination
11 for individuals with intellectual
12 disabilities. Our goal is to
13 facilitate individuals realizing
14 their goals and attaining the highest
15 quality of life possible.

16 The DBHIBS Executive
17 Management Team includes three (3)
18 African-American males, four (4)
19 white females, three (3)
20 African-American females and three
21 (3) white males. DBHIBS continues to
22 be committed to supporting the
23 administration's goals for minority,
24 women, and disabled-owned businesses,
25 while the DBHIBS goal for minority,

1 4/30/12 - STATED - BILL 120164, ETC.
2 women and disabled-owned
3 participation was set at 8 percent
4 for our for-profit participation.
5 The Department was able to achieve 25
6 percent participation for this fiscal
7 year. I should note that there were
8 two providers' contractors who were
9 lead by minority women, individuals
10 who had they been certified, our
11 percentage would have been at 60
12 percent.

13 In FY2012, the DBHIBS
14 released 14 RFPs. That resulted in
15 13 for-profit and 3 not-for-profit
16 contracts. The for-profit contracts
17 awarded by DBHIBS are as follows:
18 - 1 contract was awarded to
19 a minority male contractor.
20 - 3 contracts were awarded
21 to a minority female contractor.
22 - 5 contracts were awarded
23 to minority women who were
24 self-verified.

25 The not-for-profit contract

1 4/30/12 - STATED - BILL 120164, ETC.
2 awarded to three providers were
3 awarded to three people, each of whom
4 had minority executive directors, a
5 majority in their board and in their
6 executive staff.

7 Our overall for-profit
8 minority, women and disabled
9 participation for the Department
10 represents 1.8 million of a total of
11 6.9 million in contracts awarded. Of
12 the 24 for-profit contracts awarded,
13 I already mentioned how those were
14 distributed. It should also be noted
15 that two (2) of the contracts that I
16 mentioned earlier totaled 2.4 million
17 and again are owned and operated by
18 minority and women-operated
19 businesses.

20 CBH is our administrative
21 entity that manages our Medicaid
22 population. During the calendar year
23 of 2011, 73 of 207 contract providers
24 (or 35 percent) had executive
25 leadership of minority women or

1 4/30/12 - STATED - BILL 120164, ETC.
2 disabled. Of those 73 providers, 51
3 or 70 percent had revenue gains
4 during the year.

5 I will mention a few of our
6 accomplishments during the year: We
7 continue to promote evidence-based
8 practices, a variety of practices,
9 including Cognitive Behavioral
10 Therapy, trauma-focused CBT,
11 Prolonged Exposure and Sanctuary
12 Training are a few of the
13 state-of-the-art
14 empirically-supported treatments we
15 have implemented in our system.
16 These kinds of treatments are rarely
17 found in publicly-funded systems. So
18 we are very proud that we are really
19 in the leading edge of the field in
20 terms of ensuring that people in the
21 Philadelphia system are getting the
22 best possible services.

23 In June of 2011 we launched
24 an innovative program to incentivize
25 the implementation of principles and

1 4/30/12 - STATED - BILL 120164, ETC.

2 practices that would increase or
3 improve recovery outcomes in
4 behavioral health outpatient
5 treatment services. Through the
6 Outpatient Treatment Transformation
7 Incentive Program, we had 63
8 providers who treat children and
9 individuals and adopt practices that
10 improve access to care, the treatment
11 of care, team care for individuals
12 receiving treatment and community
13 awareness of behavioral health
14 conditions.

15 Our Pay For Performance
16 program continues to expand. This
17 initiative ties provider revenue
18 increases to their ability to improve
19 clinical outcomes and reinforce goals
20 of recovery for adults and resilience
21 for children and adolescents. Our
22 Pay For Performance program began in
23 2011. And each year we continue to
24 raise the bar on provider
25 expectations for performance.

1 4/30/12 - STATED - BILL 120164, ETC.

2 Through our "Intellectual
3 disAbilities Unit," we continue to
4 increase the number of children,
5 infants and toddlers who receive
6 early intervention services. These
7 services for children birth to three
8 address developmental delays and
9 provide services to both the child
10 and their families. These services
11 have a significant impact on the
12 development trajectory of these
13 children, resulting in many of them
14 reaching their developmental goals
15 and no longer needing those services
16 by the time the child reaches school
17 age.

18 Because of the cuts that we
19 have been receiving over the last
20 several years, we have been very
21 aggressive at pursuing competitive
22 grants. Examples of this are a
23 four-year, \$11 million grant that we
24 are implementing currently for
25 individuals who are uninsured or

1 4/30/12 - STATED - BILL 120164, ETC.
2 underinsured. We have a Pennsylvania
3 Jail Diversion and Trauma Recovery
4 Initiative For Veterans and a
5 Homeless Case Management Grant
6 offered by the federal government
7 that allows us to provide case
8 management services through 2014.
9 Those are just some examples.

10 Finally, the current
11 economic conditions at the state and
12 federal levels continue to challenge
13 efforts to provide essential services
14 in the behavioral health and
15 intellectual disability arena. Our
16 greatest immediate concern involves
17 the Governor's proposed FY2013 budget
18 that recommends major reductions in
19 funding for mental health addictions
20 and intellectual disability services
21 totaling over 33 million to my
22 Department.

23 This would greatly reduce
24 the availability of many services
25 currently provided by the Department,

1 4/30/12 - STATED - BILL 120164, ETC.
2 including such things as mental
3 health services for the uninsured and
4 underinsured, treatment and
5 detoxification services for persons
6 addicted to drugs and/or alcohol,
7 support services for persons with
8 intellectual disabilities who are
9 living at home, mental health crisis
10 services, residential programs for
11 people who have severe, chronic
12 mental illness and those with
13 intellectual disabilities.

14 Collectively, these will
15 impact thousands of Philadelphians
16 and spark increases in homelessness,
17 incarceration rates, State hospital
18 stays and the use of crisis and
19 inpatient treatment services. We
20 continue to advocate for changes to
21 the proposed State budget. We are
22 appreciative of Council's historical
23 efforts to advocate for adequate
24 funding and are willing to partner
25 with you to pursue this goal.

1 4/30/12 - STATED - BILL 120164, ETC.

2 We look forward to working
3 with Council and other stakeholders
4 to advocate for resources to support
5 our most vulnerable citizens. Should
6 any Councilmember wish to engage in
7 further discussion regarding any of
8 these matters, my staff and I are
9 happy to meet with Councilmembers at
10 their convenience. Thank you.

11 COUNCIL PRESIDENT CLARKE:
12 Thank you. Good morning.

13 DR. EVANS: Good morning.

14 COUNCIL PRESIDENT CLARKE:
15 Couple of informal questions. I want
16 to ask you about something that takes
17 place every day throughout the City
18 of Philadelphia, every evening
19 traditionally. In rec centers and
20 other locations, we have what's
21 called Group where individuals who
22 have had substance abuse problems,
23 they come to meet in the branch
24 center, sit down and talk to
25 people -- I guess it's similar to

1 4/30/12 - STATED - BILL 120164, ETC.

2 AA -- all of the known, more
3 widely-known, wider-published
4 entities. I don't know the level of
5 formality associated with that. I
6 have a lot of friends who were
7 involved.

8 What does the City of
9 Philadelphia -- well, first, talk to
10 me about the likelihood that this is
11 beneficial. What's the success rate?
12 'Cause like I said, I know a lot of
13 individuals who say -- good friends
14 of ours, they talk about how this has
15 been helpful to them. I suspect that
16 the individuals that it may not have
17 been helpful to probably wouldn't
18 talk to you about it.

19 Does the Department have
20 any interaction in any formal or
21 informal way?

22 DR. EVANS: Sure.
23 Actually, it's an excellent question.
24 One of the things that the field has
25 come to recognize is that addiction

1 4/30/12 - STATED - BILL 120164, ETC.
2 and mental illness are chronic
3 conditions. And essentially what the
4 country has built up over the years
5 is what we call an acute care model
6 which kind of relies on the idea that
7 people come into treatment. You
8 treat them and you discharge them and
9 they are fixed.

10 And really a better model
11 is more akin to what happens with
12 people with diabetes. People can
13 have acute issues. But really what
14 helps, people have behavioral changes
15 and what happens when people leave
16 the doctor's office in terms of their
17 own behavioral, their own lifestyle.

18 Similarly, for people who
19 have addictions, it's more than just
20 treatment. And one of the things we
21 have come to recognize is we have to
22 be intentional about making sure that
23 people connect to those informal
24 supports that help them maintain the
25 gains that they have made in

1 4/30/12 - STATED - BILL 120164, ETC.
2 treatment.

3 So it turns out that those
4 kinds of support groups are very
5 important to people in terms of
6 helping them in their recovery. But
7 it's also very consistent with the
8 scientific literature that shows that
9 one of the best predictors of
10 wellness is having social supports.
11 And so those groups are not only
12 therapeutic in terms of people being
13 able to talk about their issues and
14 struggles and get feedback, but they
15 are also important in terms of the
16 social support that they provide for
17 people.

18 COUNCIL PRESIDENT CLARKE:
19 And so at these particular
20 meetings -- and I know in my mind, at
21 least, it's relatively informal.
22 Again, it's not a
23 government-sponsored program and
24 process. Are there ways of getting
25 people to have some level of support?

1 4/30/12 - STATED - BILL 120164, ETC.

2 So you have groups. And
3 then some of the individuals may need
4 additional support services, be it
5 housing or some of the other aspects
6 of it. Is there a way of us
7 providing that or can people who
8 sponsor these meetings even want
9 that?

10 DR. EVANS: Well, again, a
11 really good question because one of
12 the issues is whenever the government
13 gets involved, we have strings that
14 are attached. And so some of these
15 groups frankly work better without
16 government intervention and the kinds
17 of strings that they are going to put
18 on our funding.

19 And so what we have tried
20 to do is to create a continuum of
21 support services and options for
22 people so that there are things that
23 we fund in support that are recovery
24 support services. And we have
25 developed those. And frankly,

1 4/30/12 - STATED - BILL 120164, ETC.
2 Philadelphia is really at the leading
3 edge in terms of developing the
4 recovery support services. But
5 again, we also try to identify
6 natural supports that people can
7 avail themselves to.

8 And so what we have been
9 doing for the last several years is
10 really requiring our providers to
11 one, understand and know what
12 informal supports are in the
13 community, making sure they are
14 connected with those individuals and
15 making sure they can offer those
16 informal, indigenous kinds of
17 supports to people who need them.

18 One example where we have
19 tried to help that process -- and I
20 think this is your point -- for the
21 last several years, we have done
22 something called community
23 coalitions, community coalition
24 grants. And essentially what we did
25 was to say rather than us defining

1 4/30/12 - STATED - BILL 120164, ETC.

2 what the problem is or what the
3 solutions are in the community is
4 what will allow people to come
5 together in a community. The only
6 requirement they had is they had to
7 have one treatment provider, at least
8 one informal community support like
9 the kinds that you're talking about,
10 a faith-based organization and a
11 healthcare organization.

12 And people could propose
13 one, what the problem was and they
14 propose the solution. And what we
15 did was simply provide them with
16 financial support to bring them
17 together. So they did that.

18 So I think your point is a
19 good one. Communities know what they
20 need. They understand the problems
21 in their communities. And I think by
22 giving them a little bit of support,
23 people can come up with good
24 solutions.

25 COUNCIL PRESIDENT CLARKE:

1 4/30/12 - STATED - BILL 120164, ETC.

2 Okay. Thank you. In terms of in
3 your testimony you reference the
4 looming, the potential looming
5 problem with respect to State
6 funding. And you talk about the need
7 to continue to advocate. From a
8 dollars perspective, if -- have you
9 gauged where the State, if the State,
10 worst case scenario, doesn't give you
11 any support beyond what the earlier
12 projections were?

13 Have you kind of talked
14 about that within the Department in
15 terms of how you will fill the gap or
16 do without the proposed revenue
17 streams?

18 DR. EVANS: Well,
19 unfortunately, where the Governor is
20 proposing to cut is what I call the
21 safety net of the safety net. In the
22 public sector, you have essentially
23 two types of people: People who are
24 entitled who have Medicaid and you
25 have people who are uninsured. For

1 4/30/12 - STATED - BILL 120164, ETC.
2 those who are entitled when there are
3 cuts to Medicaid, there is another
4 safety net that we were able to
5 provide services for people when they
6 are uninsured.

7 Essentially the Governor is
8 cutting that part of the safety net.
9 And so when you ask are there things
10 that we can do, how will we respond
11 to that? The reality is that when
12 that part of the safety net is cut,
13 there are no options. When people
14 who are uninsured or underinsured
15 need services, we are able to provide
16 those services, State and federal
17 grants. When those cuts are made and
18 we are not able to provide those
19 services, those people have to turn
20 to other places.

21 So they go to hospital
22 emergency departments. Many of them
23 may become homeless. They may turn
24 to criminal activity. They may turn
25 to any number of things because they

1 4/30/12 - STATED - BILL 120164, ETC.
2 are not getting the level of the
3 services they need.

4 Having said that, we are
5 looking at a variety of things that
6 we can do to mitigate against that.
7 The discussion we were having a
8 little earlier is one example -- I
9 mean, we have seen that over the last
10 several years that -- and frankly, we
11 have been cut on those kinds of
12 grants over the last several years.

13 And so part of the reason
14 that the kinds of supports you are
15 talking about is so important is so
16 that when we do have cuts to
17 government-funded programs, that at
18 least people have the kinds of
19 informal supports in the communities.

20 So, you know, the short
21 answer to your question is there is
22 not a lot that we can do when those
23 cuts are made. We can juggle funding
24 around to try to mitigate that. But
25 the reality is that's the safety net

1 4/30/12 - STATED - BILL 120164, ETC.
2 that's being damaged.

3 COUNCIL PRESIDENT CLARKE:
4 Thank you, Doctor. The Chair
5 recognizes Councilwoman Tasco.

6 COUNCILWOMAN TASC0: I am
7 going to tread into an area that I
8 have absolutely no knowledge of.

9 DR. EVANS: Okay.

10 COUNCILWOMAN TASC0: If you
11 saw 60 Minutes last night.

12 DR. EVANS: I didn't.

13 COUNCILWOMAN TASC0: They
14 talked about this research that is
15 being done to discuss how drug
16 addiction is tied into -- they have
17 done experiments, studies, about the
18 dopamine. Anybody see that last
19 night? Again, I have no idea where I
20 am going.

21 DR. EVANS: You are
22 probably talking about Nora Volkow of
23 NIDA. Was that what it was? Was it
24 Nora Volkow from NIDA?

25 COUNCILWOMAN TASC0: Yeah.

1 4/30/12 - STATED - BILL 120164, ETC.

2 DR. EVANS: I'm somewhat
3 familiar with the research. Well, I
4 mean, the reality is when people have
5 addiction, it's a very complex
6 condition. There's a genetic
7 component. There is a biological
8 component. There are social
9 components. There are psychological
10 components.

11 And so what the field is
12 trying to do is to look at those
13 various domains and come up with
14 strategies and intervene in those
15 various domains. And so some of that
16 research is looking at how can you
17 block the effects of certain
18 substances so that people can have
19 the opportunity to remain sober and
20 engage in recovery.

21 So we already have some
22 medications that do that. For
23 example, there's a drug that's called
24 naltrexone that's very effective at
25 helping to block the effects of

1 4/30/12 - STATED - BILL 120164, ETC.
2 heroin that allows people to engage
3 in psychotherapy and other kinds of
4 supports because if they use the
5 drug, they don't get high. You may
6 be familiar with other medications
7 that have that kind of same effect.
8 So that's essentially what she was
9 talking about.

10 Some drugs, for example,
11 methamphetamine, cocaine, those kinds
12 of drugs, we don't have really good
13 pharmacological treatment for.

14 COUNCILWOMAN TASC0: You
15 talked about the -- thank you. I
16 just thought I'd ask you that. It's
17 quite interesting to me.

18 You talked about the cuts.
19 And if the Governor makes these cuts
20 and our folk have nowhere to go, they
21 go to the hospitals. They become
22 homeless. Where is the safety net?
23 Are we going to provide any kind of
24 safety net? What do we have to do
25 because you just can't have -- you

1 4/30/12 - STATED - BILL 120164, ETC.
2 have to find some way to deal with
3 this issue.

4 DR. EVANS: Well, I mean,
5 it is a very difficult situation. I
6 mean, these cuts don't really save
7 money. What they do is they shift
8 costs. They shift costs to areas
9 where it's actually much more
10 expensive to treat people or care for
11 people.

12 For example, let me give
13 you one concrete example. So one of
14 the ways we use the grants that are
15 being cut is to provide mental health
16 outpatient services for individuals
17 who lose their insurance. They lost
18 their job. They need mental health
19 services. And so we have community
20 mental health services where people
21 can walk in the door and those
22 providers can see them because they
23 have a grant to cover the cost of
24 those services.

25 Currently, we do not have

1 4/30/12 - STATED - BILL 120164, ETC.

2 enough dollars to give those
3 providers such that they can see most
4 people on demand, which is really
5 what we want. So most providers have
6 some kind of delay. Let's say the
7 delay is three weeks or a month
8 before they can actually get into
9 treatment. What these cuts mean is
10 that maybe now there is a three-month
11 wait or a four-month wait.

12 And so people will
13 eventually have access to services.
14 What we are concerned about is in the
15 interim, what happens to people?
16 Where do they turn? What happens to
17 their families?

18 So again, there is not a
19 lot that we can do when that part of
20 the safety net is cut. Again, we do
21 have some kind of strings and we can
22 move things around and we can try to
23 mitigate the worst impact. And I
24 will just give you one other example.
25 Some of the dollars that are being

1 4/30/12 - STATED - BILL 120164, ETC.
2 cut are dollars that we use for
3 residential services for people with
4 serious mental illness.

5 There is just no way that
6 we can in good conscience cut those
7 services because it would instantly
8 mean people becoming homeless. So in
9 effect, if we don't cut the
10 residential services that these are
11 funded by, it means we have to take
12 much deeper cuts in other places.

13 And so the amount of moving
14 around of dollars that we can do is
15 minimal. But we will do the best we
16 can to try to mitigate those kinds of
17 catastrophic cuts.

18 COUNCILWOMAN TASC0: One
19 more question, and then I think I'm
20 done. You initiated the CBH. We
21 talked about returning the savings
22 back to the program so that you could
23 provide more services and continued
24 services. And then there was some
25 discussion on the State's part, too.

1 4/30/12 - STATED - BILL 120164, ETC.

2 You captured the dollars that you may
3 have saved through your operation of
4 the program. Tell me a little bit
5 about what's with that.

6 DR. EVANS: Sure. So in
7 the HealthChoices Program or
8 Medicaid, the City receives a
9 capitated payment for the entire
10 Medicaid population. So 475,000
11 people in Philadelphia on medical
12 assistance, we get what's called a
13 per member per month --

14 COUNCILWOMAN TASC0: How
15 many people?

16 DR. EVANS: About 475,000
17 are the latest numbers. We get a per
18 member per month payment for each
19 person who is in Medicaid. And we
20 are basically -- we basically have to
21 provide all the care for those
22 individuals with that revenue.

23 In years where we have been
24 able to provide all those services
25 and have a surplus at the end of the

1 4/30/12 - STATED - BILL 120164, ETC.
2 year, we can take those savings.
3 First of all, we have to have a
4 certain amount of contractual
5 reserve. And so the first thing we
6 have to have is meet our contractual
7 reserve. And then anything above
8 that we have historically been able
9 to put into reinvestment.

10 And so that has allowed us
11 to do such things as our homeless
12 services, services to individuals who
13 are coming out of our forensic
14 systems, services for people
15 uninsured. So it's a variety of
16 kinds of things. What the State has
17 done more recently in this current
18 fiscal year which is actually the
19 calendar year for Medicaid is they
20 have put limitations on the amount of
21 reinvestment that the City can get.
22 So up to 4 percent of our surplus can
23 be reinvested back into the system.
24 The rest of the revenue the State
25 will take back.

1 4/30/12 - STATED - BILL 120164, ETC.

2 We are in the process of
3 going through our audit. And
4 sometime in May we will know what
5 that number is in terms of the amount
6 of money that would go back to the
7 State. We think it's obviously a bad
8 policy. We have been able to because
9 of the kind of cuts we are talking
10 about continue to provide services to
11 individuals who are uninsured because
12 we have been able to generate the
13 surpluses. Those individuals are
14 able to access care through those
15 surplus dollars. And then we can
16 move them into Medicaid. So
17 ultimately they end up in Medicaid.

18 But without those surplus
19 dollars, our ability to actually
20 treat people at their moment of need
21 and then get them into treatment,
22 that will be very significantly
23 impacted.

24 COUNCILWOMAN TASC0: Thank
25 you very much.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCIL PRESIDENT CLARKE:

3 Thank you, Councilwoman. Councilman
4 Green.

5 COUNCILMAN GREEN: Thank
6 you, Mr. Chair. I actually have some
7 questions. First, I want to follow
8 up on Councilwoman Tasco's
9 questioning.

10 First, I want to say that
11 your Department and the information
12 that you make available and have
13 provided to us in the past that is
14 the detail behind your budget
15 demonstrates that you basically do
16 performance-based budgeting. You
17 make your decisions based on evidence
18 and data. You have specific goals
19 for your programs you meet every
20 single year. You measure the
21 programs against each particular
22 goal.

23 And in my view, what you do
24 in your Department is the model that
25 the rest of the City should follow.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And I just want to commend you on the
3 professionalism of your office, the
4 data that you use in making your
5 budget decisions and everything.
6 It's phenomenal. So thank you.

7 DR. EVANS: Thank you. I
8 appreciate that.

9 COUNCILMAN GREEN: And I'm
10 sure your staff has a lot to do with
11 that. So great job, everybody.

12 So just with respect to the
13 question that Councilwoman Tasco was
14 asking, I would like to understand
15 better the interaction, how all that
16 works. Because, you know, the Health
17 Department is talking about going to
18 the federal -- changing the
19 designation of our health centers to
20 be a different kind of health center
21 recognized by the federal government
22 which would be subject to greater
23 reimbursement for Medicare and
24 Medicaid.

25 Is that -- I have always

1 4/30/12 - STATED - BILL 120164, ETC.

2 thought that money would come from
3 the federal government. Based on
4 your description, that money that
5 would actually come out of
6 reimbursement for the State or is
7 that separate pools of money --

8 DR. EVANS: I'm not sure I
9 understand.

10 COUNCILMAN GREEN: So you
11 were saying you get reimbursement for
12 Medicare and Medicaid --

13 DR. EVANS: Let me explain
14 how the funding works. So there are
15 basically two types of funding that
16 we actually receive, broadly
17 speaking. So we receive grants that
18 are, say, \$100 million to provide
19 certain kinds of services. That's
20 primarily what we use for people that
21 are uninsured.

22 When it comes to Medicaid,
23 historically it was basically like an
24 old indemnity plan. So if you had
25 Medicaid, say, 20 years ago, you

1 4/30/12 - STATED - BILL 120164, ETC.

2 would have gone to a provider.

3 Hopefully they would have accepted

4 Medicaid. You would have been seen.

5 At the end of your services, the

6 provider -- that's historically the

7 way Medicaid would have worked.

8 In the nineties, what

9 happened was states historically

10 started moving Medicaid into managed

11 care. And in Philadelphia and around

12 the country what happened was -- that

13 was around 1997, the HealthChoices

14 happened -- in 1997, there was the

15 HealthChoices program that we have

16 today.

17 And similar to the way

18 managed care works in the private

19 sector, it works very similar in the

20 public sector, in that what happens

21 is a payor would or a purchaser of

22 healthcare, in this case the

23 government, will pay a payor a

24 certain amount, a capitated amount.

25 And then within that amount, the

1 4/30/12 - STATED - BILL 120164, ETC.
2 payor then has to cover all the
3 services for a population.

4 So just as an easy example
5 in terms of numbers. Let's say the
6 government paid \$100 million through
7 that indemnity-type program. What
8 purchasers or what managed care
9 companies started doing in the
10 nineties was say, Look. We paid them
11 \$100 million last year. You will pay
12 \$110 million next year, 120 million
13 the next year. You give me \$90
14 million, allow me to manage the care.
15 I can do -- manage the care with that
16 \$100 million by doing utilization
17 management and other things.

18 Then I'm able to -- we can
19 share the profits, different kind of
20 arrangements. So essentially that's
21 what the State has done. They have
22 basically said to each county in the
23 State: For behavioral health, we
24 will allow you to manage the
25 behavioral health care for everyone

1 4/30/12 - STATED - BILL 120164, ETC.
2 in the county, essentially.

3 You will be capitated with
4 a certain amount of money. You have
5 to manage that within that. If you
6 are able to do that, you can reinvest
7 the savings back into your service
8 system. If you are not able to do
9 that, you are at financial risk. You
10 will have to cover the costs out of
11 your General Fund.

12 What has happened, though,
13 is that each county has to have a
14 certain amount of reserves on the
15 books in order to cover those
16 potential years where you might
17 expend more than you bring in. So
18 that our program has never had to go
19 into reserves. Actually, one year, a
20 very small amount. So every year we
21 have been able to break even or been
22 able to generate a small surplus,
23 sometimes a significant surplus to
24 reinvest back into our system.

25 COUNCILMAN GREEN: And so

1 4/30/12 - STATED - BILL 120164, ETC.
2 to close the loop on that: Basically
3 what the State government is saying
4 is now we are taking away your
5 incentive. And so you are saying we
6 might as well spend it rather than
7 give it back to the State.

8 DR. EVANS: Exactly, yes.
9 They are capping on the amount we can
10 reinvest back into the system.
11 Ironically, they are not capping on
12 the other side. So usually what
13 happens in the private sector is I'm
14 going to create what's called a risk
15 quota. So if I'm going to limit the
16 profit, I'm also going to limit the
17 financial risk that you will have.
18 So they are basically limiting the
19 surplus of the potential on the
20 upside but they are not
21 simultaneously mitigating the risk on
22 the other side.

23 COUNCILMAN GREEN: Thank
24 you. I have some more questions but
25 my time is up.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCIL PRESIDENT CLARKE:

3 Thank you. Councilwoman Brown.

4 COUNCILWOMAN BROWN: Thank
5 you, Mr. President. Welcome back.

6 DR. EVANS: Thank you.

7 COUNCILWOMAN BROWN: Let me
8 first echo Councilman Bill Green's
9 observation on the manner in which
10 you are conducting business in your
11 Department and to say that we listen
12 to what leaders say and then we watch
13 what they do. And we appreciate you.

14 It's clear that you have
15 made the connections between
16 data-driven information and how that
17 drives policy decisions within your
18 Department. That's to be celebrated
19 and acknowledged.

20 An amendment I would make
21 to that is having spent some serious
22 time with the leadership and their
23 staff and DHS in a very intimate way
24 looking at their system over a few
25 weeks, they, too -- the record should

1 4/30/12 - STATED - BILL 120164, ETC.
2 reflect that they, too, are moving in
3 the same way. And all Departments
4 like that need to be lifted up.

5 Thirdly, I would say that
6 Councilmember Goode, myself and
7 others have been looking at what
8 executive management teams look like
9 because we do believe that
10 Philadelphia is rich with talent.
11 And the executive management team
12 should look like that. Philadelphia
13 needs to look like that. Yours do.
14 I appreciate that.

15 I need to know only are
16 these -- of that X number, are they
17 appointed or civil service or a
18 combination of the two?

19 DR. EVANS: It's a
20 combination of the two. I have --
21 let's see. I have two deputies and
22 the others are members of CBH.

23 COUNCILWOMAN BROWN: So
24 they have risen up through the ranks?

25 DR. EVANS: They have risen

1 4/30/12 - STATED - BILL 120164, ETC.
2 up through the ranks, yes.

3 COUNCILWOMAN BROWN: I ask
4 that question because the answers
5 from some of your peers -- and I
6 won't use the word "excuse." But I
7 will say that the reason that's been
8 given is because professionals are
9 civil service and you can't move
10 them. Ultimately leadership can
11 figure out how to make sure that
12 departments look like Philadelphia.
13 So you need to know that we see that
14 and appreciate that.

15 DR. EVANS: Thank you.

16 COUNCILWOMAN BROWN: When
17 it comes to now -- Councilwoman Tasco
18 and I have paid close attention to
19 referrals that are made outside the
20 City and are always trying to get a
21 handle on the why.

22 So if you would please
23 respond to this. A little more than
24 13 percent of the psychiatric
25 admissions are being referred outside

1 4/30/12 - STATED - BILL 120164, ETC.
2 of the City. Would this referral
3 pattern lead us to believe that we
4 have a shortage of beds in the City?
5 And if not, help us understand why we
6 are referring any number of
7 psychiatric admissions patients
8 outside of the City.

9 DR. EVANS: Usually it's
10 because some kind of specialty that a
11 provider has. We actually have
12 enough psychiatric beds in the City
13 to accommodate our needs for the most
14 part. We do have some providers who
15 have facilities both in Philadelphia
16 and outside of Philadelphia. They
17 are part of a service system. So in
18 some cases we are using those
19 facilities.

20 But in other cases it just
21 may be that someone has some
22 specialty that requires them to go to
23 another system. It could be also
24 that in the case of, say, a child in
25 residential care, they may go to a

1 4/30/12 - STATED - BILL 120164, ETC.
2 clinic or hospital in the community
3 in which they are residing.

4 COUNCILWOMAN BROWN: Okay.
5 Of the six hospitals that CBH refers,
6 four of them are owned by University
7 Health, and those two are located
8 outside of the City. So we're
9 biased. We want to keep jobs or
10 create jobs in the City. So again,
11 speak to why CBH may be referring
12 folks to institutions outside the
13 City. Would the same answer apply?

14 DR. EVANS: Yeah. It would
15 apply. We contract with a system.
16 We may use multiple entities within
17 that. Some are outside the City.
18 The overwhelming majority of our
19 dollars is well within the 90 percent
20 -- 93 percent of the dollars we spend
21 in the Department are spent on
22 services in Philadelphia which I
23 think is a remarkable number due to
24 the diversity and complexity of the
25 behavioral needs here.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And one thing I will say
3 here -- and this is an area where
4 Council can actually help us. We
5 would like to do as much business as
6 we can in Philadelphia. We have a
7 tremendously difficult time citing
8 programs in the City. There is a
9 portion of the City where we cannot
10 cite a program. We have even had to
11 push for programs with seniors, with
12 programs for deaf children.

13 The amount of stigma around
14 behavioral health conditions is
15 often pretty pronounced. And
16 frankly, we don't get the kind of
17 support from our political leadership
18 in being able to cite these programs
19 within the City.

20 COUNCILWOMAN BROWN: My
21 time is up on this question. But I
22 need you to help me further
23 understand that.

24 DR. EVANS: I will give you
25 an example. We know from our data

1 4/30/12 - STATED - BILL 120164, ETC.
2 where the areas of the City are where
3 we have high numbers of users that
4 are dying because of heroin
5 overdoses. I will use that as an
6 example. We have tried to cite
7 programs in those communities. And
8 we have had a very, very difficult
9 time citing those programs.

10 I think -- I appreciate and
11 would like to provide as many
12 services for people in communities in
13 which they reside. But I think it
14 will take also some political
15 leadership in terms of being able to
16 cite these programs so that can be
17 able to serve as many people in these
18 communities as possible.

19 COUNCILWOMAN BROWN: Does
20 your Department work with planning
21 because that is a persistent concern
22 among council members. And it goes
23 to a planning issue.

24 DR. EVANS: Well, it does.
25 What we try to do is we try to work

1 4/30/12 - STATED - BILL 120164, ETC.
2 with communities. And so one of the
3 reasons -- I mean, there are times in
4 other systems -- we have not done
5 this. But in other parts of the
6 country, people have sued.

7 And people have said:
8 Look. These are people with
9 disabilities. And they have sued
10 under ADA and they force the issue.
11 We have not taken that tack. We have
12 tried to work with both community
13 groups and political leadership to
14 come to an amiable solution.

15 And I will say, you know,
16 the overwhelming majority of
17 providers and services are existing
18 in communities and they are not a
19 problem. It's just that when we try
20 to expand beyond, it gets difficult.
21 I understand, and I think we
22 understand the sensitivities. You
23 don't want a methadone program right
24 next to a child care facility, those
25 kind of things. We also want to be

1 4/30/12 - STATED - BILL 120164, ETC.
2 as reasonable and accommodating as we
3 can.

4 COUNCILWOMAN BROWN: And so
5 what I would ask as a response to be
6 helpful, please forward to the Chair
7 a mapping of the district. And then
8 we get a chance to see what the big
9 picture is as a starting point on
10 these issues. Thank you.

11 DR. EVANS: Sure.

12 COUNCIL PRESIDENT CLARKE:
13 Thank you, Councilwoman. And it's
14 interesting -- that's actually the
15 first time that I heard it referenced
16 that way, that you tried to locate
17 services where the need is, i.e.
18 individuals who had challenges with
19 substance abuse or some other
20 behavioral health issue. I am
21 familiar with the issue and I hear
22 that's what you said. People in
23 other municipalities have gone to
24 court and sued.

25 And before I was Council

1 4/30/12 - STATED - BILL 120164, ETC.

2 President, I used to tell people, you
3 know, go to court and sue them. But
4 I'm in a little different role now.

5 (Laughter.)

6 DR. EVANS: So are you
7 saying you have changed your ways
8 now?

9 COUNCIL PRESIDENT CLARKE:
10 But it's interesting because I did
11 not know that was how the location
12 was selected. I just thought it was
13 somebody that had a building. They
14 said, I need to do something with
15 this building. And they called the
16 Health Department and said: I have
17 this facility. Do you want to locate
18 some transitional housing and locate
19 some methadone clinic or some other?
20 So are you telling me that's the
21 primary focus of the location?

22 DR. EVANS: I'm sure what
23 you just said is true as well, that
24 people or providers will have a
25 building and they want to do

1 4/30/12 - STATED - BILL 120164, ETC.
2 something. But I think we have tried
3 to be very data-driven in the way we
4 approached these things. So we
5 actually do geomapping. So when
6 Councilwoman Brown said, you know,
7 show them a map. We know where the
8 providers are. We know where the
9 highest needs are.

10 For example, we look at
11 overdoses. We look at medical
12 emergencies related to drug
13 intoxications. We look at the murder
14 rate. We look at shootings. We look
15 at a whole variety of things. We can
16 tell you by zip code those
17 communities that have very
18 significant needs and what proportion
19 of individuals are going into those
20 communities and what proportion are
21 actually accessing care.

22 In fact, we just did an RFP
23 a few months ago. And one of the
24 things we are trying to do is address
25 behavioral healthcare disparities.

1 4/30/12 - STATED - BILL 120164, ETC.

2 For example, certain groups, Asian
3 Americans and African Americans are
4 not accessing care at the rate you
5 would expect in certain communities.
6 We know where those communities are.
7 We targeted those communities and we
8 did an RFP specifically for those
9 communities and asked, encouraged
10 providers to develop new
11 relationships and new services to
12 improve access to care in those
13 areas.

14 COUNCIL PRESIDENT CLARKE:
15 Okay. I would suggest in the future,
16 having been a council person dealing
17 with the locations in these
18 facilities, I have never gotten a
19 presentation of those level of
20 statistics relating to people who
21 need the services. It was just
22 pretty much: There is a building.
23 Somebody wants to put this in here.
24 Can you support the zoning? So I
25 suspect if you laid out those

1 4/30/12 - STATED - BILL 120164, ETC.
2 statistics for the people in that
3 particular community, it could
4 possibly have some transformational
5 process happen where --

6 DR. EVANS: We would love
7 to do that. We will show you both
8 the negative issues but we will also
9 show you the resources that those
10 communities have as well --

11 COUNCIL PRESIDENT CLARKE:
12 But I'm saying if you came to me and
13 said: Councilman Clarke -- and we
14 have actually located a lot in our
15 district. You came to me and said:
16 Councilman, the population in this
17 area has the following challenges,
18 you know, substance abuse. In order
19 to better facilitate support for
20 these people, we need to locate a
21 facility in this area to support
22 those people.

23 I would say you would have
24 a better response than the way it's
25 traditionally done. Because I have

1 4/30/12 - STATED - BILL 120164, ETC.
2 never heard anybody come to me and
3 say it like that.

4 DR. EVANS: I appreciate
5 that. Thank you.

6 COUNCILWOMAN TASC0: Okay.
7 May I ask a question? Because you
8 will get the comment: Well, those
9 people don't live in my community.
10 So if you have the data to support,
11 to say to the community, They are
12 from this community.

13 The other thing is:
14 Estelle Richman was here. She had a
15 Good Neighbor Program.

16 DR. EVANS: Yeah. We still
17 have that. We actually -- one of the
18 things we asked our providers to do
19 before they cite a program is to talk
20 to community neighborhood groups,
21 which in and of itself might be
22 tricky because you might think this
23 is the right group. But then you
24 talk to that group and then another
25 group comes out of the woodwork which

1 4/30/12 - STATED - BILL 120164, ETC.
2 has happened on occasion.

3 It has to do with, you
4 know, cleaning up the sidewalks and
5 those kind of things. In a lot of
6 communities, what we have seen happen
7 is that even when there was
8 opposition initially because
9 providers have been good neighbors.
10 They help the elderly with the snow
11 removal and keep the neighborhood
12 clean; that most instances, almost
13 the majority of instances, those
14 communities turned around and they
15 are strong supporters of the
16 providers because of the good
17 neighborhood policy.

18 COUNCIL PRESIDENT CLARKE:
19 Thank you. Councilwoman Sanchez?

20 COUNCILWOMAN SANCHEZ:
21 Thank you, Mr. Chair. Good morning.

22 Let me first start off with
23 thanking you for all the work that
24 you have done with our office,
25 particularly services, delivery and

1 4/30/12 - STATED - BILL 120164, ETC.
2 where do we have our services. And I
3 can't even begin to tell you how
4 important it would be for you,
5 particularly with some of the new
6 council folks, to give them some of
7 the information and some of the data
8 because I think that your office has
9 come a long way about citing some of
10 these services and hard-to-place
11 services.

12 And I think for everyone
13 after this budget process it would be
14 beneficial to them. For me, I have
15 had to learn the hard way because I
16 inherited many, many of these similar
17 programs. So I appreciate the work
18 we have done together on that.

19 I wanted to quickly ask you
20 because I am very concerned around
21 these State cuts. We have made a lot
22 of progress with our recovery houses
23 in terms of quality, training. How
24 are those cuts, particularly the cash
25 assistance, how are they going to

1 4/30/12 - STATED - BILL 120164, ETC.
2 impact those and what are we doing as
3 proactively as we possibly can
4 because there are so many of them?

5 DR. EVANS: I'm glad you
6 asked that question because I think
7 that's probably one of the most
8 insidious cuts and most insidious
9 things about the cuts. And everyone
10 rightly is focused on the 20 percent
11 cut to the grants and the effect
12 that's going to have on them.

13 But I am deeply concerned
14 and in some ways more concerned about
15 the cuts to GA. Because as we were
16 talking earlier, people need more
17 than treatment. So in Philadelphia
18 we have a pretty good system of
19 getting people into treatment of
20 residential care. The question is,
21 What happens to people when they
22 leave residential care?

23 Often when you talk about
24 people who have been in prison or
25 someone who has been homeless or

1 4/30/12 - STATED - BILL 120164, ETC.
2 someone who has a very tenuous
3 housing situation, those individuals
4 often depend on their cash assistance
5 to access recovery housing. When
6 that cash assistance goes away, they
7 have no place to go and we are very,
8 very concerned about that.

9 In addition to that, as the
10 cash assistance goes away and people
11 are -- and it's more difficult for
12 people to get on GA, it will mean
13 more uninsured. And, of course,
14 what's being cut are services to the
15 uninsured. So it's a really
16 insidious cut. And I think that
17 there should be much more awareness
18 and advocacy around that.

19 And if you are talking
20 about cost shifting and you are
21 talking about increased incarceration
22 and homelessness, this is the cut
23 that will probably drive that the
24 most.

25 COUNCILWOMAN SANCHEZ: I

1 4/30/12 - STATED - BILL 120164, ETC.
2 think -- and I think you guys are the
3 experts on this -- we really need to
4 do an awareness campaign. One is
5 because it doesn't save the State
6 money because this is our federal
7 money so there's no reason to do
8 that.

9 And, you know, again, I
10 just think we need to for the next
11 few weeks as the State decides its
12 budget, some of these things are
13 unacceptable. I say this because
14 today starts the acid test which is
15 another ridiculous one.

16 I don't think people
17 realize the impact this is going to
18 have on Philadelphia families. I
19 know that when Councilwoman Tasco and
20 I had the hearing on State budget
21 cuts, there was a lot of data that
22 was shared. And it would be very
23 important that between Behavioral
24 Health, the Health Department and
25 DHS, they gave us some statistics

1 4/30/12 - STATED - BILL 120164, ETC.
2 about people getting some of this
3 assistance by the District because I
4 think folks need to know what's going
5 to happen in their backyards when all
6 this money stops cycling in.

7 I mean, it's just going to
8 have an economic impact. And it
9 doesn't make sense. So to the extent
10 that you guys -- I know there's a lot
11 of work being done about lobbying in
12 Harrisburg. But I think it's
13 important that we get some of that
14 data and we begin to talk to our
15 colleagues.

16 I wanted to talk to you --
17 you mentioned a little bit about some
18 of the reforms. You talked a little
19 bit about the hard-to-serve
20 communities. How are we helping --
21 going back to some of the services
22 that we have been able to take to
23 where people are, how are we working
24 with, you know, Fight Philly and
25 Prevention Philly and even the

1 4/30/12 - STATED - BILL 120164, ETC.

2 Bethanna Clinic because it's a
3 hospital, how are we working with
4 them with the reform to get them
5 prepared?

6 Because I think there's
7 going to be opportunities. I'm very,
8 very concerned that where people see
9 the money coming, that there are
10 going to be these big operators.
11 What are we doing in our capacity for
12 those groups that have been strategic
13 partners for us, how are we.
14 helping them?

15 DR. EVANS: Healthcare
16 reform? It's a great question. You
17 know, fortunately, we have over the
18 last several years, seven years, we
19 have done what we called assistance
20 transformation. And then we have
21 prepared the service system well for
22 the changes that are happening in
23 healthcare reform. So if you look at
24 healthcare reform, you know, it
25 emphasizes things like cost

1 4/30/12 - STATED - BILL 120164, ETC.
2 containment. We have been doing
3 that. It emphasizes things like
4 evidence-based practices. It
5 emphasizes tending to cultural
6 difference within groups.

7 So a lot of the things that
8 providers need to do in order to be
9 competitive in the emerging
10 healthcare environment, we have
11 already been doing as sort of part of
12 the culture here. There are areas,
13 however, where our provider system
14 needs to do more in order to be
15 ready. We are -- we have as a part
16 of that, what we have done is we have
17 created an Office of Health Care
18 Reform and Health Equity within my
19 Department. We have people dedicated
20 full time to this issue.

21 They are reading the
22 regulatory changes that are coming
23 down on a lot of those things and
24 making sure our providers are getting
25 that information. I have asked our

1 4/30/12 - STATED - BILL 120164, ETC.
2 executive directors to appoint
3 someone within their agency to be the
4 point on healthcare reform and can be
5 a liaison between my Department and
6 their agency on this issue. We have
7 done a number of other things that we
8 think will position these providers
9 well.

10 The providers I worry about
11 are the ones that have not been
12 paying attention. And frankly, there
13 are some providers. There is a
14 saying that sometimes people will try
15 to wait out whatever the changes are.
16 And unfortunately, if they try to
17 wait out these changes, they just
18 miss the fact that these are trends
19 and not fads.

20 And so I think those
21 providers are going to be at a
22 disadvantage. Frankly, I think new
23 providers coming into the system will
24 have a really hard time. Unless they
25 already know the things that are

1 4/30/12 - STATED - BILL 120164, ETC.
2 going on within the system, they are
3 not going to be able to compete with
4 the providers that are already here.

5 COUNCILWOMAN SANCHEZ:

6 Thank you, Mr. Chairman. My time is
7 up.

8 COUNCIL PRESIDENT CLARKE:

9 Thank you, Councilwoman. The Chair
10 recognizes Councilman Oh.

11 COUNCILMAN OH: Thank you
12 very much, Mr. Chairman. Good
13 morning, Commissioner.

14 DR. EVANS: Good morning.

15 COUNCILMAN OH: In the area
16 of funding and what seems to be kind
17 of an ongoing cut in the available
18 funding that we are talking about, I
19 was curious about the data relating
20 to the number of people in our inner
21 system who are originally not from
22 Philadelphia, maybe recent ones. I
23 don't think that is actually tracked,
24 is it?

25 DR. EVANS: It's hard to

1 4/30/12 - STATED - BILL 120164, ETC.

2 track, for sure. The State
3 determines the elderly for services.
4 And we follow the State guidelines
5 around that. We know that -- if --
6 we know there are some individuals
7 that come to Philadelphia because
8 we've been able to develop a good
9 system. I think that kind of comes
10 with the territory.

11 Our first goal and priority
12 is to make sure that Philadelphians
13 get the best possible care. If
14 someone has a family member or they
15 are trying to get into treatment and
16 they can't get into treatment some
17 other place, it is totally
18 conceivable that they would bring the
19 person here to try to get them in
20 treatment. So we know that that
21 happens to some extent.

22 I know that we serve in the
23 behavioral health system about
24 120,000 people a year. Most of those
25 people, the overwhelming majority of

1 4/30/12 - STATED - BILL 120164, ETC.
2 them are Philadelphians. They have
3 lived here. They have been here most
4 of their lives. So these are
5 probably a smaller problem in terms
6 of that scale.

7 COUNCILMAN OH: It's of
8 interest to me for the following
9 reason and I would like to kind of
10 express it. I don't know but because
11 of the nature of the services
12 provided, it's typically been my
13 impression that in social services
14 and behavioral health and treatment
15 of drug addition, that number one,
16 the service providers generally and
17 probably so do not care where the
18 people originate and they just like
19 to serve where there is a need.

20 Second of all, it's
21 generally been a kind of, kind of
22 idea that generally the more you say
23 they are Philadelphians, the more
24 acceptable it is for people in the
25 City to say: Let's service them.

1 4/30/12 - STATED - BILL 120164, ETC.

2 My concern is that it
3 appears to me that -- and I have no
4 data to back this up -- that we are
5 disproportionately and adversely
6 affected by the State budget cuts
7 because we as a City offer more in
8 terms of public and private resources
9 for treatment and that we attract a
10 larger number of people who are
11 either transient, temporarily here or
12 have homes to go back to but come to
13 our City, get an address because you
14 have to live someplace and are in our
15 City receiving those services.

16 My issue is that if we did
17 know, for example, that there are 20
18 and they have a home in Bucks County,
19 that they came from the Poconos, that
20 they live in New Jersey, that they
21 are from Delaware County. That if we
22 could at least track if they have
23 been here six months, three years,
24 whatever it is, that that would be
25 kind of a demographic interest or

1 4/30/12 - STATED - BILL 120164, ETC.
2 regional interest for funding for our
3 City; that the people who come here
4 cost us more and we provide this
5 treatment.

6 And at the same time
7 because they are here, it costs their
8 cities or homes, townships less. And
9 I'm not saying we should turn them
10 away. But we should try to look at
11 the overall benefit of the services
12 provided in Philadelphia for a broad
13 range of people and at least I would
14 hope, work out at some future point
15 in time a general consensus of this
16 southeastern region when trying to
17 advocate for funding for Philadelphia
18 that benefits our entire region.

19 The reason I am interested
20 in whether or not we can develop some
21 statistical information in maybe the
22 interview process or something like
23 that is to help us advocate where the
24 funding is. But I think that we
25 really do need to service that.

1 4/30/12 - STATED - BILL 120164, ETC.

2 DR. EVANS: It's something
3 we can look at and talk about. You
4 know, it's really a national issue.
5 If you go to any metropolitan, any
6 major city in the country, you will
7 find there are people within the City
8 because people come to the cities
9 because there are resources there.
10 There is New York. There is LA.
11 There is Seattle or even the little
12 town that I used to live in, New
13 Haven, Connecticut; you would have
14 people from the surveys that would
15 come in and receive services. It's a
16 national problem but I think your
17 point is a good one.

18 What we will do is we will
19 look at whether we can do maybe some
20 small study to see if we could try to
21 get a handle on what proportion of
22 the people that are entitled to our
23 services are actually coming in from
24 some other community.

25 COUNCILMAN OH: All right.

1 4/30/12 - STATED - BILL 120164, ETC.

2 Thank you very much. Thank you,
3 Mr. Chairman.

4 COUNCIL PRESIDENT CLARKE:

5 Thank you. Councilman Green.

6 COUNCILMAN GREEN: Thank
7 you, Mr. President. During your
8 testimony, your efforts to promote
9 and expand evidence-based practices,
10 your testimony talked about close to
11 200 clinicians at service-providing
12 agencies. Could you give us a sense
13 of how many clients these clinicians
14 see? Or to put it another way, how
15 the training is translated into
16 improved outcomes for the clients.

17 DR. EVANS: Sure. That's
18 one of the things we are working on
19 now. We spent the first few years
20 of, this first couple of years of
21 this initiative really looking at how
22 do we translate the scientific
23 literature into ongoing practice. If
24 you have looked at the evidence-based
25 practice literature, for example,

1 4/30/12 - STATED - BILL 120164, ETC.

2 there are a lot of studies that tell
3 you what works, lots of studies.

4 What the literature doesn't
5 tell you is how do you take what
6 works and then implement it into
7 real-world settings. Most of those
8 studies are done in ways that don't
9 translate into real-world settings.

10 And so we have been working
11 with the University of Pennsylvania.
12 We actually collect outcomes data.
13 We have not published any of that
14 data yet because the first year or
15 so, most of the measures that we have
16 focused on are more process-type
17 measures. So we are looking at the
18 training, the fidelity to the model,
19 the numbers of people that are being
20 served and so we have not tabulated
21 that. But over the next year, we
22 expect to have our first set of data
23 around that.

24 COUNCILMAN GREEN: Okay.

25 And are you planning on expanding

1 4/30/12 - STATED - BILL 120164, ETC.
2 this directly through training or
3 through a trainer-on-trainer
4 approach?

5 DR. EVANS: Probably a
6 combination. Some of the practices
7 are such that we will want or need to
8 be connected with some of the
9 originators. Some of them are
10 practices that we can build in our
11 own capacity over time.

12 COUNCILMAN GREEN: Okay.
13 One of the things we talked about
14 last year which I was very excited to
15 see and glad to see you are expanding
16 is the pay-for-performance program
17 you are doing which is designed to
18 reward the service provider for
19 improved outcomes for clients, which
20 sounds reasonable to me.

21 Are you familiar -- are you
22 unique in the country or in the State
23 with this? Have you done -- are you
24 gathering data around this so that it
25 can be useful to others?

1 4/30/12 - STATED - BILL 120164, ETC.

2 DR. EVANS: Sure. A lot of
3 other places have
4 pay-for-performance. None of them
5 have it as extensively as we do.
6 And, in fact, the State has come to
7 us because they feel that we are a
8 model for what other systems ought to
9 be doing. And so we have been in
10 communication with them and they are
11 taking our model and what they would
12 like to do is share that with other
13 systems around the State.

14 Currently we have a couple
15 of things. One is that we have
16 really tried to move away from
17 cost-of-living allowances. And so
18 all of those providers that are in
19 pay-for-performance only see revenue
20 increases based on their performance.

21 COUNCILMAN GREEN: So you
22 agree with them about the goals about
23 performance when they exceed those
24 goals. It's all determined in
25 advance?

1 4/30/12 - STATED - BILL 120164, ETC.

2 DR. EVANS: It's determined
3 in advance. So right now we are
4 finalizing what those measures are
5 going to be for the next -- for the
6 current year. We actually go through
7 a very extensive process where we on
8 staff -- and I think Dr. Bogen is
9 back there -- has done a wonderful
10 job in first conceptualizing what we
11 want to measure and then having a
12 serious conversation with providers
13 and then us having a final process
14 internally to set the standards.

15 COUNCILMAN GREEN: Got it.
16 So within -- the State is coming to
17 you for this. Do they recognize that
18 most of your innovations are as a
19 result of having had a surplus that
20 you can use to innovate and try new
21 programs?

22 DR. EVANS: I would say
23 that the reason we have a surplus is
24 because we have done these kind of
25 things. So, yeah. They should not

1 4/30/12 - STATED - BILL 120164, ETC.
2 punish us for doing that.

3 COUNCILMAN GREEN: Okay. I
4 have more questions. I will come
5 back. Thank you.

6 COUNCIL PRESIDENT CLARKE:
7 The Chair recognizes Councilwoman
8 Brown.

9 COUNCILWOMAN BROWN: It has
10 come to my attention that BHSI or CBH
11 received a recent grant award for
12 fraud -- for billing fraud
13 investigations.

14 DR. EVANS: A grant award?

15 COUNCILWOMAN BROWN: Yes.

16 I wish I could be more specific.

17 DR. EVANS: I'm not sure.
18 I will ask Nancy to come up. What I
19 would say because I'm not quite sure
20 what that means. What I can say is
21 that we have a Compliance Department
22 within CBH that looks for fraud waste
23 and abuse. We go out to providers.
24 We look at charts. We do a variety
25 of things to insure that there is not

1 4/30/12 - STATED - BILL 120164, ETC.
2 fraud in how the program is
3 administered. There are occasions
4 where people make anonymous tips to
5 us and we will follow up on those.

6 If we get that, we not only
7 do our own investigation but we also
8 bring in the State or IG to also
9 investigate those kinds of things.
10 We take that very seriously. There
11 is an internal unit with CBH that is
12 dedicated to looking at those kinds
13 of allegations.

14 COUNCILWOMAN BROWN: Okay.
15 Thank you. Last October, I thank you
16 for responding to a request for
17 information regarding psychiatric
18 admissions to specific facilities.
19 So I just need to put it on the
20 record that Councilmembers appreciate
21 the response to us. That concludes
22 my questioning, Mr. President.

23 COUNCIL PRESIDENT CLARKE:
24 Thank you. We will go on to
25 Councilman Green.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCILMAN GREEN: Thank
3 you, Mr. President. You say that the
4 State is following your
5 pay-for-performance model or looking
6 at it in other counties. Have other
7 City agencies or departments studied
8 your pay-for-performance model which
9 we would both agree works well and
10 seeing if they can adopt it to their
11 service providers as a way of doing
12 business, like for example DHS.

13 DR. EVANS: I know that DHS
14 has done a lot of work in the area of
15 looking at data to drive a lot of
16 their decision making. A lot of the
17 things that we measure are different.
18 Certainly there are kind of
19 similarities. So let me just give
20 you an example.

21 One of the things we have
22 figured out -- and again, I want to
23 thank Dr. Bolton and her staff -- we
24 use a variety of levels for national
25 standards. We use statistical

1 4/30/12 - STATED - BILL 120164, ETC.
2 norming and we use contractual
3 standards and we build those into how
4 we measure and evaluate providers.
5 Some or all of that may or not be
6 applicable to other departments. We
7 are certainly going to share what we
8 have learned in terms of that.

9 COUNCILMAN GREEN: There is
10 not an internal City collaboration
11 around this?

12 DR. EVANS: Not around this
13 per se.

14 COUNCILMAN GREEN: Have
15 you -- in your pay-for-performance
16 model, I think you have had to use
17 carrot and sticks. Have you had to
18 use any of the sticks with any of
19 your service providers?

20 DR. EVANS: Well, the stick
21 is they don't get an increase. So
22 it's a pretty big stick for providers
23 that don't perform because over time
24 what it means is that their revenue
25 is going to stay flat as their costs

1 4/30/12 - STATED - BILL 120164, ETC.
2 go up. So they are pretty
3 incentivized to try to perform at the
4 level that allows them to get those
5 incentives.

6 COUNCILMAN GREEN: Do you
7 have additional areas of expansion
8 planned for next year?

9 DR. EVANS: We do. The
10 first year we did three levels of
11 care. Last year we did six levels of
12 care. This current year we will be
13 pretty much 95, 98 percent of the
14 service system will be a
15 pay-for-performance.

16 COUNCILMAN GREEN: That's
17 phenomenal. Thank you. Also in your
18 testimony -- and you may have
19 answered this. But it seemed to me
20 that -- I know from our work together
21 on the Criminal Justice Advisory
22 Board that you are always looking for
23 ways to bring grant funding for
24 initiatives. Looking at next year,
25 there is probably not 33 million in

1 4/30/12 - STATED - BILL 120164, ETC.
2 the grants from the State cuts.

3 DR. EVANS: No.

4 COUNCILMAN GREEN: So you
5 have had -- you have reserve funds.
6 Are you -- are they all going to be
7 taken away as a result of this audit?

8 DR. EVANS: No. So that
9 the reserves are on the Medicaid
10 entitlement side. And those are
11 contractual. We can't use those
12 reserves. They are there for two
13 purposes. One, if in any given year
14 we have expenditures that exceed our
15 revenue, we are able to go into
16 reserves and cover the cost of the
17 deficit for that year.

18 And the other reason that
19 we have for reserves is that if for
20 some reason the City decided that it
21 was going to not contract with the
22 State around health choices, we would
23 have enough money in reserves to
24 close the program down and make sure
25 that everyone got paid and that there

1 4/30/12 - STATED - BILL 120164, ETC.
2 was a smooth transition to a
3 different provider.

4 COUNCILMAN GREEN: Thank
5 you for your testimony and the good
6 job you and your staff did.

7 DR. EVANS: Thank you. I
8 appreciate that.

9 COUNCIL PRESIDENT CLARKE:
10 Any other questions by members of
11 this witness?

12 (No response.)

13 COUNCIL PRESIDENT CLARKE:
14 There being none, thank you for your
15 time.

16 DR. EVANS: Thank you.

17 COUNCIL PRESIDENT CLARKE:
18 Good morning, Dr. Schwarz. You may
19 proceed.

20 DR. SCHWARZ: Good morning,
21 President Clarke and members of
22 Council. I am Donald Schwarz, Health
23 Commissioner. With me today is
24 Carmen Lemmo, Deputy Commissioner for
25 Finance and Administration. Thank

1 4/30/12 - STATED - BILL 120164, ETC.
2 you for the opportunity to present
3 the Department of Public Health's
4 (DPH) operating budget request for
5 fiscal year 2013.

6 This FY13 budget will
7 continue to support services basic to
8 the Department of Public Health's
9 core mission which is to protect and
10 promote the health of all
11 Philadelphians and to provide a
12 health care safety net of those most
13 at risk.

14 The Department's fiscal
15 year 13 request totals about \$335.
16 The breakdown by Class is: Class
17 100, 60 million; Class 200, 260
18 million; Class 300, 6.7 million;
19 Class 400, 833 million and Class 800,
20 4.3 million. Of the total FY13
21 budget request, \$111 million is in
22 the General Fund, 79 million in the
23 Grants Fund and 145 million is from
24 the Acute Care Hospital Assessment
25 Fund. Of the total budget, 39.7

1 4/30/12 - STATED - BILL 120164, ETC.
2 million is the net amount supported
3 by City tax dollars. The FY13
4 General Fund budget represents an
5 increase of 1.2 million from FY12
6 estimated obligations.

7 The budget will support 975
8 full-time positions: 749 in the
9 General Fund, 215 in the Grants Fund,
10 and 11 in the Acute Care Hospital
11 Assessment Fund. As of April 12,
12 2012, 223 full or part-time
13 employees, or approximately 18
14 percent, are bilingual or trilingual
15 with fluency in 52 distinct
16 languages, ranging from Spanish to
17 Hmong to Gujarati.

18 The Department's work force
19 is 72.2 percent minority and 69.4
20 percent female. Professional staff
21 is 64.6 percent female and 63.3
22 percent minority. Of staff
23 classified as administrative or
24 official, 58.1 percent are minority
25 individuals (5 African-American

1 4/30/12 - STATED - BILL 120164, ETC.
2 males, 9 African-American females, 2
3 Asian males and 1 Asian female) and
4 55.8 percent are women.

5 The DPH budget supports 182
6 contracts with 115 distinct entities
7 of which 30 percent are for-profit
8 and 70 percent are nonprofit
9 entities. The Department is
10 committed to contracting with
11 minority, disabled and women-owned
12 businesses and we are happy to report
13 the DPH has its for-profit
14 underrepresented business contract
15 goal of 3 percent set for FY12 by the
16 Office of Economic Opportunity.
17 Currently our FY12 participation for
18 our for-profit contracts is
19 approximately 22 percent.

20 For FY11 (the most recent
21 with complete data) 95 percent of the
22 Department's contract dollars
23 supported nonprofit providers. Of
24 the nonprofit entities, 94.9 percent
25 have diversity in their work force,

1 4/30/12 - STATED - BILL 120164, ETC.
2 81.4 percent in their executive staff
3 and 68.3 percent in their boards
4 through either race or gender.

5 Beginning in fiscal year
6 11, DPH required all contracted
7 entities, both for-profit and
8 nonprofit, to establish a written
9 Supplier Diversity Program that
10 describes their efforts to increase
11 minority, women and disabled business
12 participation. Further in fiscal
13 year 12, the Department required all
14 contracted entities to submit a Board
15 of Directors and Workplace
16 Demographics Report which delineated
17 racial and gender diversity.

18 The Department has notified
19 and ensured compliance among all of
20 its contracted entities regarding the
21 21st Century Minimum Wage and Benefit
22 Standards. We are currently in the
23 process of notifying our contractors
24 to assure compliance with the
25 upcoming sick leave requirements and

1 4/30/12 - STATED - BILL 120164, ETC.
2 equal benefits ordinance.

3 My official testimony
4 outlines the many accomplishments in
5 the past year. We are very proud of
6 our endeavorers supporting the
7 public's health. Our work is focused
8 on changing the context of
9 Philadelphians to be one that is more
10 promoting of healthy living. We have
11 more opportunities in Philadelphia
12 now for routine exercise,
13 particularly for children.

14 We have more healthy food
15 choices, particularly in poorer
16 neighborhoods, through the nation's
17 largest Corner Store Network and
18 through the opening of ten new
19 farmers' markets. We have helped
20 adolescents to have access to
21 reproductive health services, and we
22 have reduced our infant mortality
23 rate to its lowest level in history
24 and reduced the disparity between
25 white and black infant mortality

1 4/30/12 - STATED - BILL 120164, ETC.
2 significantly.

3 We have ever-declining
4 deaths from HIV. We are sitting with
5 cleaner air, having achieved our
6 lowest ever short-term particle
7 pollution network.

8 Our schoolchildren are less
9 obese than five years ago, with a 5
10 percent reduction in rates of obesity
11 in children between 2006 and 2010.
12 More than 86 percent of our chain
13 restaurants are in compliance with
14 our menu labeling ordinance. And I
15 mention Councilwoman Reynolds-Brown
16 in particular on our ordinance.

17 We are providing top flight
18 healthcare in our health centers and
19 will soon be using a state-of-the-art
20 electronic records system that will
21 be linked to our other divisions and
22 to our hospitals in Philadelphia.

23 We have been lauded by the
24 US Centers For Disease Control and
25 Prevention as the largest city for

1 4/30/12 - STATED - BILL 120164, ETC.
2 best preparation for emergency health
3 risks. We are in a new partnership
4 with the Children's Hospital of
5 Philadelphia to create a new health
6 center tube to serve the community in
7 South Philadelphia where we are
8 particularly excited.

9 We have done all this with
10 fewer City tax dollars by partnering
11 with other agencies with nonprofit
12 and with for-profit institutions and
13 with advocates here and nationally.

14 Finally, we have worked to
15 be more open and responsive to the
16 many constituencies that use our
17 services. If you have not recently
18 visited our Web site at
19 phila.gov/health, I encourage you to
20 do. You will see many tools:
21 directions to resources, simple,
22 clear public information often in
23 many languages to help our
24 Philadelphia residents have healthier
25 lives. Thank you all for your

1 4/30/12 - STATED - BILL 120164, ETC.
2 support in public health in
3 Philadelphia. I am happy to answer
4 questions.

5 COUNCIL PRESIDENT CLARKE:
6 Thank you for your testimony. Couple
7 of questions. In your budget detail,
8 Section 45, page 3, it shows a \$13.5
9 million reduction to the total
10 Department for FY13. Can you talk to
11 me about the potential impact of this
12 funding that it will have on your
13 Department.

14 DR. SCHWARZ: I'm sorry. I
15 was finding the page.

16 COUNCIL PRESIDENT CLARKE:
17 Section 45, page 3.

18 DR. SCHWARZ: Yes, sir.

19 COUNCIL PRESIDENT CLARKE:
20 You talk about the potential impact
21 of the \$13.5 million reduction.

22 DR. SCHWARZ: So most of
23 that as you can see is from the
24 Grants Fund. And it relates to loss,
25 particularly of recovery-related

1 4/30/12 - STATED - BILL 120164, ETC.
2 funds for the obesity and tobacco
3 program. We are concerned about
4 that. We have asked for some general
5 funds to try to help support some of
6 those services in an ongoing fashion
7 and have good data on the performance
8 of those particular pieces.

9 And we think that we can
10 help to supplant some of the dollars
11 to fund federal support. We are also
12 applying for other opportunities.
13 One of the things that I think we are
14 aware of is that many of those
15 opportunities were tied up with
16 healthcare reform. So we are waiting
17 to see what Congress does across the
18 country with that.

19 COUNCIL PRESIDENT CLARKE:
20 Depending on your perspective, I
21 guess we have our fingers crossed and
22 are prepared to clap.

23 DR. SCHWARZ: We have our
24 fingers crossed that all goes well
25 and we have continued reform in

1 4/30/12 - STATED - BILL 120164, ETC.
2 health care.

3 COUNCIL PRESIDENT CLARKE:
4 I was trying to be bipartisan, sir.
5 (Laughter.)

6 COUNCIL PRESIDENT CLARKE:
7 Page 5, Section 48 details the
8 majority of the funding will be lost
9 to ARRA grants. Is that the same --

10 DR. SCHWARZ: Yes. There
11 are some other small grants that will
12 also be lost, but we anticipated
13 that. Generally they were capacity
14 buildings. We built that capacity.

15 COUNCIL PRESIDENT CLARKE:
16 Oh, good. Chair recognizes
17 Councilwoman Brown.

18 COUNCILWOMAN BROWN: Mr.
19 President. Good morning. Welcome
20 back.

21 DR. SCHWARZ: Thank you.

22 COUNCILWOMAN BROWN: Let me
23 first say thank you for the
24 participation and leadership of your
25 professionals around this two-year

1 4/30/12 - STATED - BILL 120164, ETC.
2 journey we took regarding shifting
3 the paradigm around lead and the
4 outcome we were able to receive which
5 was -- everyone was not happy but we
6 found some middle ground and your
7 Department helped play a role in
8 that. So we need to acknowledge
9 that.

10 My office was recently
11 reached out to by a constituent
12 regarding the demolition of a
13 property they believe was not being
14 done safely. And in particular, they
15 were under the impression that
16 because of the age of the home and
17 the conditions of how the house was
18 torn down, that lead dust was
19 becoming airborne.

20 Now, we know that L&I is,
21 for the most part, is under L&I
22 jurisdiction. But help me understand
23 where is the Health Department's role
24 in that process.

25 DR. SCHWARZ: So we work

1 4/30/12 - STATED - BILL 120164, ETC.
2 with L&I in their demolitions to
3 measure and monitor what goes on in
4 terms of the air around that. So we
5 are notified.

6 COUNCILWOMAN BROWN: You
7 are notified by L&I?

8 DR. SCHWARZ: We are. In
9 fact, old lead from old lead paint in
10 buildings in Philadelphia constitutes
11 one of the greater sources of lead in
12 our soil. So that not only is there
13 an issue with lead dust which we
14 monitor but it's where the dust
15 lands.

16 And while lead paint in
17 buildings remains the big risk for
18 children, lead dust in the soil and
19 old emissions from lead-based
20 petroleum products are the two big
21 sources in the soil, and actually
22 surprisingly a lot of lead in the
23 soil comes from old paint. So we are
24 aware of that.

25 COUNCILWOMAN BROWN: And

1 4/30/12 - STATED - BILL 120164, ETC.
2 you should know that that was one of
3 the leading arguments raised by HOPWA
4 which we had to really listen to as
5 we tried to find middle ground.

6 A significant amount of
7 time and energy was used in passing
8 that legislation and I did want to
9 thank your Department. Please share
10 with us the implementation steps that
11 have been taken thus far as we look
12 towards the effective date of
13 December 2012.

14 DR. SCHWARZ: So we have
15 worked with landlords in Philadelphia
16 and with members of staff of the
17 Commerce Department and advocates.
18 So my chief of staff Nan Feyler and
19 Dr. Pachelbel who is in charge of
20 Environmental Services have been
21 spending a fair amount of time making
22 sure that people are educated.

23 And there are two pieces to
24 this. One is that landlords are
25 educated and the other is that

1 4/30/12 - STATED - BILL 120164, ETC.
2 consumers are educated. So we are
3 working on both.

4 COUNCILWOMAN BROWN: I know
5 that just last week I received a call
6 from a press person who wanted to
7 know who was expressing discontent
8 with a few Northeast Realtors who
9 felt that or who were curious as to
10 why PHA was found exempt from this
11 wherein it was told that the federal
12 stipulations are stronger and the
13 standards are higher than they were
14 from what we were able to get done at
15 the local level.

16 So that issue becomes
17 important in the education process.

18 DR. SCHWARZ: Absolutely.

19 COUNCILWOMAN BROWN: And
20 members of HAPCO are a part of those
21 discussions, if you will.

22 DR. SCHWARZ: Yes.

23 COUNCILWOMAN BROWN: Are
24 you aware of that?

25 DR. SCHWARZ: Yes.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCILWOMAN BROWN: Okay.

3 Congratulations as well on the
4 achievements that you stipulated in
5 your testimony that are many. Of
6 course, my interest remains around
7 the obesity reduction efforts. And
8 you indicated that those dollars are
9 soon to cease. Is that what I heard?

10 DR. SCHWARZ: The recovery
11 dollars, yes. They end in June.

12 COUNCILWOMAN BROWN: And so
13 we have early data to show that the
14 efforts are working and so now the
15 question becomes sustainability.

16 DR. SCHWARZ: Absolutely.

17 COUNCILWOMAN BROWN: And
18 any thoughts or strategies that you
19 are exploring with your team around
20 that?

21 DR. SCHWARZ: What we're
22 trying to do is tactically target
23 expenditures for initiatives where we
24 feel we built momentum and we are
25 worried we will lose it and move

1 4/30/12 - STATED - BILL 120164, ETC.
2 forward in areas where we have
3 identified particular concerns where
4 there are known evidence-based
5 interventions that look promising.

6 The challenge in obesity,
7 as you know, is that not many
8 evidence-based interventions have
9 been taken to scale. So we are
10 working with the other big cities
11 around the country to find out what
12 worked there and to see what we can
13 do.

14 COUNCILWOMAN BROWN: All
15 right, then. I'll see you in the
16 next round. Thank you very much.

17 COUNCIL PRESIDENT CLARKE:
18 Thank you. Chair recognizes
19 Councilman Greenlee.

20 COUNCILMAN GREENLEE: Thank
21 you, Mr. President. And I guess it's
22 afternoon. Close. First, thanks for
23 all that you and your Department
24 does. I know the budget challenges
25 may be as strong for you guys as it

1 4/30/12 - STATED - BILL 120164, ETC.
2 is for anybody. So you are working
3 with less dollars and have a lot of
4 challenges. So we appreciate that.

5 Let me first ask my annual
6 question. District 10, the rating
7 listing, how has it changed, if at
8 all?

9 DR. SCHWARZ: Well, it's
10 worse than it was last year.

11 COUNCILMAN GREENLEE: I
12 thought that you were going to say
13 that.

14 DR. SCHWARZ: We -- two
15 things I can say. One is we were
16 successful in receiving a federal
17 planning grant. There were several
18 planning grants given out in
19 Philadelphia for -- to plan for a new
20 federally-qualified health center.

21 And that planning is going
22 on now. The sad news is that part of
23 the planning was to look at need and
24 it was a pretty intensive need. The
25 first look that was taken suggested

1 4/30/12 - STATED - BILL 120164, ETC.
2 that we might need as many as four
3 health centers in the Northeast.

4 So what is happening in the
5 Northeast, particularly in the
6 recession, is that people are losing
7 insurance and people are moving in
8 without insurance. So that the need
9 I expect to grow and to continue to
10 grow. We need to figure out how to
11 address it.

12 We are hoping that at the
13 end of the process to have done a
14 good strategic plan. I don't know
15 that the City is going to have enough
16 resources to support a new health
17 center. But through federal
18 qualification, we may be able to
19 leverage some dollars to do that.
20 And we are working with other
21 healthcare providers who could move
22 into the Northeast.

23 I will tell you that based
24 on the insurance information that we
25 have on the population that was

1 4/30/12 - STATED - BILL 120164, ETC.
2 overseeing the needs of healthcare,
3 there is no easy way fiscally to open
4 a new health center in the Northeast
5 and have it break even.

6 So the kind of supplement
7 that the City provides to maintain
8 and manage our health centers are
9 likely to be needed for a new health
10 center in the Northeast. Until then,
11 we are going to have that problem,
12 and I expect it to increase.

13 COUNCILMAN GREENLEE: Not
14 encouraging but not surprising. Let
15 me just say something about the
16 contract employees. Now, we got
17 information that approximately 36
18 percent of the employees are
19 contracted. Does that sound --

20 DR. SCHWARZ: In ambulatory
21 health?

22 COUNCILMAN GREENLEE: I'm
23 not sure exactly which it could be.

24 DR. SCHWARZ: It could be.

25 COUNCILMAN GREENLEE: Have

1 4/30/12 - STATED - BILL 120164, ETC.

2 you looked at all about some of those
3 employees being civil service?

4 DR. SCHWARZ: We have
5 worked with particularly District
6 Council 47. I mentioned it last year
7 but we have intensified a bit. One
8 of the ways that new opportunities
9 have been lost in the past is that
10 with grant funding, when this
11 happened is the Department
12 historically received new grant
13 funding. And because of its
14 temporary funding, the decision was
15 made that all those hired should be
16 hired through contract.

17 And then if the program
18 continued, we would contract
19 employees. We began with the last
20 contract we had in District 47 with a
21 paragraph that said we agreed to
22 pilot a program to try out civil
23 service exempt for grant funding
24 employees with a three-year proviso.

25 We have now 53 positions.

1 4/30/12 - STATED - BILL 120164, ETC.

2 We have filled 47 of them through
3 civil service. We and the union go
4 together to the Civil Service
5 Commission, get the position declared
6 civil service exempt. And we are
7 hoping that what this will do is
8 provide more opportunity for more
9 people to move back into civil
10 service. We are really motivated to
11 enriching and enhancing and
12 continuing to build a civil service
13 work force.

14 COUNCILMAN GREENLEE: Okay.
15 Well, that's encouraging. Obviously,
16 one of the issues is that those
17 people have to be City residents. Is
18 there any breakdown of how many of
19 the contract workers don't live in
20 the City? Have you looked at that
21 kind of information? I think that
22 would be interesting.

23 DR. SCHWARZ: I don't
24 think I know. Remember, part of the
25 issue is a substantial number of

1 4/30/12 - STATED - BILL 120164, ETC.
2 people who have contracts are
3 physicians. There's a permanent
4 civil service residency waiver for
5 physicians. So whether it's civil
6 service or contract would not make a
7 difference.

8 And part of the reason for
9 civil service waivers is it's
10 difficult to fill positions. So
11 sometimes contracts help --

12 COUNCILMAN GREENLEE: I got
13 you. If there is a way to tell us
14 who are outside the City, if you
15 could forward that to the President,
16 it would be interesting. Thank you.
17 Thank you, Madam Chair.

18 COUNCILWOMAN BROWN: You
19 are welcome. Councilwoman Tasco.

20 COUNCILWOMAN TASCO: Good
21 afternoon.

22 DR. SCHWARZ: Good
23 afternoon.

24 COUNCILWOMAN BROWN:
25 Councilwoman, forgive me. I have

1 4/30/12 - STATED - BILL 120164, ETC.
2 made my first error. It's actually
3 Councilman Bill Green.

4 COUNCILMAN GREEN: Thank
5 you, Madam Chair. Good afternoon.
6 Thank you for coming here today. I
7 do note in your existing health
8 centers, there was an entity or an
9 effort to turn them into different
10 kinds of federally-reimbursed health
11 centers; was there not? Is that
12 proceeding and will that provide more
13 funds to make more funds available?

14 DR. SCHWARZ: That's a
15 great and important question. So we
16 are federally-qualified look-alike
17 health centers. What that means is
18 that we already have received
19 supplemental, enhanced, cost-based
20 reimbursement for Medicaid and
21 Medicare patients. What we don't
22 receive is capital or operating
23 dollars.

24 Up until a year and a half
25 ago, the differences in reporting and

1 4/30/12 - STATED - BILL 120164, ETC.
2 structure between federally-qualified
3 and federally-qualified look-alikes
4 meant that we complied differently.
5 What has happened with new rules is
6 that essentially now we have to
7 follow almost all the rules for a
8 full federally qualified health
9 center.

10 The difference, the one
11 difference is decision making about
12 budget and decision making about
13 staffing are managed by the City in
14 federally qualified look-alikes. And
15 you have to be managed by a Board for
16 federally qualified health centers.

17 Because of the unionized
18 work force under the City contracts,
19 that's a substantial barrier. So
20 that we are exploring whether there
21 is a way -- there is something called
22 a dual entity. We are exploring with
23 the federal government now to see if
24 there is a way to maintain union
25 contracts, unionized work force in

1 4/30/12 - STATED - BILL 120164, ETC.
2 the rules and still achieve full
3 federal qualification.

4 COUNCILMAN GREEN: And how
5 much would that mean to the health
6 system if we were to make that
7 transition?

8 DR. SCHWARZ: We would have
9 to transition one center a year. We
10 couldn't do all eight at once. But
11 it's probably somewhere between,
12 around 600 to \$700,000 a year per
13 health center plus capital for the
14 construction of a new health center
15 or renovation.

16 COUNCILMAN GREEN: So if we
17 were federal and not look-alike, we
18 could build facilities in the
19 Northeast and the compensation for
20 patients would be greater and they
21 may pay for themselves?

22 DR. SCHWARZ: It's one of
23 the things that's very much pushing
24 us to see if there's any way we can
25 do this.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCILMAN GREEN: So how
3 far away is that?

4 DR. SCHWARZ: So we had
5 conversation where it is a lot of
6 work for a number of attorneys to go
7 back and forth with Washington and
8 ask questions and then try to figure
9 out how to make it work. While there
10 are other cities that have federally
11 qualified health centers, the history
12 here is long. So that we have had
13 the health centers since before the
14 last federal qualification.

15 COUNCILMAN GREEN: Have we
16 involved our delegation, Senator
17 Casey?

18 DR. SCHWARZ: We have
19 informed them, yes, and educated
20 them.

21 COUNCILMAN GREEN: And are
22 they advocating on our behalf or are
23 they just in the informational stage?

24 DR. SCHWARZ: I think it's
25 somewhere in between the two. I

1 4/30/12 - STATED - BILL 120164, ETC.
2 can't tell you what they said to
3 anyone but I know they have been
4 interested.

5 COUNCILMAN GREEN: With
6 respect to how you collect revenue,
7 Dr. Evans described his as a sort
8 of -- I don't know whether you call
9 that a capitation model or what it
10 would be -- per person served 475,000
11 people, this is -- you get X dollars
12 per year and then you make it work.

13 Do you get reimbursed for
14 actual services provided as opposed
15 to sort of an unmanaged care plan and
16 are you looking at going to a managed
17 care model for the people that the
18 Health Department services? Is it
19 possible for you to form a, to have a
20 different model for reimbursement,
21 given the new regulations and the
22 current healthcare law that allow for
23 models that would allow you to share
24 revenue with other people,
25 potentially refer people out in a

1 4/30/12 - STATED - BILL 120164, ETC.
2 managed care program that can't serve
3 a new health center, et cetera? Have
4 you explored different options in
5 that regard?

6 DR. SCHWARZ: So the answer
7 to that question is yes and yes but
8 it's complicated in the following
9 way. We are -- because we are what's
10 called cost-based reimbursed under
11 Medicare and Medicaid, we receive
12 capitative dollars from entities like
13 the physical health plans and/or
14 health choices. But then the state
15 directly compensates us for the
16 amount between the capitation and the
17 cost per visit.

18 So we don't receive -- if
19 you ask people, they would say we are
20 capitated. But we are cost-based
21 reimbursed per visit for Medicaid and
22 Medicare. But remember that 52
23 percent of the adults in our health
24 centers, for instance, are uninsured.
25 And the budget for the City provides

1 4/30/12 - STATED - BILL 120164, ETC.
2 dollars to us to not just directly
3 run the health centers but also pay
4 for some specialty benefits for them
5 which makes us a managed care plan.

6 And we have actually really
7 remarkably low costs if you look at
8 the cost to run the City's pay. And
9 the reason for that is we were able
10 in 2008 to negotiate with the largest
11 academic centers in town
12 participation by each of what we are
13 able to pay for specialty care.

14 So each health center is
15 affiliated with at least one academic
16 health center. We manage the
17 referrals. There's a very specific
18 referral system. You come to us and
19 you need a colonoscopy. We will
20 ensure that you get one and pay for
21 it.

22 But if your
23 gastroenterologist says: I want a
24 colonoscopy and three other visits
25 after it, the patient has to come

1 4/30/12 - STATED - BILL 120164, ETC.
2 back so that we see the
3 gastroenterologist's opinion. We
4 decide what to do. We may pick up
5 the phone and call the
6 gastroenterologist. We try to keep
7 as much in-house as we can without
8 creating a barrier to care.

9 COUNCILMAN GREEN: Thank
10 you. I have a few more questions but
11 ...

12 COUNCILWOMAN BROWN: That
13 is remarkable, the relationship that
14 exists with the academic
15 institutions. Is that unprecedented?

16 DR. SCHWARZ: Well, the
17 City has had relationships with
18 academic health centers for a long
19 time, but we have not had them all
20 participate before.

21 COUNCILWOMAN BROWN: So
22 it's uniformity now.

23 DR. SCHWARZ: We're very
24 happy about that.

25 COUNCILWOMAN BROWN: That's

1 4/30/12 - STATED - BILL 120164, ETC.
2 exciting. That speaks to leadership.
3 Councilwoman Tasco.

4 COUNCILWOMAN TASCO: Good
5 afternoon.

6 DR. SCHWARZ: Good
7 afternoon.

8 COUNCILWOMAN TASCO: Couple
9 of questions. As you stated in your
10 testimony during the March 20 Public
11 Health Human Services Committee
12 hearing, Philadelphia will receive a
13 significant cut in these areas under
14 the Governor's proposed budget and
15 that the current estimate is a 20
16 percent reduction which equals about
17 \$42 million.

18 On Friday, Senator Hughes
19 held a State budget meeting at City
20 Hall where he indicated that the
21 State revenue shortfall for this
22 fiscal year would not be \$718 million
23 but close to \$300 million.
24 Considering the State's
25 better-than-anticipated revenue

1 4/30/12 - STATED - BILL 120164, ETC.
2 numbers, are you aware of any efforts
3 through the County Commissioners
4 Association of Pennsylvania or any
5 other parties to restore these
6 fundings?

7 DR. SCHWARZ: Thank you for
8 that question. We have been
9 participating -- I personally have
10 been participating on an ad hoc Human
11 Services Committee of the County
12 Commissioners Association and have
13 been in Harrisburg repeatedly to help
14 with the position statement and the
15 County Commissioners and to educate
16 other communities about this.

17 As Dr. Evans mentioned,
18 the 20 percent cut in the bloc
19 granting of dollars on the Behavioral
20 Health side and some on the Human
21 Services side is really very
22 worrisome.

23 There is an impact
24 indirectly from the bloc grant of the
25 Human Services development funding

1 4/30/12 - STATED - BILL 120164, ETC.
2 into that with a 20 percent cut.
3 That 20 percent affects the
4 Department of Public Health.

5 So the complexity of that
6 bloc grant is difficult. And it's
7 taken a long time, I think, both for
8 the State and for the advocates in
9 the counties to understand all of
10 that complexity. And as Dr. Evans
11 also said, we are really worried
12 about general assistance.

13 So the loss of that income
14 which is a tiny amount really per
15 person per month makes an enormous
16 difference to people's stability and
17 their ability to live. We are very
18 worried that we are going to see
19 increasing numbers of people who are
20 one, uninsured because general
21 assistance -- there's a general
22 assistance cash line and there's a
23 general assistance medical assistance
24 line.

25 While the State has

1 4/30/12 - STATED - BILL 120164, ETC.
2 insisted that there will not be cuts
3 to the general assistance Medicaid
4 line in terms of people covered, half
5 almost of the cut in the State budget
6 in the general assistance line is
7 related to medical assistance. So we
8 expect a substantial number of people
9 to now be uninsured who previously
10 had medical assistance coverage,
11 which is going to be a huge problem
12 in Philadelphia generally and will be
13 a problem in our health centers.

14 COUNCILWOMAN TASC0: Is
15 there still continued discussion
16 about this?

17 DR. SCHWARZ: I think
18 there's ongoing discussion. As I
19 understand it, the final revenue
20 projections looking forward will be
21 in at the end of May. And I think
22 the legislature will use those
23 numbers in their decisions for the
24 final budget for this year. So we
25 are hopeful.

1 4/30/12 - STATED - BILL 120164, ETC.

2 But remember, there are
3 many cuts in the Governor's budget,
4 including higher education cuts like
5 Temple were harmed by that. So we
6 are hoping there is enough extra
7 revenue there to fund everybody back
8 to where they should be but we are
9 very worried about the impact on
10 Human Services and on people's
11 potential to survive in Philadelphia.

12 COUNCILWOMAN TASC0: In
13 your testimony, you discuss the
14 national HIV AIDS strategy and the
15 new model that was used in an HIV
16 high impact RFP. It is my
17 understanding that this RFP will be
18 used to provide services in the
19 Sharswood-Stanton,
20 MillCreek-Parkside, Strawberry
21 Mansion, Poplar-Temple, Nicetown-
22 Tioga and Hunting Park-Fairhill
23 sections of the City in a way to
24 address the City's HIV infection rate
25 which is four to five times the

1 4/30/12 - STATED - BILL 120164, ETC.
2 national average. In this regard,
3 what was the community participation
4 process in selecting providers for
5 these areas?

6 DR. SCHWARZ: Absolutely.
7 So there is a community board that
8 helps set priorities when an RFP is
9 put out. In addition --

10 COUNCILWOMAN TASC0: For
11 all -- the community board?

12 DR. SCHWARZ: It's an
13 advisory group, yes, a consumer and
14 community group. In addition, the
15 office works with obviously a lot of
16 agencies and talks with them about
17 what they are seeing, what the
18 emergent need is. We are being
19 driven as well by the federal
20 government.

21 So the federal HIV
22 prevention plan has moved to a new
23 model which I think is probably
24 scientifically a better model for
25 prevention. That very much

1 4/30/12 - STATED - BILL 120164, ETC.
2 influenced what was in that request
3 for proposal as well as community
4 input.

5 COUNCILWOMAN TASC0: So
6 that these areas that I named, you
7 will target those areas to provide
8 services within those communities?

9 DR. SCHWARZ: For
10 prevention.

11 COUNCILWOMAN TASC0: For
12 prevention. So you RFP out to
13 existing groups that are providing
14 these services?

15 DR. SCHWARZ: Ask them
16 where they would plan to service so
17 that we get coverage where we know
18 there is the most need in the City.

19 COUNCILWOMAN TASC0: The
20 RFP provides additional dollars?

21 DR. SCHWARZ: It actually
22 supplants the previous CDC funding.
23 So this is passed and then stopped
24 funding and then started with new
25 priority. We were able to fund

1 4/30/12 - STATED - BILL 120164, ETC.
2 almost every agency that had been
3 funded; they have to concentrate in
4 different ways and the services are
5 different.

6 COUNCILWOMAN TASC0: To
7 what extent have the larger AIDS
8 services organizations provided
9 services to make a greater impact on
10 prevention?

11 DR. SCHWARZ: I can tell
12 you what's different. Maybe that
13 will help. So we know from good
14 national data, urban data as
15 others -- and the CDC said this --
16 that probably the least
17 cost-effective strategy is doing
18 prevention with people who are HIV
19 negative. Remember that anyone who
20 becomes HIV positive has had some
21 contact with someone who is HIV
22 positive.

23 So doing prevention with
24 positives, as it's called, is a much
25 more effective strategy in ensuring

1 4/30/12 - STATED - BILL 120164, ETC.
2 that people who are HIV infected are
3 linked to care and educated about
4 prevention and infectivity is a much
5 more effective strategy.

6 In addition, we know that
7 the epidemic is increasing among men
8 who have sex with men who are
9 African-American. And so we have
10 moved our dollars and encouraged
11 agencies to reach out, find and help
12 men having sex with men who are
13 African-American, in particular
14 because that's a population where
15 there is a large part of the epidemic
16 and an important population in
17 increasing the epidemic. Something
18 needs to be done. We have to do
19 something to reach those folks in
20 order to help control HIV spread.

21 COUNCILWOMAN TASCO: I
22 think that's it. I have one other
23 question and you may not be able --
24 just to bring it to your attention.
25 And we may call on you to help.

1 4/30/12 - STATED - BILL 120164, ETC.

2 You know, when you talked
3 about the lead abatement. Thoughts
4 about when the area was demolished, a
5 lot of the houses, some of the
6 salvage out of the houses, some of
7 that was put back. So we did have
8 the Army Corps of Engineers go
9 through there. And they did a study
10 and they took some of the topsoil.

11 But as we move to trying to
12 find a solution to the area in terms
13 of revitalization, I do believe I
14 think we need to include your
15 Department with the discussions. I
16 had not thought about that and made
17 that connection until the discussion
18 when we talked to you about the lead
19 paint. Because we looked at
20 gardening and all that. But that's
21 out unless you do it above the ground
22 because of the lead and other
23 contaminants in the ground.

24 DR. SCHWARZ: Topsoil is
25 really important. Remember, the

1 4/30/12 - STATED - BILL 120164, ETC.
2 continued use of lead in lead-based
3 petroleum products and the continued
4 demolition will continue to put into
5 the air certain amounts of lead. So
6 that even topsoil becomes
7 contaminated over time.

8 COUNCILWOMAN TASC0: Do we
9 need to ask the Army Corps of
10 Engineers to take out some of the
11 topsoil --

12 DR. SCHWARZ: Well, that's
13 high lead soil so taking it out is a
14 better thing, we think. But the
15 biggest issue is really helping
16 people know that their children need
17 their hands washed repeatedly, that
18 inside the house where people track
19 dirt and dust, there needs to be
20 wet-mopped cleaning and special
21 vacuum cleaning to remove as much
22 lead dust as possible and vigilance
23 is really important.

24 The biggest cause of really
25 high lead levels remains lead paint

1 4/30/12 - STATED - BILL 120164, ETC.
2 in homes. And I don't want to
3 underestimate the importance of
4 families being attentive to,
5 particularly if there is a child
6 under six, any free-flaking paint in
7 their home. That's going to be what
8 causes a child's lead level to go up
9 very quickly and cause the most
10 damage.

11 Lower levels of lead are
12 also of importance. But I really
13 worry about flaking paint. We still
14 have it in a lot of homes in
15 Philadelphia. We are trying very
16 hard with increasingly limited
17 resources to educate people on the
18 way to find flaking paint and remove
19 it. But it's an enormous issue and
20 it's going to continue to be an
21 enormous issue in the City.

22 COUNCILWOMAN TASC0: Thank
23 you.

24 COUNCILWOMAN BROWN: Thank
25 you, Councilwoman Tasco. Please, if

1 4/30/12 - STATED - BILL 120164, ETC.
2 you think there are additional
3 legislative measures we can take that
4 are not onerous in a way where we
5 strangle the real estate community,
6 let's a member of your team and my
7 office have subsequent conversations.

8 We recognize that we have
9 to live in a world we operate in and
10 that is compromised. So when I hear
11 that the magnitude of the issue
12 requires more than is seen, then we
13 need to talk about that.

14 DR. SCHWARZ: Thank you.

15 COUNCILWOMAN BROWN: Okay.

16 Secondly, as a follow-up to
17 Councilwoman Tasco's question
18 regarding HIV and the AIDS position,
19 are you aware of the work done by Dr.
20 Loretta Sweet Jemmott at Penn on this
21 issue and they now have a barbershop
22 study that is under way. Any work
23 with, linkages with what they are
24 doing to sort of scale up the work
25 around AIDS for the very population

1 4/30/12 - STATED - BILL 120164, ETC.
2 you just mentioned?

3 DR. SCHWARZ: So I have
4 known the Jemmotts and worked with
5 the Jemmotts for much of my
6 professional career. And we, like
7 other jurisdictions around the
8 country, watch carefully for best
9 practices. They are some of the
10 folks who create best practices.

11 We don't fund or implement
12 interventions until they are proven
13 to work because we go to scale. We
14 try to take what works and use it to
15 supplant what doesn't work --

16 COUNCILWOMAN BROWN: I see.

17 DR. SCHWARZ: -- and move
18 forward. Occasionally there are
19 populations like African-Americans
20 having sex with men where the science
21 hasn't caught up yet and we don't
22 have interventions in large numbers
23 that are known to work. And there we
24 do the best we can.

25 That's the one exception to

1 4/30/12 - STATED - BILL 120164, ETC.
2 where we use best practice. We try
3 to use best practice. We try to
4 implement best practice for
5 populations even if they weren't
6 first developed there.

7 COUNCILWOMAN BROWN: Very
8 instructive. Thank you. If we can
9 please now hear from Councilwoman
10 Bass.

11 COUNCILWOMAN BASS: Good
12 afternoon.

13 DR. SCHWARZ: Good
14 afternoon.

15 COUNCILWOMAN BASS: I just
16 have a couple of really quick
17 questions. And so the first is on
18 the waiting time for adult
19 appointments. And I know you have
20 addressed this somewhat with
21 Councilman Greenlee.

22 But it looks like you have
23 to wait an additional 15 days now
24 because of the increases and also as
25 to some of the things you said, from

1 4/30/12 - STATED - BILL 120164, ETC.
2 the economy and a number of different
3 factors, that the wait time for
4 first-time adult patients has
5 increased significantly.

6 But then I noticed that
7 there was no significant wait time
8 for pediatric appointments. I was
9 just wondering if you can explain or
10 what your feeling is as to why that
11 is.

12 DR. SCHWARZ: So the
13 Department has had a commitment to
14 work really hard to ensure that there
15 is no wait time for children.

16 COUNCILWOMAN BASS: So it's
17 a priority?

18 DR. SCHWARZ: A priority,
19 yes. And we have been fortunate that
20 Council has given us the resources to
21 staff pediatricians and so we are
22 able to provide that. What we have
23 tried to do with adults -- there are
24 lots of things we have tried to do.
25 And I should point out that the

1 4/30/12 - STATED - BILL 120164, ETC.
2 number itself, the wait time of year
3 varies with how many staff are here
4 versus have left.

5 We had over the last few
6 months a number of physicians who
7 have left in key centers. We are
8 staffing up again. So we are looking
9 forward to hiring some doctors and we
10 are finally fully staffed up with
11 nurses. So we expect that wait time
12 to come down.

13 In addition, as we
14 mentioned in the capital budget
15 process, we finally got the design
16 done for Health Center 10 and it
17 looks like we can expand by four new
18 examiners in Health Center 10. And
19 we are hoping that substantially
20 lowers the waiting time for a new
21 patient visit.

22 COUNCILWOMAN BASS: You
23 said that you just did some hiring in
24 this time of year --

25 DR. SCHWARZ: We can't

1 4/30/12 - STATED - BILL 120164, ETC.
2 predict when people will leave.

3 COUNCILWOMAN BASS: Okay.

4 DR. SCHWARZ: We can
5 predict some. We can predict people
6 who are retiring.

7 COUNCILWOMAN BASS: So it's
8 an ebb and flow. It's not like --
9 normally this time of year this
10 happens -- okay.

11 The other thing I wanted to
12 ask you about is that you note the
13 very low rates of emergency room use
14 among your patients according to
15 insurance companies and hospitals. I
16 was just wondering how is that
17 tracked because I know there are
18 privacy laws. How do you know?

19 DR. SCHWARZ: So we asked
20 Medicaid insurance companies to
21 provide us with the rate of visits,
22 how many patients were in our panel
23 with them and how many emergency room
24 visits were made by that panel
25 compared to other primary care

1 4/30/12 - STATED - BILL 120164, ETC.
2 providers. And we have low rates of
3 use.

4 I think part of it may
5 be -- and I don't know for sure --
6 that we have a substantial what's
7 called walk-in practice. So once you
8 are registered with us, you can walk
9 into a health center. And you have
10 seen that in your neighborhood
11 waiting line.

12 Well, I have to tell you
13 before I came to the City, I always
14 thought that that kind of waiting
15 line was a terrible thing. Everybody
16 should have appointments. But I
17 think for many folks, particularly
18 poorer folks, you can't predict when
19 you are going to be sick.

20 COUNCILWOMAN BASS:
21 Exactly.

22 DR. SCHWARZ: And then your
23 choice then becomes either the
24 emergency room or nothing. And
25 that's for your health center

1 4/30/12 - STATED - BILL 120164, ETC.
2 patients where you can walk in. Many
3 other federally-qualified health
4 centers do send their appointments.
5 Many of our patients do not have
6 phones.

7 So we have maintained
8 walk-in as a substantial part of our
9 practice. And I think it makes a
10 difference to people's need to go to
11 the emergency room.

12 COUNCILWOMAN BASS: Okay.
13 Good. And I also have a question on
14 -- actually, I have a question on the
15 medical examiner's office. I came
16 into a situation earlier this year in
17 which a family was trying to view the
18 body of someone who had been murdered
19 in the City of Philadelphia. I think
20 it was a Saturday evening.

21 I was contacted because
22 they were told they could not get in
23 to identify the victim. It was
24 Saturday night. Everything was
25 closed. And I just wanted to -- so

1 4/30/12 - STATED - BILL 120164, ETC.
2 that's not --

3 DR. SCHWARZ: I don't know
4 what happened. I would be really
5 interested if you would tell me.

6 COUNCILWOMAN BASS: Sure.
7 I would be happy to relay that
8 information.

9 DR. SCHWARZ: And we will
10 go and look. The medical examiner's
11 office should be a 24/7 operation.

12 COUNCILWOMAN BASS: Okay.
13 And can I ask one more question? The
14 last statement I thought I just
15 wanted to get your comment on was
16 maternal child and family health. It
17 looks like you have seen significant
18 improvement in the rate of death for
19 black infants. And I just wanted to
20 know if you could comment on that and
21 how did it happen? How can we keep
22 it happening, you know. Was there a
23 particular program or outreach
24 project? Because obviously that's
25 really important.

1 4/30/12 - STATED - BILL 120164, ETC.

2 DR. SCHWARZ: So I think
3 one, we're delighted by it. And two,
4 I have to say I think it's many
5 people growing roots in the same
6 direction. So I can't pinpoint for
7 you it happened because of this
8 individual thing. There is a lot of
9 collaboration. There are a lot of
10 really great programs like our
11 Healthy Start Program which goes out
12 and finds folks to get them into
13 prenatal care, supports folks after
14 their delivery.

15 There are programs at
16 hospitals now to try to facilitate
17 women coming in, high risk births and
18 so forth. I think everything taken
19 together probably makes that
20 difference.

21 What is really remarkable
22 is: Remember, we have had a lot of
23 hospital delivery rooms close in the
24 last ten years. And despite that
25 closure, infant mortality rates have

1 4/30/12 - STATED - BILL 120164, ETC.
2 continued to come down. So we are
3 really delighted that they are coming
4 down. We think they are still too
5 high. So we are still looking for
6 new approaches to try to enhance the
7 decline in death. But that's about
8 the best I can say.

9 COUNCILWOMAN BASS: Okay.
10 Thank you very much.

11 COUNCILWOMAN BROWN:
12 Councilman Henon.

13 COUNCILMAN HENON: Thank
14 you, Madam Chair. In your testimony,
15 you indicated that the ARRA funding
16 will be coming to an end. As a
17 result of that, a loss of certain
18 programs. Can you tell me what
19 specific programs? Are they
20 temporary in nature due to the fact
21 they are stimulus, short-term funded?

22 DR. SCHWARZ: So the
23 majority of programs had to do with
24 tobacco and obesity prevention. Many
25 of -- some of those programs were

1 4/30/12 - STATED - BILL 120164, ETC.

2 gear-ups. So we had a fairly
3 substantial investment in order to
4 get people to capacity so they could
5 do this. So the funding will end.
6 We are hoping some of the programs
7 don't end. Some of the programs will
8 require ongoing funding.

9 We have requested that in
10 our General Fund request. In
11 addition we have been able to pull
12 down federal dollars. So there are
13 some, although much less federal
14 dollars that we are continuing
15 because we were fortunate to succeed
16 nationally in a competitive bid to
17 bring in dollars on obesity and
18 tobacco.

19 COUNCILMAN HENON: You feel
20 confident that you will be able to
21 fund the obesity program?

22 DR. SCHWARZ: We will fund
23 an obesity program. And I can't say
24 it would be the same as it was with
25 the enhanced dollars. But we think

1 4/30/12 - STATED - BILL 120164, ETC.
2 that we are able to fund particularly
3 high impact programs and to undertake
4 a couple of new initiatives that we
5 think are important based on what we
6 have identified as important causes
7 of the problem Citywide.

8 COUNCILWOMAN BROWN:
9 Councilman Bill Green.

10 COUNCILMAN GREEN: I
11 apologize, Councilwoman. Point of
12 information. I am going to run to a
13 lunch. So my point of information
14 is: Would you please provide the
15 details of any studies you have done
16 about why the programs -- you said
17 there was evidence that these
18 programs have been effective.
19 Provide details about that, provide
20 details of the exact dollar
21 expenditures of the stimulus money
22 and others, what it was spent from
23 advertising to other things.

24 And specifically explain in
25 writing why you were provided gear-up

1 4/30/12 - STATED - BILL 120164, ETC.
2 money costs when there was no
3 guarantee that the program would get
4 continued funding to survive. So it
5 sort of makes some very big
6 assumption about how Council is going
7 to spend the money. I don't have
8 time to get into it. So please just
9 provide those answers to the Chair.

10 COUNCILWOMAN BROWN: Did
11 you say gear-up dollars?

12 COUNCILMAN GREEN: Yeah.

13 COUNCILWOMAN BROWN: Okay.
14 Thank you.

15 COUNCILMAN HENON: I don't
16 have to answer that part of my
17 question.

18 DR. SCHWARZ: We will
19 provide that to you.

20 (Laughter.)

21 COUNCILMAN HENON: Have you
22 in addition to -- are you identifying
23 any access to private resources to
24 support some of these initiatives
25 moving forward such as the obesity

1 4/30/12 - STATED - BILL 120164, ETC.
2 based on what Councilman Green sort
3 of rightfully asked based on the data
4 you would retrieve?

5 DR. SCHWARZ: What's been
6 very gratifying is that we invested
7 in partnership with a lot of both
8 nonprofit and for-profit entities,
9 for instance, corner stores. And we
10 helped people develop business plans.
11 They are continuing to do the work
12 without our funding.

13 So there are many, many,
14 many agencies now in Philadelphia,
15 organizations and businesses, which
16 are continuing the work which is what
17 we had hoped.

18 And we will continue. One
19 of the things that we are supporting
20 is continuing to track and monitor
21 what happens with obesity in each
22 neighborhood in the City so that we
23 can know our private efforts as well
24 as our own impacting. But there is a
25 lot of private dollars essentially

1 4/30/12 - STATED - BILL 120164, ETC.
2 going into both obesity and tobacco
3 reduction.

4 COUNCILMAN HENON: You also
5 indicated in your testimony that
6 there is a four-month inspection
7 interval for high risk restaurant
8 establishments. Can you define high
9 risk establishment?

10 DR. SCHWARZ: Sure. This
11 has to do with national standards for
12 what kinds of foods, if not prepared
13 well, are most likely to cause
14 infection. So, for instance, sushi.
15 Sushi is a really high risk food.
16 And you want to be able if you like
17 sushi, to go out and have sushi
18 safely.

19 Well, in order to insure
20 that restaurants that are preparing
21 or food stores that are preparing and
22 serving sushi remain safe, we have
23 made the interval for inspections
24 just four months so that we go back
25 frequently. That kind of high risk

1 4/30/12 - STATED - BILL 120164, ETC.
2 food we believe deserves a different
3 inspection interval so that you can
4 be assured and the public can be
5 assured that food is safe.

6 COUNCILMAN HENON: And if
7 you could provide to the Chair -- I
8 don't need you to answer this here
9 how many of those --

10 DR. SCHWARZ: How many
11 establishments?

12 COUNCILMAN HENON: Sure. I
13 also believe you are responsible for
14 noise-related inspections and
15 violations; is that correct?

16 DR. SCHWARZ: Yes.

17 COUNCILMAN HENON: Can you
18 talk about how the process works?
19 How often you send departmental staff
20 to inspect for noise violations.

21 DR. SCHWARZ: So we do it
22 on a complaint basis. It's not --
23 really, if you think about it, noise
24 is one of those things that comes and
25 goes. It could be anywhere. And

1 4/30/12 - STATED - BILL 120164, ETC.
2 there isn't a routine way to inspect.

3 But if there is a
4 complaint, we go out to the
5 complaint. We will often go back,
6 depending on the nature of the
7 complaint. If somebody says, there
8 is a construction site and that
9 construction site at 2 in the morning
10 is doing jackhammering and it's
11 really loud. We go out with monitors
12 for how loud the noise is.

13 And we monitor for the
14 noise. If it's not going on at that
15 time as it comes and goes, we try to
16 find out from the complainant what
17 are the usual times, the nature of
18 the business, if it's a loud
19 ventilator fan, for instance. And we
20 go back again.

21 So it's a somewhat tricky
22 business to find noise. And the --

23 COUNCILMAN HENON: The
24 reason why I asked that question is:
25 Do you think it's appropriate for

1 4/30/12 - STATED - BILL 120164, ETC.
2 your Department to be handling noise
3 complaints?

4 DR. SCHWARZ: We -- in
5 writing out violations for noise
6 which can be questionable, we do it.

7 COUNCILMAN HENON: Well, as
8 I say, it certainly is a problem in
9 neighborhoods and I certainly believe
10 that it should be addressed. But I
11 am just trying to draw the -- where
12 it fits in with your Department and
13 why.

14 DR. SCHWARZ: So it was
15 Council that determined where the
16 enforcement should be handled. The
17 Department has taken it on, I think,
18 with seriousness and with as much
19 effort as we can put in. I think we
20 respond to complaints pretty quickly.

21 Where it happens in City
22 government is probably less important
23 than that it happens effectively. We
24 have tried to respond effectively to
25 it. So in that way, I think we are

1 4/30/12 - STATED - BILL 120164, ETC.
2 probably as good as anybody else in
3 the sense of responding.

4 COUNCILMAN HENON: But do
5 you think it's appropriate for your
6 Department?

7 DR. SCHWARZ: I don't know
8 who else would do it.

9 COUNCILMAN HENON: Okay.
10 My last question is -- there has
11 been, you know, reference regarding
12 the health centers. There has been
13 talks about or has there been any
14 talks about consolidations in the
15 health centers?

16 DR. SCHWARZ: We are really
17 busy in the health centers is the
18 problem. When I started this job, it
19 was one of the first things that I
20 was interested to see if there were
21 efficiencies that we could do through
22 consolidation. We have really busy
23 health centers. Every one of them
24 has a waiting list.

25 And I -- we have had to at

1 4/30/12 - STATED - BILL 120164, ETC.
2 various times during the financial
3 crisis for the City put health
4 centers on the list of things that
5 could be cut. And I have to say, I
6 have never made that decision and I
7 hope never to have to because there
8 is no health center that is not
9 serving a substantial need within its
10 community.

11 COUNCILMAN HENON: I
12 believe it's Health Center No. 10. I
13 wonder if there are still talks about
14 moving that or closing that down.

15 DR. SCHWARZ: Ten is the
16 busiest. It has the longest wait.
17 It's the area of the City where the
18 population growth really is
19 remarkable and we have a lot of
20 people without insurance. So we are
21 quite happy where we are.

22 We would like a bigger
23 health center. I think we need a
24 bigger health center. We would need
25 the staff, then, to staff a bigger

1 4/30/12 - STATED - BILL 120164, ETC.
2 health center. So that over the last
3 four years with the recession, we
4 haven't had a whole lot of
5 flexibility in thinking about
6 increasing capacity. The expansion
7 of four rooms where we redesigned a
8 part of the health center at
9 phenomenal cost in order to try to
10 get more capacity to see people, we
11 are hoping that will reduce some of
12 the waiting time.

13 COUNCILMAN HENON: I'll ask
14 you off line more details about that
15 Health Center No. 10 or if you could
16 just provide it to the Chair how many
17 are insured, how many are not
18 insured, what type visits, how long
19 the wait is, the cost analysis.

20 DR. SCHWARZ: We have all
21 of that.

22 COUNCILMAN HENON: I wanted
23 to follow up with an earlier question
24 that Councilman Greenlee had
25 mentioned about -- I believe it was

1 4/30/12 - STATED - BILL 120164, ETC.
2 pharmacies not having the -- I guess
3 amount, not attracting pharmacists
4 because of salaries. I think that's
5 why for some of those facilities.

6 Have you done a
7 cross-analysis on whether public
8 employees and contract services,
9 which would save the City X amount of
10 dollars, the right amount of dollars
11 while still providing the service and
12 the expertise that's necessary? I
13 understand that by contract they are
14 allowed X amount of dollars per
15 pharmacist.

16 But if they received more
17 money, it was to the City's benefit
18 and the citizens' benefit; has that
19 been ever on the table?

20 DR. SCHWARZ: Yeah. We
21 actually challenge ourselves in what
22 we pay by contract and what's paid
23 through Civil Service. We work
24 really hard to try to keep them
25 comparable. Part of the issue is in

1 4/30/12 - STATED - BILL 120164, ETC.
2 healthcare, as you may know, salaries
3 go up pretty fast, particularly in
4 the Philadelphia market. And it's
5 hard in the Civil Service system to
6 increase salaries, particularly
7 because we have had a salary freeze
8 in the City. But it's hard to
9 increase salaries quickly.

10 So that we are almost
11 always going to be behind market.
12 But we try very hard to increase our
13 salaries, anticipating that. So it's
14 this funny game: Which is more
15 attractive?

16 In addition, for many
17 healthcare personnel working in the
18 City because of the slowness for
19 salaries to increase, is just
20 unacceptable. So there are some
21 folks that don't want to work for the
22 City. They would rather work for a
23 contracted agency.

24 We also see that there are
25 a number of people who come into

1 4/30/12 - STATED - BILL 120164, ETC.
2 Civil Service. The turnover rate is
3 quite high. We work really hard.

4 All of those lead to why we
5 make a decision or have to make a
6 decision often of how we hire folks.
7 But I have to say we have worked
8 pretty hard to make the salaries
9 comparable. There is a lot of
10 old-time myth about how we pay so
11 much more.

12 People on contract
13 generally don't get benefits because
14 they work part time. And we comply
15 with the time provisions and we do
16 our best but people generally don't
17 have benefits. So you look at apples
18 to apples, how much is the cost to
19 the City, the cost is pretty
20 comparable, whether people are on
21 contract or in Civil Service.

22 COUNCILMAN HENON: No
23 further questions. Thank you.

24 COUNCILWOMAN BROWN: I do
25 have a few remaining questions,

1 4/30/12 - STATED - BILL 120164, ETC.
2 Commissioner. Let me also say thank
3 you and express my appreciation. And
4 I would suspect that no one can ever
5 speak for Councilman Goode, that in
6 his absence speak to the enormous
7 difference that has been demonstrated
8 with regards to minority, women-owned
9 business participation and the
10 improvement in the numbers over the
11 last few years.

12 If you could speak to --
13 you talked about the Supplier
14 Diversity program, where that is in
15 your helping not-for-profits or
16 for-profits -- I understand that's no
17 longer optional -- if you want
18 business with the government is not
19 required --

20 DR. SCHWARZ: That's
21 correct.

22 COUNCILWOMAN BROWN: Where
23 that is in the journey for 100
24 percent participation.

25 DR. SCHWARZ: So we have

1 4/30/12 - STATED - BILL 120164, ETC.
2 worked with, particularly our
3 nonprofit partners, to increase
4 participation in their opportunities
5 for for-profit subcontracting. We
6 have asked now as part of the general
7 provisions that everyone have a
8 Supplier Diversity program, educate
9 them about their Supplier Diversity
10 programs and asked that they submit
11 their Supplier Diversity program to
12 us.

13 We don't have it from
14 everybody but we are doing pretty
15 well.

16 COUNCILWOMAN BROWN: And
17 you have the means of verifying?

18 DR. SCHWARZ: Yes. We
19 check their numbers. As far as we
20 know, we ask them to report on their
21 numbers. We check their numbers. I
22 can give you numbers on our --

23 COUNCILWOMAN BROWN: That's
24 okay. I am okay with the information
25 we have thus far. The breakdown of

1 4/30/12 - STATED - BILL 120164, ETC.
2 how your Department looks at the
3 professional level is useful. But if
4 you could go a little further to help
5 me understand what the executive
6 level looks like. You did mention a
7 deputy finance director for
8 administration. What other deputies
9 do you have?

10 DR. SCHWARZ: Chief of
11 Staff.

12 COUNCILWOMAN BROWN: Just
13 the three?

14 DR. SCHWARZ: For deputies.

15 COUNCILWOMAN BROWN: Okay.
16 Are they appointed or just the civil
17 service positions?

18 DR. SCHWARZ: They are
19 appointed. There is a Civil Service
20 deputy as well. That's it.
21 Remember, the recession when the City
22 cut budgets, they cut substantially
23 on the Commissioner's office. So we
24 are a small, efficient group.

25 COUNCILWOMAN BROWN: In

1 4/30/12 - STATED - BILL 120164, ETC.
2 government, that's important. My
3 staff and I have sat down with
4 members of your team to discuss the
5 hurdles that new businesses continue
6 to face when they want to open up new
7 restaurants in town. And I sat with
8 two restaurant people because I
9 wanted to hear from their mouths to
10 my ears and not filter what the
11 hurdles are.

12 One of them I observed -- I
13 guess I need to first ask the
14 question: What is the link between
15 the Commerce Department and L&I on
16 having a hit list of what businesses,
17 particularly restaurants, need to get
18 done prior to opening so that there
19 is not 24 hours before showtime and
20 they learn they have not taken care
21 of X number of licensees and there's
22 delays in showtime which creates a
23 domino effect for that company?

24 DR. SCHWARZ: So we are in
25 the process of creating with L&I and

1 4/30/12 - STATED - BILL 120164, ETC.

2 Commerce, the Office of

3 Sustainability and our own Get

4 Healthy Philly something called the

5 Food Business Working Group. We meet

6 every other month to improve

7 communications across departments, to

8 discuss food-related problems and

9 issues, training programs and

10 legislation and to recommend

11 administrative policy changes to

12 streamline the regulatory process.

13 COUNCILWOMAN BROWN:

14 Outstanding.

15 DR. SCHWARZ: We have heard

16 you.

17 COUNCILWOMAN BROWN: Thank

18 you very, very much. That was

19 really, really -- it was big.

20 So different question. You

21 know the condition our schools are

22 facing. And there are some schools

23 that actually have active, engaged,

24 participatory parents who want to do

25 basically what are called bake sales.

1 4/30/12 - STATED - BILL 120164, ETC.

2 So here's the issue.

3 I completely understand the
4 reasoning behind food -- food not
5 being prepared in commercial kitchens
6 because they are parents who are
7 baking foods in their homes. So the
8 existing rule appears to be strict.

9 And while the State -- it's my
10 understanding that the State holds us
11 to a lesser standard than we have
12 adopted when it comes to nonprofits.
13 So can you speak to your thoughts on
14 that, whether or not we can consider
15 some level of leniency given the
16 circumstances.

17 We know that there are
18 standard operating procedures.
19 Uniformity is an issue. But for
20 parents who want to bake to raise
21 money for their kids' programing and
22 not in a commercial kitchen, where do
23 we find some middle ground there for
24 them?

25 DR. SCHWARZ: So State

1 4/30/12 - STATED - BILL 120164, ETC.
2 rules -- and I will start and my
3 Director of Environmental Health can
4 step forward if I start to error.
5 The State rules actually provide us
6 with clarity -- we are not inspecting
7 people's home kitchens for bake
8 sales. So if schools wish to have
9 bake sales, they can.

10 We are trying to encourage
11 schools to have other kinds of
12 fund-raisers because of our healthy
13 eating and obesity prevention. So
14 that's the other conflict here.

15 COUNCILWOMAN BROWN: Of
16 course. Of course.

17 DR. SCHWARZ: And there are
18 many other ways that schools can
19 raise money other than bake sales.
20 We are trying to encourage that. You
21 know that we have created about 200
22 schools' Wellness Councils.

23 COUNCILWOMAN BROWN: Yes.

24 DR. SCHWARZ: And the
25 Wellness Councils have been a

1 4/30/12 - STATED - BILL 120164, ETC.
2 terrific active vehicle in trying to
3 understand where less healthy foods
4 are promoted within the school
5 environment, be it school stores or
6 bake sales. And we are trying to
7 work with other parents and
8 administrators and others in the
9 school to suggest other ways that
10 people can raise money for the
11 schools besides the bake sales.

12 COUNCILWOMAN BROWN: So I
13 say this with tongue in cheek. Opt
14 to sell oatmeal cookies with raisins
15 in them versus white flour cake.

16 DR. SCHWARZ: Healthier is
17 always better.

18 COUNCILWOMAN BROWN: It's
19 fundamental. You would be surprised
20 how many of our parents simply don't
21 see the distinction.

22 DR. SCHWARZ: I completely
23 understand. I think it's an
24 educational issue in part. I
25 understand people wanting to do

1 4/30/12 - STATED - BILL 120164, ETC.
2 something to support their schools,
3 and I think it's critically
4 important.

5 So we are trying to be good
6 partners. We have a lot of faith in
7 the Wellness Councils who really get
8 it and are doing remarkable things
9 even within the current environment
10 in our schools to try to promote
11 health and wellness. So we are, as I
12 say, we are trying to be good
13 partners and understanding about it.
14 And we understand bake sales in this
15 environment.

16 COUNCILWOMAN BROWN:
17 Lastly, I am my own self-appointed
18 menu police officer. And I pay
19 particular attention to restaurants
20 who are not honoring the rule. And
21 so when we see that, first of all,
22 update us on what the Department is
23 doing to insure compliance with the
24 menu labeling law.

25 DR. SCHWARZ: We are

1 4/30/12 - STATED - BILL 120164, ETC.
2 continuing to enforce -- excuse me.
3 We are continuing to observe. We
4 have the challenge, as you know, that
5 federal healthcare reform preempted
6 us. So we were preempted on all but
7 calories. And there is no final
8 federal rule on menu labeling.

9 So the FDA more than a year
10 ago, March 23rd last year, put out
11 their draft regulation. Until there
12 is final federal regulation, we have
13 a great deal of trouble enforcing
14 since we were preempted. So we are
15 working in a voluntary program. So
16 we are going around as we do our
17 regular restaurant inspection and
18 food inspection. We are educating.
19 We are working with partners.

20 86 percent are in
21 compliance. Some are not in
22 compliance. We know that.

23 COUNCILWOMAN BROWN: 86
24 percent?

25 DR. SCHWARZ: Yes. We can

1 4/30/12 - STATED - BILL 120164, ETC.

2 provide you with all the numbers as
3 we did last year. We are pretty
4 happy with how it's going. We are
5 also going to have some very exciting
6 news about the impact of labeling,
7 including sodium labeling, on real
8 food choice and how important it's
9 going to be as an opportunity for
10 promoting health nationwide.

11 And you were the person who
12 put it forward.

13 COUNCILWOMAN BROWN: That's
14 exciting.

15 DR. SCHWARZ: I think you
16 are going to be very proud of what we
17 find in terms of the importance of
18 menu labeling as an opportunity
19 nationally to promote national
20 health. We are hopeful that the FDA
21 will soon have final rules out and we
22 can begin enforcing it.

23 COUNCILWOMAN BROWN: Thank
24 you. I appreciate that. I would
25 like to go back to finally the

1 4/30/12 - STATED - BILL 120164, ETC.
2 discussion about academic medical
3 institutions partnering with the City
4 Health Department. Did you get much
5 pushback from helping those
6 institutions understand their value
7 that they bring to partnering with
8 the City on this type of effort?

9 DR. SCHWARZ: No. They
10 have been wonderful partners.

11 COUNCILWOMAN BROWN: Okay.
12 That's encouraging. I think that
13 might be it, Commissioner. Thank you
14 for the enormously important work
15 that your Department does.

16 DR. SCHWARZ: Thank you for
17 your consistent support of Public
18 Health.

19 COUNCILWOMAN BROWN:
20 You're welcome. I have just been
21 informed, everyone, that we will be
22 on a break until 1:45. Thank you.

23 (Lunch recess.)

24 COUNCILMAN GREENLEE:
25 The Chair recognizes the Department

1 4/30/12 - STATED - BILL 120164, ETC.
2 of Human Services Commissioner. Please
3 identify yourself for the record.

4 MS. AMBROSE: Good
5 afternoon, Councilman Greenlee and
6 members of City Council. I am Anne
7 Marie Ambrose, Commissioner of the
8 Department of Human Services, the
9 largest child welfare agency in the
10 Commonwealth. Our mission is to
11 provide and promote safety,
12 permanency and well-being for
13 children and youth at risk of abuse,
14 neglect and delinquency on our
15 efforts to improve outcomes for
16 children and youth.

17 I am pleased to share with
18 you our FY13 budget request, our
19 staff diversity and our equal
20 opportunity participation as well as
21 a few of our many accomplishments.
22 In addition, I would like to update
23 you on our plans for improving the
24 delivery of services to children and
25 families that we serve through an

1 4/30/12 - STATED - BILL 120164, ETC.
2 initiative that we call Improving
3 Outcomes for Children.

4 Our DHS's FY13
5 General/Grants Fund budget request is
6 for \$655,811,840. DHS' FY13 General
7 Fund budget request is \$111,037,535.
8 This is \$929,439 above the FY12
9 Estimated Obligation Level of
10 \$110,108,000. This increase is due
11 largely to debt service on our new
12 Youth Study Center which is scheduled
13 to open in the fall of 2012.

14 Our FY13 General Fund
15 request by Class is as follows:
16 Class 100, \$40,492,000; Class 200,
17 \$69,343,000; Class 300, \$906,000 and
18 Class 400, \$294,000.

19 We currently have 1649
20 employees, 73.7 percent are female.
21 78 percent are black. 16 percent are
22 white. 3.5 percent are Latino and
23 approximately 1.5 percent are Asian.

24 Approximately 120 employees
25 are bilingual. Our management team

1 4/30/12 - STATED - BILL 120164, ETC.
2 is very diverse. 41 percent of our
3 management team are black women. 5
4 percent are women of Asian descent.
5 18 percent are white women. 21
6 percent are black men and 15 percent
7 are white men.

8 With regard to its Equal
9 Employment Opportunity goals, DHS is
10 committed to supporting the
11 Administration's goal of 25 percent
12 minority and women and disabled-owned
13 business participation and City
14 contracting.

15 We currently have 197
16 providers under contract. 68 percent
17 of them are nonprofit providers. 32
18 percent are for-profit providers.
19 Most of the services DHS contracts
20 with are for nonprofit providers and
21 therefore not able to be OEO.
22 Despite the fact that our nonprofit
23 providers are not OEO certified, we
24 are pleased to report that 29 percent
25 of the 149 nonprofit providers have

1 4/30/12 - STATED - BILL 120164, ETC.
2 boards whose members are primarily
3 minority women or disabled. Females
4 comprise 40 percent of nonprofit
5 board membership.

6 We do require our nonprofit
7 providers to have diversity plans and
8 contract with minority women and/or
9 disabled businesses. In FY12, 89
10 percent of DHS contractors submitted
11 Supplier Diversity Plans. Our goal
12 for FY13 is 100 percent.

13 Of the dollars
14 subcontracted to for-profit vendors,
15 in FY12 approximately 38 percent was
16 spent among minority women and/or
17 disabled businesses. The majority of
18 our for-profit contracts are
19 nondiscretionary and for the daily
20 care of children and specialized
21 delinquent placements.

22 DHS, however, does spend
23 \$6,433,351 on discretionary
24 for-profit contracts, most of which
25 are for administrative services.

1 4/30/12 - STATED - BILL 120164, ETC.
2 Of this amount, 53 percent is spent
3 on minority women or the disabled
4 business sector.

5 In an effort to increase
6 minority participation, we partnered
7 with the local nonprofit advocacy
8 group, Pennsylvania Council for
9 Children and Family Services and the
10 Office of Economic Opportunity to
11 develop training for DHS providers in
12 the development and monitoring of our
13 agency's Supplier Diversity plans.
14 The training will be held in May 2012
15 and annually moving forward.

16 Finally, we also met with
17 our top ten providers to review
18 participation activities and
19 recommend corrective actions to
20 increase participation.

21 DHS has also greatly
22 enhanced its internal and external
23 accountability systems and
24 organizational efficiency as part of
25 its efforts to improve outcomes for

1 4/30/12 - STATED - BILL 120164, ETC.
2 Philadelphia's most vulnerable
3 children and youth.

4 The Division of Performance
5 Management and Accountability was
6 created in 2009 and works to support
7 system improvement by monitoring,
8 evaluating and reporting out on the
9 effectiveness of our services.

10 PMA has been consistently
11 involved in conducting case review
12 processes and improving case practice
13 across the system. Quality
14 Improvement staff and administrators
15 review samples of cases from each DHS
16 section in order to examine the
17 quality and consistency of safety
18 assessments and service plans.

19 I am pleased to report that
20 our Quality Improvement staff has
21 conducted 4500 case reviews since
22 2009. Beginning in June 2010, DHS
23 contracted with an independent entity
24 to verify that documented visits were
25 made with families. Between July of

1 4/30/12 - STATED - BILL 120164, ETC.
2 2011 and December of 2012, this
3 contractor visited 166 homes to
4 verify whether visitation occurred
5 and the quality of the visits by both
6 providers and DHS staff.

7 One of our most successful
8 efforts at assessing performance of
9 our workers and our providers has
10 been our child staff presentations.
11 These meetings which are held once a
12 month for DHS units and once a month
13 for provider agencies continues to be
14 a forum at which performance measures
15 are reviewed and cases are presented
16 for the purpose of improving
17 communication and clarifying
18 expectations, holding staff and
19 contractor providers accountable at
20 each level of the system.

21 I'm also pleased to share
22 that our placement numbers continue
23 to decrease. In 2011 we decreased
24 our dependent placement population by
25 5 percent. As of January 31, 2012,

1 4/30/12 - STATED - BILL 120164, ETC.
2 4163 children were on dependent
3 placement. This number is 776
4 children less than the number of
5 children in placement on January 31st
6 of 2010.

7 As of April 23, 2012, 46
8 children were placed out of state.
9 41 of these children or 89.1 percent
10 were placed with kin. Only 5 or 10
11 percent were placed in institutional
12 care. From January 2011 to December
13 2011, our delinquent placement
14 population decreased from 1706 youth
15 to 1320 youth, a 22.6 percent
16 reduction.

17 Finally, with the support
18 of Casey Family programs, DHS has
19 become an initiative we call
20 Improving Outcomes for Children, a
21 community approach to child welfare
22 to create a single case management
23 model with distinct and well-defined
24 roles for contractor provider agency
25 and DHS staff.

1 4/30/12 - STATED - BILL 120164, ETC.

2 The core components include
3 strengthening partnerships for
4 service delivery at the neighborhood
5 level, modifying current case
6 management practices and
7 accountability systems, clearly
8 defining DHS and provider staff roles
9 and creating stronger quality
10 assurance functions within DHS.

11 The first phase of this
12 initiative will begin in eastern
13 north Philadelphia in the area
14 comprised of the 24th, 25th and 26th
15 police districts. Services will be
16 implemented in phases with the first
17 phase to begin services in January of
18 2013. We are very excited about this
19 innovative opportunity to deliver
20 better, more community-based and
21 neighborhood services to children and
22 families in Philadelphia.

23 Should any Council member
24 wish to engage in further discussion
25 of any of these matters or other DHS

1 4/30/12 - STATED - BILL 120164, ETC.
2 matters, my staff and I are happy to
3 meet with Council members at their
4 convenience.

5 COUNCILMAN GREENLEE:
6 Thank you, Commissioner. Couple of
7 quick questions. I know other
8 Council members have questions.

9 Could you tell me what is
10 the average case load for a case
11 worker and, I guess, coupled with
12 that with the cuts at the State
13 level, can you see that increasing or
14 have you looked at that at all yet?

15 MS. AMBROSE: Yeah. So our
16 case load sizes have gone down
17 consistently since 2008. So when I
18 first became Commissioner, they were
19 at around 19 cases. We are now at
20 around 14. And that's a bit of a
21 jump from last year.

22 And part of that is due to
23 the fact that we haven't really
24 increased our staff levels because
25 the case load sizes have diminished.

1 4/30/12 - STATED - BILL 120164, ETC.

2 We just hired starting last week some
3 additional case workers.

4 But the State regulation is
5 a 1-to-30 ratio. That's still quite
6 high, and that's family, not
7 children. So we think that 12, 13 is
8 not a bad case load size for us to
9 have. And it varies depending upon
10 where you work in the Department.

11 Intake case loads are
12 generally a little bit lower and they
13 should be because of the
14 investigative functions. And then
15 some of the outgoing service region
16 case loads are a little bit higher.

17 COUNCILMAN GREENLEE: Thank
18 you. All right. That sounds
19 promising. In your testimony, you
20 talked about Community-Based
21 Prevention Services. And one of the
22 things you mentioned is something I
23 know a lot of us have been asking
24 about in various ways, domestic
25 violence initiatives. Again, can you

1 4/30/12 - STATED - BILL 120164, ETC.
2 provide a little bit more detail of
3 what that means for domestic
4 violence. And again, my same
5 question, the State cuts. How do you
6 see that affecting what you are able
7 to do?

8 MS. AMBROSE: So,
9 unfortunately, a bit of the HSDF
10 State cut funding may impact our
11 investments in Women Against Abuse.
12 They are a critical partner that we
13 contract with for a variety of
14 different things. They do a lot of
15 case level advocacy at court for
16 women who are in the DHS system and
17 have been abused.

18 We also contract out
19 various services to provide help with
20 case consultation. Women Against
21 Abuse is working on some additional
22 training for all DHS staff and we
23 intend to use them in case
24 consultation. So those investments
25 remain firm from DHS's perspective.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And we hope that the State budget
3 will not have an impact on those.
4 But it's hard to predict what's going
5 to happen.

6 COUNCILMAN GREENLEE: We
7 can identify with that, too. We are
8 all worried about what the State is
9 doing. All right. Thank you. Let's
10 move to some of the members.
11 Councilman Green.

12 COUNCILMAN GREEN: Thank
13 you, Mr. Chairman. Good afternoon.

14 MS. AMBROSE: Good
15 afternoon.

16 COUNCILMAN GREEN: I
17 appreciate your testimony. I have,
18 really have a lot of questions. And
19 so what I will do is go through some
20 with you over a couple of rounds and
21 then submit the balance in writing to
22 see if we can get there.

23 In terms of Family Finding,
24 what's the average cost of Family
25 Finding?

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: Do you know
3 what the average cost is for Family
4 Finding (indicating)? Do you have
5 the figure with you?

6 COUNCILMAN GREEN: While
7 they are getting that --

8 MS. AMBROSE: Yeah. I
9 might have to give you -- I know our
10 contract -- this is our first year
11 for the contract of Family Finding,
12 and it's a \$500,000 investment. The
13 State actually pays about 90 percent
14 of that cost. Family Finding is an
15 evidence-based practice in child
16 welfare that actually helps us for
17 older youth when we can't identify
18 family members. It sort of spreads a
19 wider net and helps to identify maybe
20 family members who have been lost
21 along the way.

22 COUNCILMAN GREEN: So the
23 basic question I have about that -- I
24 mean, the State provides most of your
25 funding, whether it's federal or

1 4/30/12 - STATED - BILL 120164, ETC.

2 State money?

3 MS. AMBROSE: Right.

4 COUNCILMAN GREEN: So what
5 program you put it towards, that's
6 going to be a true statement no
7 matter what question I ask you. The
8 State provides most of that funding?

9 MS. AMBROSE: Sure.

10 COUNCILMAN GREEN: So but
11 the question is: Why do you do it so
12 late? In other words, when you are
13 doing intake and you have got
14 children coming in early, why not do
15 the Family Finding at that stage so
16 that you have a family member
17 alternative instead of a foster care
18 alternative? In other words, you
19 seem to be doing it to unburden the
20 system at the end rather than the
21 beginning and maybe put them in an
22 environment that's --

23 MS. AMBROSE: So you are
24 exactly right. We started this as an
25 initiative that came out of the

1 4/30/12 - STATED - BILL 120164, ETC.
2 Supreme Court and we focused on older
3 youth as the fostering connections
4 legislation played itself out. And
5 there is now a requirement that the
6 Child Welfare Agency do exactly what
7 you are saying is outreach to
8 families when a child first comes in.

9 We will be using Family
10 Finding at the front end of the
11 system. And it's part of when we
12 roll out Improving Outcomes for
13 Children, it will be a job
14 requirement of the staff involved in
15 some of the teamings that we will be
16 doing.

17 COUNCILMAN GREEN: Okay.
18 That's great. I will get the rest of
19 my questions I have on that in
20 writing. I'm glad to hear that.

21 Electronic Case Management
22 System. What percentage of a
23 worker's time was consumed by
24 paperwork prior to ECMS?

25 MS. AMBROSE: A tremendous

1 4/30/12 - STATED - BILL 120164, ETC.
2 amount. I can try to get an estimate
3 for you. But I think that we are
4 finally seeing the benefits in the
5 workers despite the fact that it's
6 new, finally feeling the benefit of
7 being able to use the Electronic Case
8 Management System.

9 But we had, even one of the
10 Child Welfare Review Panel
11 recommendations that came out of
12 Danieal Kelly's death was looking at
13 paperwork reduction because it was
14 such an onerous part of what a worker
15 had to do.

16 COUNCILMAN GREEN: Well,
17 it's a question that I basically ask
18 you every single year, especially as
19 it related to ECMS, in particular you
20 are talking about the burden on the
21 workers at DHS being reduced because
22 of ECMS.

23 And what I have heard from
24 outside providers is that the actual
25 paperwork is still required to be

1 4/30/12 - STATED - BILL 120164, ETC.
2 filled out by DHS or this was the
3 case a year and a half ago. And they
4 were required to do ECMS and
5 essentially both. And so providers'
6 requirement for time, for paperwork
7 went up as you are reducing paperwork
8 time at DHS. Is that --

9 MS. AMBROSE: I actually
10 don't think -- we now have a provider
11 Web system. So the providers are now
12 inputting all of their data,
13 including structured case notes, all
14 of the information they have. And
15 those two systems are merging.

16 COUNCILMAN GREEN: So the
17 provider is required to keep no
18 paperwork, no notes, fill out no
19 forms other than what they put in
20 ECMS?

21 MS. AMBROSE: No. I think
22 the providers still have their files.
23 We are not where we should be. By
24 the end of 2013, we believe that we
25 are hopefully going to be a paperless

1 4/30/12 - STATED - BILL 120164, ETC.
2 system.

3 COUNCILMAN GREEN: Which
4 would mean that there would be no
5 paper required to be kept at any
6 point in the system?

7 MS. AMBROSE: Correct,
8 except for old cases. And we have a
9 legal requirement to keep all cases
10 for five years. So how we would be
11 able to make those case files
12 electronic is a challenge that we
13 continue to have to face.

14 COUNCILMAN GREEN: So you
15 can have the first three years of
16 paper that you have stored somewhere
17 and the last two years electronic,
18 and somebody wants the file. You
19 have five years?

20 MS. AMBROSE: Right.

21 COUNCILMAN GREEN: Okay.
22 So that's the plan. So how much --
23 what I'm interested in here is how
24 much time has actually been saved and
25 how much time you project will be

1 4/30/12 - STATED - BILL 120164, ETC.
2 saved. And since there have been no
3 layoffs which is a good thing because
4 it means you can redistribute your
5 employees to do other things.

6 And in theory, ultimately
7 after 2013, your service providers
8 will be able to serve more people
9 because they have less of a paperwork
10 burden. And how can you quantify the
11 shift of your employees currently
12 from paperwork to servicing citizens
13 or if that's not what's happening,
14 what's happening with their time?

15 MS. AMBROSE: So I don't
16 have those projections. But I can
17 try to come up with them. I mean,
18 ideally, we should continue to try to
19 shrink the system because there
20 should be limited involvement of the
21 child welfare system. But whatever
22 investments we make we will be able
23 to invest in community-based
24 programming so that there is
25 preventive efforts that prevent

1 4/30/12 - STATED - BILL 120164, ETC.
2 children and families coming into the
3 child welfare system. So I think
4 now --

5 COUNCILMAN GREEN: Well,
6 you have testified that there have
7 been some efficiencies now, in other
8 words, there's less time spent on
9 paperwork. How is that time used
10 today?

11 MS. AMBROSE: I think it's
12 about digging a little bit deeper,
13 providing better quality services to
14 children and families, spending more
15 time doing assessments, more time
16 doing --

17 COUNCILMAN GREEN: So
18 that's good. So what I would like
19 you to do is quantify that, please.

20 MS. AMBROSE: Okay.

21 COUNCILMAN GREEN: So what
22 are essential case carrying
23 positions?

24 MS. AMBROSE: So the
25 essential case carrying positions

1 4/30/12 - STATED - BILL 120164, ETC.
2 would be intake and investigations.
3 So I alluded earlier to the
4 regulations that require us to carry
5 cases. So whenever that's at the
6 front end of the system. Then at the
7 back end of the system, if a case is
8 open for service with the Department
9 of Human Services, we are required to
10 service those cases with social
11 workers.

12 COUNCILMAN GREEN: Okay. I
13 have a couple of more questions. I
14 will get back to you on my next
15 round.

16 COUNCILMAN GREENLEE: Thank
17 you, Councilman. Councilwoman
18 Reynolds Brown.

19 COUNCILWOMAN BROWN: Good
20 afternoon.

21 MS. AMBROSE: Good
22 afternoon.

23 COUNCILWOMAN BROWN: First,
24 let me acknowledge and say thank you
25 again for the detail regarding what

1 4/30/12 - STATED - BILL 120164, ETC.
2 your team looks like and commend you
3 for a diverse work force. I think it
4 matters when we are serving
5 Philadelphia residents.

6 MS. AMBROSE: I agree.

7 COUNCILWOMAN BROWN: So
8 know that I appreciate your
9 leadership in that.

10 When you speak about the 37
11 reforms, the steady progress toward
12 implementing the 37 reforms
13 recommended, just give me an update
14 on where you are with those and what
15 remains to be completed.

16 MS. AMBROSE: So the only
17 thing that remains to be completed is
18 the clarification of roles and
19 responsibilities between DHS and the
20 private providers which is the
21 Improving Outcomes for Children
22 initiative that we have talked about.
23 So that's moving forward. The RFP is
24 actually out. A decision should be
25 made at the end of May and the first

1 4/30/12 - STATED - BILL 120164, ETC.
2 phase will start in January of 2013.

3 Secondly, we now have
4 co-location, which is terrific that
5 we are finally moving forward on
6 that. And so we expect that that
7 will take place in the next year.

8 And thirdly, local offices.
9 So the development of local offices
10 so that where there will be more
11 ability to deal with the needs of
12 children and families in their
13 neighborhood. And so we expect the
14 IOC to be able to accomplish that as
15 well.

16 The other recommendations
17 are in various stages of
18 implementation. Many of them have
19 been completed and we are not really
20 looking at them except for to monitor
21 them through what we are doing
22 through PMA. But everything else has
23 basically been dealt with.

24 COUNCILWOMAN BROWN:
25 Linkages exist with the school

1 4/30/12 - STATED - BILL 120164, ETC.
2 districts so that the school
3 districts know where these local
4 offices are?

5 MS. AMBROSE: So they will.
6 So the school district sits on the
7 Steering Committee for the Improving
8 Outcomes for Children. We have had a
9 bit of a problem. We used to have
10 Tomas Hanna who was very involved and
11 now we are really trying to identify
12 the right school district leadership
13 to continue to move that forward.

14 But one of the major
15 components of working through IOC
16 would be including as we do
17 behavioral health education at those
18 level offices.

19 COUNCILWOMAN BROWN: I had
20 a situation a couple of weeks ago
21 where two young ladies, both under
22 the age of 21 but over the age of 18
23 were sitting in a City Hall
24 courtyard. They had just gone to an
25 OESS and they were turned away

1 4/30/12 - STATED - BILL 120164, ETC.
2 because there were no beds, to which
3 I said to my staff, not acceptable.
4 Let's go upstairs and see what we can
5 do.

6 We learned that they had
7 aged out of the foster care system
8 and really had no place to go with
9 their children. So just update us on
10 where we are with the Independence
11 Center 7th and Market and how long do
12 we hold on to those young people on
13 paper even though they have actually
14 left the system.

15 MS. AMBROSE: So the
16 Achieving Independence Center
17 continues to run. And we are
18 actually thinking of lowering the age
19 for youth to start coming from 16,
20 which is what it is now, to 14
21 because we realize there is a
22 tremendous amount of work to do with
23 our youth to build their independence
24 because they have been so reliant on
25 the system for so long.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCILWOMAN BROWN: Yes.

3 MS. AMBROSE: There is some
4 new legislation coming out of
5 Harrisburg that may be helpful for
6 the two young ladies that you have
7 described. Right now when a child
8 youth turns 18, they have an
9 opportunity to opt out of care.

10 We do our best through our
11 social workers to engage them in
12 thinking through what an extension
13 might look like.

14 COUNCILWOMAN BROWN: Yes.

15 MS. AMBROSE: That if they
16 continue to be engaged in a course of
17 education or treatment, they can
18 continue to get funding from DHS,
19 housing and all the supports that we
20 have to offer until they turn 21. So
21 some of them, though, have had not
22 very good experiences with the system
23 and they can't wait to get out of
24 DHS's care.

25 COUNCILWOMAN BROWN: Sure.

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: So sometimes
3 we have heard stories like the one
4 that you're describing. Vanessa
5 Garrett Harley who is my Deputy
6 Commissioner for Children and Youth
7 actually co-chairs a statewide work
8 group on transitional youth. And one
9 of the things they are addressing is
10 this issue that you have talked
11 about. So it is something that we
12 are looking at.

13 COUNCILWOMAN BROWN: How
14 hopeful are you that this will be a
15 new law to have that age lowered to
16 14?

17 MS. AMBROSE: I believe we
18 have the law. Yeah. Do you want
19 Vanessa to come up and talk about it?

20 COUNCILWOMAN BROWN:
21 Please.

22 COUNCILMAN GREENLEE: Good
23 afternoon. Please just identify
24 yourself for the record.

25 MS. HARLEY: Good

1 4/30/12 - STATED - BILL 120164, ETC.
2 afternoon. Vanessa Garrett Harley,
3 Deputy Commissioner for Children and
4 Youth Division.

5 COUNCILMAN GREENLEE: Thank
6 you.

7 COUNCILWOMAN BROWN: Good
8 afternoon.

9 MS. HARLEY: Good
10 afternoon. For us to move the age to
11 14 for the children to enter AIC is
12 really something internal that we can
13 do. We are just going through the
14 motions now to make sure we have the
15 capacity 'cause that would be a
16 couple of hundred additional kids who
17 would have to be able to come there.
18 And we have to make sure we have the
19 appropriate staff and space in the
20 facility for them to come.

21 The transitional youth work
22 group that I co-chaired with Judge
23 Charles Saylor, actually we just
24 finished our draft of that report.
25 That report is going to the

1 4/30/12 - STATED - BILL 120164, ETC.
2 administrative office of Pennsylvania
3 courts and the Supreme Court in May.
4 Hopefully, many of the
5 recommendations that we made will be
6 adopted.

7 However, the State
8 Department of Public Welfare just
9 issued a bulletin on child
10 discharges. So we are hopeful that
11 child discharge will occur. That
12 means ordinarily if you are 18 or
13 older, you can decide that you no
14 longer want DHS's help.

15 You know, sometimes young
16 people get to a certain age and they
17 think they know what is best for them
18 and they opt out of care.

19 COUNCILWOMAN BROWN: Let me
20 just add a footnote. That's even the
21 case where children and young people
22 are coming from homes where --

23 MS. HARLEY: Absolutely.
24 Absolutely.

25 (Laughter.)

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. HARLEY: The

3 differences, though, from say my

4 children and your children, we are

5 there as a safety net when they need

6 to come back home and to be able to

7 help them. Current state of the law

8 is when you opt out of care at age 18

9 or older, you cannot come back.

10 Financially there is no way that we

11 can spend our dollars on you.

12 COUNCILWOMAN BROWN: I see.

13 MS. HARLEY: While we will

14 allow you to come to the Achieving

15 Independence Center and continue to

16 use those resources, when that center

17 closes at 9:00 at night, there is no

18 place else for you to go, other than

19 we try to give them another shelter

20 system or Covenant House or a few

21 other places.

22 With this new law, child

23 discharge would allow the child to

24 stay under the jurisdiction of the

25 courts here, the pendency court, even

1 4/30/12 - STATED - BILL 120164, ETC.

2 though they are technically out on
3 their own and not under our custody
4 for a window of time. And that's
5 what is being worked out, how long
6 can this occur and how often can you
7 come back?

8 What it would do is if you
9 leave today and a month from now you
10 realize, Oh, my God, I don't have
11 anywhere to live. This isn't what I
12 thought it was going to be, it will
13 allow us to take you back in and
14 avail ourselves and be able to give
15 you placement again and use those
16 dollars. So we are hoping that will
17 be adopted and we will be up and
18 running with that pretty quickly.

19 COUNCILWOMAN BROWN: Thank
20 you. I will see you again in the
21 next round.

22 MR. GREENLEE: Thank you.
23 Councilwoman Tasco.

24 COUNCILWOMAN TASCO: Thank
25 you. Over the past few weeks, the

1 4/30/12 - STATED - BILL 120164, ETC.
2 unfortunate and timely passing of
3 Khalil Wimes. From your perspective,
4 can you provide insight on how this
5 case was different from the Danieal
6 Kelly matter and in light of the
7 numerous actions that were taken as
8 the result of the Danieal Kelly
9 matter, what additional changes are
10 needed in response to the passing of
11 Khalil.

12 MS. AMBROSE: So as you
13 know, Councilwoman, I am not allowed
14 to publicly comment on the facts of
15 any case. However, what I will say,
16 is that we have as the result of the
17 Child Welfare Review Panel and
18 Danieal Kelly's death, a very good
19 Act 33 team which is our child
20 fatality and near fatality team. It
21 is chaired by the medical examiner
22 and includes Ed McCann who was the
23 prosecutor on Danieal Kelly's death.

24 It includes Lieutenant
25 Biella (ph) from the Police

1 4/30/12 - STATED - BILL 120164, ETC.
2 Department. It includes Dr.
3 Christian from CHOP, Dr. McColgan
4 from St. Christopher's Hospital. It
5 includes a liaison from the
6 behavioral health system. It
7 includes staff from the School
8 District of Philadelphia, Women
9 Against Abuse and DHS staff.

10 The review on Khalil's
11 death actually took place last
12 Friday. The team comes up with
13 recommendations. It really digs deep
14 into the performance of the Agency
15 throughout the death and has access
16 to information about the case that we
17 are not allowed to share publicly.
18 And those recommendations will be
19 followed and have been followed
20 unlike death reviews in the past.

21 And so I think there are
22 some lessons to be learned, although
23 I will say I think this case is very
24 different in many ways from Danieal
25 Kelly's death.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCILWOMAN TASC0: Under

3 the new proposed system of more

4 community-based operation, the

5 supervision by a larger community

6 organization, does that -- if

7 something should happen like the

8 Danieal Kelly or Khalil, and they

9 have, where is your responsibility in

10 something like that happening now

11 that you assign these cases to larger

12 neighborhood groups to allow

13 supervision by smaller groups. Where

14 is the responsibility?

15 MS. AMBROSE: So the

16 Department of Human Services is

17 always ultimately responsible when we

18 are involved in cases, even if it's

19 through a subcontracting agreement.

20 In this case what we are calling a

21 larger community umbrella agency

22 which would have the direct case

23 management responsibility for cases.

24 Remember, Improving

25 Outcomes for Children is actually

1 4/30/12 - STATED - BILL 120164, ETC.
2 about clarifying and providing clear
3 accountability about who is
4 responsible for what. The current
5 case management system we have is a
6 dual case management system, where we
7 pay providers to provide direct
8 service to families. But we keep
9 those cases open at the back end. So
10 it's not very effective or efficient
11 and there is real lack of clarity
12 about who is responsible for what.

13 And so this will create a
14 single case management model where
15 the private provider is solely
16 responsible for the case management
17 functions. We will be monitoring and
18 overseeing the delivery of services
19 and checking in at different points
20 in the life of a case.

21 So, for instance, when
22 there is a request for a change in
23 level of the service, when parental
24 rights are terminated, when there is
25 something extraordinary in a case,

1 4/30/12 - STATED - BILL 120164, ETC.
2 DHS will remain involved by
3 facilitating a teaming and leading
4 that teaming in discussion to ensure
5 that the case is moving in the right
6 direction.

7 So even though the provider
8 will have sole responsibility for
9 case management, we will continue to
10 provide oversight, monitoring and
11 technical assistance.

12 COUNCILWOMAN TASC0: Okay.
13 Let me move on to my next question.
14 This is a question from a
15 constituent. What is the maintenance
16 policy for DHS vehicles on site
17 visits, safety training programs for
18 DHS staff?

19 We have received concerns
20 that the staff, the DHS staff, are
21 transporting themselves and clients
22 in vehicles that are in poor
23 condition. In addition, we have also
24 received information that DHS staff
25 have completed site visits at homes

1 4/30/12 - STATED - BILL 120164, ETC.
2 that have serious code violations and
3 that have placed the staff and
4 clients in emergency situations.

5 MS. AMBROSE: So we do have
6 an aging fleet. We are in the
7 position now to purchase some new
8 vehicles because of the underspending
9 that we have had. And so we are
10 working with the State to do that.

11 On any given day, we have
12 approximately 100 different cars but
13 on any given day, 20 to 30 of them
14 are out for maintenance and repairs
15 because we haven't done that in a
16 while. So we are in the process of
17 working on that.

18 On the issue regarding L&I
19 violations or safety concerns, when
20 DHS staff are going out and visiting
21 families in their home, it would be
22 unacceptable for a DHS staff person
23 not to do anything immediately if
24 they thought that child was living in
25 a home that had a safety threat.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And so it would be our
3 expectation that if there were
4 improvements or maintenance and
5 repairs that needed to be done on
6 that home, that we helped facilitate
7 those repairs. So we would not
8 necessarily want to remove children
9 from that home if we could help get
10 the repairs done. But if it was an
11 immediate safety threat to the child,
12 the expectation would be that that
13 child be removed temporarily until we
14 could get that fixed.

15 And we do have an emergency
16 fund that's available. When we see
17 L&I violations or broken windows or
18 those kinds of things, many of the
19 families that we deal with on a
20 day-to-day basis are poor. That's a
21 definite given in all of our cases.

22 And so we do invest in
23 considerable repairs in those
24 situations, and so we access those
25 funds when a situation like that

1 4/30/12 - STATED - BILL 120164, ETC.
2 arises.

3 COUNCILWOMAN TASC0: Are
4 the social workers aware of this --

5 MS. AMBROSE: It's actually
6 routine so they deal with it on a
7 daily basis. And we have a fund that
8 is over \$1 million where they know
9 how to access that fund. Sometimes
10 it's just to buy beds or furniture
11 but sometimes it's to repair broken
12 windows, to fix heating. There is a
13 variety of things that we are engaged
14 in. Housing is a huge issue for the
15 families that we deal with.

16 COUNCILWOMAN TASC0: Your
17 fleet, do you manage your own fleet?

18 MS. AMBROSE: We work with
19 the fleet management.

20 COUNCILWOMAN TASC0: So do
21 they purchase your cars?

22 MS. AMBROSE: They do. We
23 work with them but it comes out of
24 DHS's budget because we get
25 additional reimbursement from the

1 4/30/12 - STATED - BILL 120164, ETC.

2 State for our vehicles. We do work
3 with James Wheeler and his staff.

4 COUNCILWOMAN TASC0: All
5 right. Thank you very much.

6 MS. AMBROSE: Thank you.

7 COUNCILMAN GREENLEE: Thank
8 you. Councilwoman Sanchez.

9 COUNCILWOMAN SANCHEZ: Good
10 afternoon.

11 MS. AMBROSE: Good
12 afternoon.

13 COUNCILWOMAN SANCHEZ:
14 Thank you. I do appreciate all of
15 the briefings and conversations we
16 have had about the State cuts. One
17 of the things that I would like to
18 know as you do some of these reform
19 movements and in light of the budget,
20 the State budget reallocation of our
21 formula, could you tell me how much
22 of your budget is now actually going
23 to go to prevention outside of the
24 State mandated stuff.

25 MS. AMBROSE: What I can

1 4/30/12 - STATED - BILL 120164, ETC.
2 say is that DHS has been particularly
3 fortunate in this last round of
4 State budget cuts. So our investment
5 in prevention remains very healthy.
6 So it's about a \$70 million
7 investment in prevention services
8 which are sort of nonmandated
9 services.

10 The concern that we have at
11 DHS is that the cuts to our brother
12 and sister agencies: The Office of
13 Supportive Housing, the Department of
14 Behavioral Health, Drug and Alcohol,
15 those are going to have devastating
16 effects on the families we serve. So
17 the parents of the children that we
18 deal with on a day-to-day basis have
19 a lot of those needs that will go
20 unmet, which means that a lot of the
21 progress we have made over the four
22 years will be undercut because more
23 children may need to come into
24 placement because their parents and
25 families aren't getting what they

1 4/30/12 - STATED - BILL 120164, ETC.
2 need.

3 So the biggest impact on
4 DHS will be what happens as a result
5 of those other systems that get cut.
6 And that's going to have a
7 devastating impact on children.

8 COUNCILWOMAN SANCHEZ: So
9 when you prioritize your dollars, can
10 you tell me in a couple of sentences
11 where you guys are putting your
12 money, where that would be?

13 MS. AMBROSE: Yes. Where
14 we are putting our money is parenting
15 classes. Partnerships with the
16 behavioral health system and the drug
17 and alcohol system so moms who are
18 returning from drug and alcohol
19 treatment, aftercare services,
20 truancy services at the front end,
21 Out of School Time. So that families
22 that are poor and struggling have a
23 safe place where their children can
24 do well after school.

25 Those are the areas we have

1 4/30/12 - STATED - BILL 120164, ETC.
2 prioritized and we think that those
3 areas are really critical to continue
4 the progress that DHS has made.

5 COUNCILWOMAN SANCHEZ: I
6 would like to get a copy of what
7 service providers are in the
8 certified district. I think that
9 would be helpful to us to look at,
10 how the prevention dollars are spent.
11 So if you can provide that to the
12 Chair, I would appreciate it.

13 MS. AMBROSE: Yes.

14 COUNCILWOMAN SANCHEZ: What
15 you do, you know, based on the line
16 of questioning of Councilwoman Tasco,
17 it's a huge responsibility. I know
18 as part of your reform movement, you
19 are moving to these CUAs. Can you
20 tell me how you are going to ensure
21 that the responsibility,
22 notwithstanding the liability, how
23 are you going to transfer that huge
24 responsibility to these CUAs.

25 MS. AMBROSE: So we have a

1 4/30/12 - STATED - BILL 120164, ETC.

2 pretty expansive plan that I'm happy
3 to go into in great detail with you.
4 But basically it's through a teaming
5 process. So the planning for IOC has
6 been now in the third year of
7 planning. Other child welfare
8 systems have done that but they
9 haven't done it with the kind of
10 deliberate, thoughtful approach we
11 have taken and they haven't done it
12 with partnerships from the provider
13 community, from the communities
14 themselves, from various
15 stakeholders, including the courts,
16 the School District, the behavioral
17 health system. And so the planning
18 that we have done, we are in the RFP
19 stage. The selection will be made
20 probably by July 1st.

21 Then there will be a
22 six-month period of negotiation with
23 the successful CUA so we can all sit
24 down together and make sure that the
25 cases are transitioned in a way

1 4/30/12 - STATED - BILL 120164, ETC.
2 that's most helpful to children and
3 family members that we are serving.
4 So we will be doing that on each of
5 those cases.

6 And we are starting with
7 in-home cases first. So the first
8 six months will be a teaming of all
9 in-home cases, making sure that the
10 CUA is prepared to handle the
11 responsibilities that are being
12 delegated to them and then start with
13 out-of-home placement.

14 So as we move forward, the
15 conversations and the communications
16 between DHS and the CUAs will be
17 really important. The partnership is
18 going to be critical and essential.
19 And we will need to learn from how
20 the first round goes so that we can
21 use our learning in the second round
22 to make sure it's a very successful
23 transition for the children and
24 families that we serve.

25 COUNCILWOMAN SANCHEZ: How

1 4/30/12 - STATED - BILL 120164, ETC.
2 do we ensure that the "COO-ahs" --
3 how do you say it? You say it
4 better.

5 MS. AMBROSE: "COO-ah."

6 COUNCILWOMAN SANCHEZ: How
7 do we make sure that they are
8 engaging the community stakeholders
9 that are really on the ground? What
10 oversight are we going to have in the
11 selection of who they are engaging?

12 MS. AMBROSE: So there will
13 be a requirement for each of the CUAs
14 that there is a community member that
15 is selected by the community to sit
16 on their board. That's one of the
17 ways there is some oversight by the
18 community.

19 The other component of the
20 CUAs is there is their own Child
21 Welfare Advisory Board, a community
22 advisory board. So each CUA will
23 have a separate community advisory
24 board that reports back to the CUA
25 and DHS regarding how things are

1 4/30/12 - STATED - BILL 120164, ETC.
2 going. Are we offering enough grass
3 roots community-based services to
4 really get at the heart of some of
5 the matters that are presented to us
6 on a day-to-day basis. And those
7 kind of check-ins are going to be
8 critical.

9 Community engagement has
10 been one of the things that we really
11 tried to prioritize in the building
12 of the IOC.

13 COUNCILWOMAN SANCHEZ: So
14 how does the community -- let's say
15 you have someone that is not engaging
16 the stakeholders. What's the
17 community process to ensure that
18 because we always have a community
19 member. You know, we do that in this
20 advisory council. But what's the
21 process that we establish someone who
22 isn't engaging all the stakeholders
23 and how do we ensure they are not
24 just being selective? What's the
25 peer process for the community?

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: There would
3 be a number of ways to do that. So
4 through the community advisory board
5 that is set up for each CUA or
6 through the Commissioner's Action
7 Response Office. So I will continue
8 to have the Commissioner's Action
9 Response Office. If a community
10 member has a concern about not being
11 engaged or not being allowed to
12 participate, that's something we will
13 look into and try to facilitate an
14 approach to make sure that as many
15 community members as possible are
16 able to be engaged in this
17 initiative.

18 COUNCILWOMAN SANCHEZ: How
19 are we going to make sure these
20 organizations don't try to bring all
21 the services in-house for them first
22 before they engage? You know, we
23 have had a constant discussion about
24 being where people are. I know over
25 the last couple of years, we have

1 4/30/12 - STATED - BILL 120164, ETC.
2 pulled back. We had a robust system
3 of providers. We have less.

4 How do we make sure that
5 this lead organization doesn't want
6 to bring everything in-house and
7 leaves out the smaller players that
8 are small for a reason because they
9 represent a particular geography,
10 particular constituency, particular
11 cultural group? How are we going to
12 make sure that they don't use this to
13 pad their budget first before they
14 take care of everybody else?

15 MS. AMBROSE: So this is
16 something that's actually addressed
17 in the RFP. So the successful CUA is
18 going to be able to show that they
19 have those community-based ties and
20 partnerships with real community,
21 neighborhood-based agencies that
22 children and families trust and the
23 places they go to now.

24 And so I think it's going
25 to have to be real vigilant sort of

1 4/30/12 - STATED - BILL 120164, ETC.
2 monitoring and oversight of that and
3 making sure that DHS is a part of the
4 CUA and we are here to hear those
5 things. So the epic stakeholder
6 groups that we have, those equal
7 partners in charge, those stakeholder
8 groups will continue to be funded by
9 DHS and continue to lead these
10 efforts as they have done.

11 They have really helped us
12 to facilitate a lot of the community
13 engagement efforts that we have done.
14 And so the epic stakeholders will
15 continue to be our voice in the
16 community to let us know if things
17 aren't working the way we plan on
18 working.

19 COUNCILWOMAN SANCHEZ: But
20 there is no caps about how much of
21 the money once you turn over this
22 money. You may have organizations
23 that -- how do we ensure that they
24 don't start providing new services?

25 MS. AMBROSE: So other

1 4/30/12 - STATED - BILL 120164, ETC.
2 jurisdictions have actually put
3 caps -- so Florida's privatization
4 efforts -- and this is not
5 privatization. We privatized about
6 15 years ago.
7 But that's what Florida calls
8 their efforts.

9 They put a cap of I think
10 it's 15 percent on the amount of
11 services that the CUA can have. But
12 there is really no national data out
13 there that says that has helped or
14 hurt the community engagement
15 strategy. And so during the
16 six-month negotiation period that we
17 have with the CUA, that will be
18 something that we discuss with them.

19 And at the end of the day,
20 we will approve their subcontractings
21 or not. But we really have said all
22 along that the expectation is that
23 their subcontracting with
24 community-based diverse
25 culturally-appropriate agencies can

1 4/30/12 - STATED - BILL 120164, ETC.
2 work well with the children and
3 families that DHS serves.

4 COUNCILWOMAN SANCHEZ:

5 Okay. I will look forward to that
6 process. I want to make sure that
7 happens. I think there are a lot of
8 great providers that in the last few
9 years, unfortunately, they have not
10 been able to sustain themselves. I
11 am very concerned in this process
12 that we don't continue to do that.

13 There are small groups that
14 do fabulous jobs, that don't have the
15 massive overhead, that take very
16 little money to leverage their money
17 well, and I want to make sure that
18 they are not left out in this
19 process.

20 MS. AMBROSE: Yeah. And I
21 think this is intentionally an
22 opportunity for those CUAs who have
23 the administrative sophistication to
24 handle the responsibilities to be
25 able to foster some of those more

1 4/30/12 - STATED - BILL 120164, ETC.
2 community-based smaller providers.

3 COUNCILWOMAN SANCHEZ: And
4 that's going to be built into their
5 contract, the technical piece of it?

6 MS. AMBROSE: Yes. That's
7 something DHS will help them work on
8 as well.

9 COUNCILWOMAN SANCHEZ: Is
10 that in their current RFP?

11 MS. AMBROSE: No. I don't
12 think we have that in the current
13 RFP.

14 COUNCILWOMAN SANCHEZ:
15 Thank you. I have taken up my time.

16 COUNCILMAN GREENLEE:
17 That's okay. Thank you. It was kind
18 of all the same questions.
19 Councilwoman Blackwell.

20 COUNCILWOMAN BLACKWELL:
21 Thank you. Good afternoon,
22 Commissioner.

23 MS. AMBROSE: Good
24 afternoon.

25 COUNCILWOMAN BLACKWELL:

1 4/30/12 - STATED - BILL 120164, ETC.

2 This is kind of a different kind of
3 question. In fact, I had talked with
4 Everett Gillison about it. Our
5 understanding is that -- this is in
6 regard to Lincoln University. They
7 have a Master of Health Services
8 degree or Master of Human Services
9 degree. And they are being told that
10 our City under your leadership, DHS
11 will not accept people unless they
12 have an MPH degree, you won't accept
13 the Master of Human Services degree
14 unless that person has a bachelor's
15 degree.

16 As you know -- many people
17 know -- Lincoln University has had
18 one of those programs. Antioch had
19 it before. They had one of those
20 programs where people end up with
21 their master's degree and their job
22 experience, et cetera is worked in.

23 Not only that, you have
24 many people who are in this position
25 who worked with their Master's of

1 4/30/12 - STATED - BILL 120164, ETC.
2 Human Services degree for 20 or 30
3 years. And they are being told now
4 that that won't work for the City of
5 Philadelphia.

6 I have met with the
7 president of the university and I met
8 with State Senator Leon Washington
9 just on Friday. And I'm hoping that
10 this is not the case and that at the
11 very least that this is something you
12 are interested in, that you would
13 certainly grandfather the current
14 group of people it would concern.
15 And if you want to move forward with
16 another set of rules, that's
17 something different.

18 MS. AMBROSE: So
19 Councilwoman Blackwell, we have also
20 met with some of the folks from
21 Lincoln University. I don't think we
22 met with the president but many of
23 their leadership around the degree.
24 Some of this is related to State
25 regulations that require a bachelor's

1 4/30/12 - STATED - BILL 120164, ETC.
2 degree. On the sort of more
3 nitty-gritty issues, I will ask
4 Vanessa to address those because
5 Vanessa was actually the Chair in the
6 Law Department that helped develop
7 this policy and so I think she can
8 address the issues more substantively
9 than I can.

10 MS. HARLEY: Good
11 afternoon. Some of this went to the
12 City personnel requirements, not just
13 DHS but the City as well. The issues
14 became where the degree at Lincoln
15 some people did not have a bachelor's
16 degree. But if you had a certain
17 amount of work experience, for
18 example, they worked at a job for
19 five years, they could go in and come
20 out with their master's within
21 another year.

22 The question was whether or
23 not that was fair and appropriate
24 given that the requirement was that
25 most, if not all, staff had to have

1 4/30/12 - STATED - BILL 120164, ETC.
2 at least a bachelor's degree. There
3 are some instances, though, where it
4 was waived to take into
5 consideration, like you said, those
6 people who had a substantial amount
7 of work for 20 or 30 years, people
8 with a substantial amount of work
9 experience. There were special
10 circumstances.

11 They had to write and their
12 agency also wrote an appeal letter.
13 We looked at those on an individual
14 basis. Some of them were waived.

15 But across the board, the
16 requirements to be a social worker at
17 DHS and as well as what we required
18 of our provider agencies for those
19 sort of social work manager positions
20 required that underlying bachelor's
21 degree. So that was the problem
22 because for many of the people, you
23 could come out of the program in a
24 year or so and have that master's
25 level degree but really never have

1 4/30/12 - STATED - BILL 120164, ETC.
2 the underlying fundamental
3 requirements being met.

4 COUNCILWOMAN BLACKWELL:
5 Does that mean that we are in the
6 business of judging the educational
7 programs of Lincoln University or any
8 other program?

9 MS. HARLEY: No.
10 Absolutely not.

11 COUNCILWOMAN BLACKWELL:
12 Well, it sounds that way to me. It
13 seems to me that if a person has a
14 master's degree, who are you or me or
15 the Commissioner or anybody else to
16 question how long it took or how they
17 got it? That is a degree. If that
18 institution grants degrees and that
19 person has a master's degree, how can
20 you then go back and say you don't
21 have a bachelor's. Therefore, you
22 can't work for the City.

23 At the very face of it, it
24 looks so discriminatory and so
25 unfair. And this is one of those

1 4/30/12 - STATED - BILL 120164, ETC.
2 issues that -- it's a bottom line
3 issue for us. We can't sit by and
4 have people all of a sudden being
5 left out of working for the City, you
6 know, because somebody decides what
7 grant degree institutions should
8 provide.

9 And we have a real, real
10 big issue with that. So if it took a
11 year, if it took five years, if it
12 took three years, what's it to you?
13 If Lincoln University says they are
14 qualified, who are you to say they
15 are not?

16 MS. HARLEY: It was just a
17 matter of fairly trying to put the
18 rules in place that if you were
19 requiring some staff to have the
20 bachelor's degree and others did not,
21 and then it became a thing of: How
22 did you measure the work experience
23 in terms of how many years as opposed
24 to others?

25 That's why I said that

1 4/30/12 - STATED - BILL 120164, ETC.
2 there were some that were sort of
3 waived in and you could apply. The
4 consideration was made dependent upon
5 how it was applied, what your work
6 experience was, where you had been
7 working before and that kind of
8 thing.

9 But this was not just a DHS
10 issue. It was an issue that was
11 taken up by the central Personnel
12 Department for the City of
13 Philadelphia who we have to go
14 through for the human resources part
15 in terms of who the City would be
16 willing to hire.

17 COUNCILWOMAN BLACKWELL:
18 Well, we want further meetings on
19 this. We have already talked to the
20 chief of staff. As I said, we met
21 with the president and other people
22 with regard to this issue just last
23 week. And that's a major issue.

24 I still don't understand
25 how the City, DHS or City personnel

1 4/30/12 - STATED - BILL 120164, ETC.
2 says that a degree from Lincoln
3 University is not good. I still
4 don't understand that and I still
5 don't accept that. You are not
6 saying anything now that convinces me
7 that I am wrong.

8 MS. AMBROSE: So I am happy
9 to set up that meeting and we can
10 include City personnel. I think we
11 might also have to include the State
12 because the requirements are actually
13 State requirements, not City
14 requirements. So in order to be a
15 supervisor at DHS, you must have an
16 MSW.

17 And so we can talk through
18 that and, you know, try to come up
19 with some sort of compromise if
20 that's possible.

21 COUNCILWOMAN BLACKWELL:
22 Thank you. And I hope that some of
23 my colleagues who may be interested
24 in this issue will join me.

25 COUNCILMAN GREENLEE: Point

1 4/30/12 - STATED - BILL 120164, ETC.
2 of information. Councilwoman Tasco.

3 COUNCILWOMAN TASCO: It
4 seems to me that when Lincoln
5 implemented this program some years
6 ago and our State Senator from
7 Lincoln, MSW from Lincoln University:
8 They have to follow State
9 requirements for granting the degree,
10 right?

11 MS. HARLEY: Yes.

12 COUNCILWOMAN TASCO: And so
13 to be granted a degree you have -- if
14 they grant a master's -- and of
15 course when Lincoln started the
16 program, certainly they had to have
17 certain guidelines on how to evaluate
18 the experience of the person seeking
19 the master's. Those -- it seems to
20 me that those criteria would be based
21 on the requirements dictated by the
22 State Department of Education, higher
23 education.

24 MS. AMBROSE: Yes. So
25 Councilwoman Tasco, remember the

1 4/30/12 - STATED - BILL 120164, ETC.
2 title protection issue that you
3 brought to my attention from the
4 National Association of Social
5 Workers through Rufus Lynch? This is
6 in some ways connected to that. So
7 some people have a very, for want of
8 a better word, elitist view of what
9 credentials you can have in order to
10 be a social worker.

11 So, for instance, the City
12 had to change our job title in
13 bargaining with the union to social
14 work services manager because the
15 National Association of Social
16 Workers complained that all of our
17 staff were not licensed social
18 workers or didn't have the Bachelor's
19 in Social Work. So it's quite a
20 complicated issue with lots of
21 opinions on both sides. But
22 certainly DHS is willing to
23 facilitate a conversation with all of
24 the parties and try to come up with a
25 better resolution because we are sort

1 4/30/12 - STATED - BILL 120164, ETC.
2 of caught in the middle in some ways.

3 There's a lot of advocacy
4 on this title protection issue. And
5 I constantly get calls. I think the
6 personnel department got calls. And
7 then we had to deal with the State
8 Senator on the issue. And I think
9 that's the other end of the spectrum
10 we are fighting against because we
11 did not believe we should have to
12 change the title.

13 We thought that our workers
14 by virtue of some of their experience
15 and training should be able to be
16 called social workers. And we lost
17 that battle. So I'm happy to try to
18 work through this issue. I think
19 it's complicated with lots of
20 different constituencies involved.

21 COUNCILWOMAN TASC0: So as
22 Betsy Clark would say: We can't be
23 mad at you.

24 MS. AMBROSE: Well, I think
25 there is a history and a rationale

1 4/30/12 - STATED - BILL 120164, ETC.
2 that probably needs to be shared.

3 COUNCILWOMAN TASCO: So I
4 support Councilwoman Blackwell, we
5 need to visit this. This is a
6 serious issue.

7 COUNCILWOMAN BLACKWELL:
8 Thank you.

9 COUNCILMAN GREENLEE: Okay.
10 Councilwoman Sanchez, please.

11 COUNCILWOMAN SANCHEZ: I
12 think this is an important State
13 licensing issue, but I agree with
14 Councilwoman Blackwell. I mean, I'm
15 a graduate of the program. And we
16 are required to take the GREs and
17 everything else. There is a pretty
18 extensive application process and
19 years of experience required in
20 addition to you having a preset -- I
21 think if you look at the program
22 which is three years long and the
23 type of support that is required, I
24 think this is the name. This is all
25 in the title.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And I think if we don't
3 want to get into a situation where we
4 are telling any institution that is
5 accredited how to do their jobs and
6 unless the unions have a problem with
7 how we define our classifications.

8 'Cause that's where we would have the
9 problems. This is not our creation.

10 It's whether the union has
11 a problem with it and then obviously
12 with the State board who is not
13 always in tune with what's going on.
14 Degree completion programs like
15 Lincoln are becoming more frequent.
16 They are double degree programs.

17 And the last thing we want
18 to be doing is turning away
19 individuals because of whatever
20 happened in the early part of their
21 lives and their inability to finish
22 their school that that devalued them.
23 When, in fact, one of the things that
24 I have discovered with my colleagues
25 at Lincoln is that there are a lot of

1 4/30/12 - STATED - BILL 120164, ETC.
2 people with a lot more experience
3 coming to the table. But this was
4 their only option to complete.

5 So I think we need to look
6 at that. And I think that there is a
7 solution to this just because this is
8 becoming more and more a wave of the
9 future, you know, single mom.
10 Everybody has to work now. These
11 types of programs are more needed and
12 we don't want to devalue them. Thank
13 you, Mr. Chairman.

14 COUNCILMAN GREENLEE:
15 Sounds like more discussion is in
16 order. Councilwoman Brown.

17 COUNCILWOMAN BROWN: Thank
18 you. I want to simply take up
19 Councilwoman Blackwell's offer to
20 join you in those discussions. My
21 situation is a lot different in that
22 after I left teaching, I wanted to be
23 a social worker. And even with a
24 master's having done five years of
25 schooling, I couldn't have that title

1 4/30/12 - STATED - BILL 120164, ETC.
2 because I had no experience. So my
3 situation is on the opposite end of
4 that.

5 Given what's been shared
6 here, there is no question we have to
7 be in compliance with the State.
8 That's not optional. It's just the
9 way it is. There may be room,
10 however, to enlighten the State on
11 this new norm that is becoming so
12 that we do it in a way where we
13 don't diminish the dignity of the
14 degree but also ensure that we have
15 people in place who have the title
16 that can do the job.

17 Academics is important but
18 experience counts as well.

19 MS. AMBROSE: I agree.

20 COUNCILMAN GREENLEE: Thank
21 you all. Councilman Green.

22 COUNCILMAN GREEN: Thank
23 you, Mr. Chairman. When I am
24 finished, I will be moving right to a
25 point of information.

1 4/30/12 - STATED - BILL 120164, ETC.

2 (Laughter.)

3 COUNCILMAN GREENLEE: We
4 might not let you do it. I don't
5 know.

6 COUNCILMAN GREEN: So you
7 mentioned in your testimony that you
8 do some performance-based contracts
9 on -- it's my understanding that
10 those performance-based contracts are
11 on administrative paperwork and not
12 outcomes for people that are served.
13 Can you describe the
14 performance-based contract that you
15 do and what percentage of your
16 contracts and in terms of dollar
17 amounts are performance-based versus
18 otherwise.

19 MS. AMBROSE: Sure. So
20 someone can start doing the
21 calculations on where we are at with
22 percentage of contracts. But DHS has
23 been doing actually performance-based
24 contracting for family foster care
25 since 2003. And it is on outcomes

1 4/30/12 - STATED - BILL 120164, ETC.
2 for children. It's on permanencies.
3 It's on reunification. It's on the
4 things that we value as a system.

5 We have been so successful,
6 in fact, that last year we had to
7 terminate three of our providers
8 because we didn't have enough kids to
9 service the need. We had too many
10 successful outcomes.

11 And so there is a history
12 of that and I can actually provide
13 you with all of the detail. The
14 reason that we have been consistently
15 reducing placement is based on the
16 PVC model that we have used for
17 family foster care. And I was here
18 when Commissioner Martinez started it
19 but we have continued that.

20 Since I have been
21 Commissioner, we have actually
22 started to include treatment foster
23 care. So we now have bonuses when
24 you reach certain goals for kids. So
25 this year we gave out bonuses to

1 4/30/12 - STATED - BILL 120164, ETC.
2 three providers who do treatment
3 foster care. We can sit down and
4 share with you the details and the
5 components and the outcomes that we
6 looked at.

7 The next phase is looking
8 at group home care. But the
9 Improving Outcomes for Children
10 initiative will have one
11 performance-based contract for each
12 CUA that will be based on the
13 performance measures that we
14 identify.

15 COUNCILMAN GREEN: So it's
16 been your experience, then, when you
17 have specific measurable goals that
18 you desire up front to which you hold
19 a service provider accountable in
20 terms of how much money you are
21 actually going to receive as a result
22 of achieving those goals and you have
23 a way to independently measure and
24 verify their achievement so it's not
25 self-reporting, I assume.

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: Correct.

3 COUNCILMAN GREEN: You get
4 good outcomes.

5 Ms. AMBROSE: I agree with
6 that, yes.

7 COUNCILMAN GREEN: So my
8 question is: Don't you think that is
9 applicable through City government?

10 MS. AMBROSE: Absolutely.
11 I think like Dr. Evans said, I think
12 it's different in different
13 departments. So our system is very
14 different from what Dr. Evans has
15 created in DBH. But we have been
16 doing it for a long period of time.

17 And just in probably the
18 last five years, there has probably
19 been a 50 percent reduction of
20 children in placement. Since I have
21 been here, it's been a 38 percent
22 reduction of children in placement.
23 And that is a good thing for kids and
24 it's a good thing for our system. It
25 allows for you to invest in home

1 4/30/12 - STATED - BILL 120164, ETC.
2 services and in communities.

3 And so I completely agree
4 with you which is why we extended
5 treatment foster care and are in the
6 process of extending it to all levels
7 of care.

8 COUNCILMAN GREEN: Yeah.
9 So why wouldn't 100 percent of the
10 contracts with outside service
11 providers be based on the achievement
12 of specific goals to the people to
13 whom they provide care?

14 MS. AMBROSE: Well, I agree
15 that we should do that. We are
16 working on it. It does take a bit of
17 negotiation with the providers to
18 make sure that they understand the
19 expectations and building those
20 things into the contract takes some
21 time.

22 We now have rankings of all
23 of our providers at those levels of
24 care and are sort of negotiating
25 those rankings and things that we are

1 4/30/12 - STATED - BILL 120164, ETC.
2 going to be preferencing. So we just
3 haven't gotten there as soon as I
4 would have liked.

5 But I agree that the entire
6 department should be
7 performance-based contracting.

8 COUNCILMAN GREEN: Okay.
9 Thank you, Mr. Chairman.

10 COUNCILMAN GREENLEE:
11 Councilwoman Sanchez.

12 COUNCILWOMAN SANCHEZ:
13 Thank --

14 COUNCILMAN GREEN: Point of
15 information.

16 (Laughter.)

17 COUNCILMAN GREEN: No.
18 Just kidding.

19 COUNCILWOMAN SANCHEZ: Not
20 on me.

21 (Laughter.)

22 COUNCILWOMAN SANCHEZ: One
23 of my last questions I have been
24 asking all of the departments is
25 around diversity. I must say DHS is

1 4/30/12 - STATED - BILL 120164, ETC.
2 one of the groups that is the most
3 diverse. But I noticed that as it
4 relates to Hispanic and the
5 Asian-American community, your
6 numbers are very low and in the case
7 of your management nonexistent.

8 When you look at the
9 children that you are providing
10 support with, you know, is the
11 Department looking at establishing
12 some goals for itself for its work
13 force so that it's more reflective of
14 the City and if so, what are some of
15 the things that you are doing?

16 MS. AMBROSE: Yeah. I
17 think that we definitely,
18 particularly for the Latino
19 community, we are struggling with
20 recruiting and retaining staff,
21 particularly bilingual staff. And I
22 know when Commissioner Martinez was
23 here, she went all out trying to do
24 that. And we haven't been able to
25 sustain those numbers. But it is

1 4/30/12 - STATED - BILL 120164, ETC.
2 definitely something we need to work
3 harder on.

4 COUNCILWOMAN SANCHEZ:

5 One of the things we talked about
6 with the Civil Service Commission is
7 requesting the creation as you do
8 your job specifications. Has the
9 Department looked at that? Has it
10 not? Has it discounted when you have
11 particularly in some of your training
12 and entry level positions creating
13 some of that for bilingual positions
14 so that you are able to recruit?

15 MS. AMBROSE: So we have
16 done that in the past. Since we have
17 not done significant hiring since I
18 have been here, we have not done
19 that. But that's something we should
20 definitely consider.

21 COUNCILWOMAN SANCHEZ:

22 Yeah. I would appreciate it because
23 this is something I have been talking
24 to all the departments and there has
25 been very little participation

1 4/30/12 - STATED - BILL 120164, ETC.
2 despite the Mayor's executive order
3 on this. And I think your Department
4 more than anyone because of the
5 important work that you do is a place
6 where you would want to see that
7 better reflected. And I know that
8 part of your goal over the next
9 reform is to reduce personnel. But
10 you are always hiring, counselors,
11 trainees. And it's going to be
12 harder and harder to recruit unless
13 that effort is made. So I just want
14 to put that on there because the
15 numbers are pretty bad.

16 MS. AMBROSE: I agree.

17 COUNCILWOMAN SANCHEZ:

18 Okay. Thank you, Mr. Chairman.

19 COUNCILMAN GREENLEE: Thank
20 you, Councilwoman. Councilwoman
21 Brown.

22 COUNCILWOMAN BROWN: In
23 addition to truancy, in fact -- well,
24 give us an update on the truancy
25 efforts because I know that the

1 4/30/12 - STATED - BILL 120164, ETC.
2 School District is an important link
3 and we know the challenges they are
4 facing. But I'm curious to know
5 where we are with that. Has there
6 been progress since last year?

7 MS. AMBROSE: So I think we
8 are really challenged right now with
9 the truancy work. We have
10 worked very diligently over the last
11 previous two years with the School
12 District, terrific leadership in
13 creating a new process with the
14 courts and with the School District
15 of Philadelphia where the School
16 District would have the main
17 responsibility for really engaging
18 students and families in coming to
19 school.

20 And they would identify the
21 things that they needed to do before
22 reviewing a case to court.
23 Unfortunately with the budget cuts
24 from the School District's
25 perspective, while I believe this

1 4/30/12 - STATED - BILL 120164, ETC.
2 remains a priority, they don't have
3 the staff that can do those
4 engagement efforts. And we had
5 created a checklist where they would
6 check off: Call to parent at first
7 absence or meeting with child and
8 family.

9 And those things have not
10 moved forward as we originally
11 planned. They still have some
12 terrific leadership with Erica
13 Washington from the School District
14 who is trying to make those things
15 happen.

16 COUNCIL PRESIDENT CLARKE
17 has restructured a little bit to try
18 to pick up a little bit of the slack.
19 But I think our providers are
20 complaining that they are not getting
21 the kinds of referrals they used to
22 get because the process has broken
23 down.

24 COUNCILWOMAN BROWN: Sure.

25 MS. AMBROSE: It remains a

1 4/30/12 - STATED - BILL 120164, ETC.
2 priority for us. So we are
3 continuing to service those families.
4 Remember last year, I think we shared
5 with you the K through 3 and the
6 services that we offer to the younger
7 families where we know when children
8 are not going to school, it's
9 something is not happening in the
10 home that should be happening.

11 So DHS keeps those cases.
12 Those are the kind of case management
13 cases that we have in prevention.
14 But I don't think the regional
15 truancy courts are as vibrant and
16 active as they have been in the past,
17 and so that's something we are trying
18 to work on.

19 COUNCILWOMAN BROWN: And so
20 if you add truancy, what other two
21 areas that involve the school would
22 you make high priority because next
23 week they will be coming before us.
24 And we can play a role in simply
25 connecting what we are hearing from

1 4/30/12 - STATED - BILL 120164, ETC.
2 one agency from where we sit to
3 connect those priorities from where
4 they are.

5 MS. AMBROSE: I think from
6 my perspective it's really actively
7 engaging them in improving outcomes
8 for children because DHS has
9 reprioritized all of our prevention
10 services to impact in some way in
11 educational success and advancement
12 for the children that we are involved
13 with. And having the School District
14 involved as partners in that effort
15 has been really critical. So the
16 Education Support Center that we
17 created two years ago continues to
18 train School District personnel. I
19 actually feel like that process is
20 working on a kid-by-kid basis.

21 But I think some of the
22 more systemic opportunities for us to
23 come together and to talk about Out
24 of School Time and what should that
25 investment look like and how do we

1 4/30/12 - STATED - BILL 120164, ETC.
2 really continue to work maybe even at
3 a school-by-school level to make sure
4 the needs of those children are being
5 met, not only in the classroom but
6 how does that extend outside of the
7 classroom into Out of School Time.

8 COUNCILWOMAN BROWN: Very
9 well. Am I allowed one last
10 question, Mr. Chairperson?

11 COUNCILMAN GREENLEE: Sure,
12 as long as it's a point of
13 information.

14 COUNCILWOMAN BROWN: Okay.
15 A number of us are paying attention
16 to the -- let me just back up. Let
17 me just read this verbatim since we
18 wrote it. We, my office, recently
19 hosted a session with Big Brothers
20 Big Sisters who shared with us some
21 of the statistics regarding their
22 program and, of course, a recent
23 study by Public Private Ventures
24 found that young people involved in
25 Big Brothers Big Sisters mentoring

1 4/30/12 - STATED - BILL 120164, ETC.
2 are 46 percent less likely to do
3 drugs, 52 percent less likely to skip
4 school and 32 percent to hit someone.

5 So with that -- and they
6 are 70 percent less likely to engage
7 in illegal drugs and alcohol if they
8 are in the mentoring program. So
9 with that, do you anticipate -- and
10 you may not be at liberty to say
11 completely now -- but there is an
12 interest to see Big Brothers Big
13 Sisters and the partnership they
14 enjoy with your agency sustained at
15 some level. Can you speak to that?

16 MS. AMBROSE: Sure. And I
17 actually got a chance to read the
18 letter that you wrote to the Mayor
19 after the legislative breakfast and
20 was able to talk to Mayor Goode about
21 this. Mayor Goode is actually on our
22 Committee Oversight Board, and he is
23 actually a huge proponent of
24 mentoring --

25 COUNCILWOMAN BROWN: Yes,

1 4/30/12 - STATED - BILL 120164, ETC.
2 he is.

3 MS. AMBROSE: -- and a
4 national expert on mentoring. So we
5 have about a \$500,000 investment in
6 Big Brothers Big Sisters. We
7 actually think we should enhance that
8 investment. Right now we are trying
9 to work through a possible
10 partnership with the Stoneleigh
11 Foundation that would create a fellow
12 who would work on mentoring for older
13 youth. And that would be Dr. Chuck
14 Williams who many of you have seen
15 because I think he has testified
16 before City Council.

17 COUNCILWOMAN BROWN: Yes.

18 MS. AMBROSE: He is also a
19 member of the Community Oversight
20 Board and a former youth from foster
21 care. And so Reverend Goode has
22 often talked about mentoring for
23 older youth being a site mentoring
24 opportunity instead of having
25 individual mentors because of the

1 4/30/12 - STATED - BILL 120164, ETC.
2 problem with recruitment and
3 retention.

4 And so that's something we
5 would really like to explore with Big
6 Brothers and Big Sisters. We just
7 met with Dr. Williams and Marlene and
8 her staff, I think last week or the
9 week before, about how we can move
10 this forward. But this is an
11 investment that we think is very
12 important and should be enhanced as
13 we continue to learn more about what
14 other national models work around
15 mentoring, particularly for older
16 youth.

17 COUNCILWOMAN BROWN: I
18 couldn't agree with you more because
19 the data is very persuasive where the
20 investment of those dollars you get
21 back. It's worth the investment, if
22 you will, in what we are trying to
23 do. So know that a few of us in this
24 body will be helping in the way that
25 we think appropriate.

1 4/30/12 - STATED - BILL 120164, ETC.

2 Lastly, will all of the
3 contracted agencies have a mandated
4 24-hour hotline response that's based
5 in Philadelphia?

6 MS. AMBROSE: They
7 currently do. So all of our provider
8 agencies are actually mandated
9 reporters. If they see something
10 around a safety issue for a child,
11 they should call either the State
12 hotline or our DHS hotline
13 immediately. So that is part of
14 their mandate.

15 COUNCILWOMAN BROWN: I
16 think that might be the conclusion of
17 my questions.

18 COUNCILMAN GREENLEE:
19 Councilman Oh.

20 COUNCILMAN OH: Hello,
21 Commissioner.

22 MS. AMBROSE: Hello,
23 Councilman.

24 COUNCILMAN OH: I do have a
25 question. I'm so interested because

1 4/30/12 - STATED - BILL 120164, ETC.

2 I have no idea how this is handled.

3 You have stated that a major focus of
4 your work this year would be to
5 engage fathers and encourage them to
6 be involved with their children. And
7 I think this is the Sankofa project.

8 MS. AMBROSE: Yes.

9 COUNCILMAN OH: And I'm
10 wondering how could you quantify the
11 efforts and how could you quantify
12 the results of those efforts?

13 MS. AMBROSE: So let me say
14 this is a national issue, sort of
15 father engagement is a national
16 problem in child welfare. And it
17 sort of -- it should be intuitive but
18 it's not. And there is lots of
19 systematic and cultural barriers to
20 engaging fathers. There's lots of
21 issues related to why it's difficult
22 for them to be part of the family
23 service planning. It's something
24 that has been cited against DHS in
25 the past and other agencies have been

1 4/30/12 - STATED - BILL 120164, ETC.
2 cited as well.

3 What we realize is through
4 Family Finding and other efforts that
5 we are engaged in is sometimes when
6 we are only dealing with the mother,
7 we leave out an entire side of the
8 family that could be a resource and
9 helpful to the children that we are
10 responsible for.

11 And so what we have started
12 is several things. The Sankofa
13 project is now part of our efforts at
14 the Achieving Reunification Interest.
15 And so now we have fatherhood groups
16 where we are trying to get fathers a
17 little bit more involved. We also
18 have started a fatherhood work group
19 with Joe Austin who runs Daddy
20 University and it's co-chaired by one
21 of the DHS leaders who runs our
22 provider relations and evaluation
23 division, Audrey Powers.

24 It's something we are
25 trying to do as outreach for fathers.

1 4/30/12 - STATED - BILL 120164, ETC.

2 When you look at other child welfare
3 agencies, what they have been able to
4 do is form partnerships with places
5 like the District Attorney's Office
6 for support. So if a father wants to
7 get involved, could we create an MOU
8 with that father so he gets some time
9 to pay back his support but we don't
10 block him out of the efforts to be a
11 resource for his child and other
12 things.

13 So we are at the very
14 beginning stages of how we explore
15 this. We have pulled together, we
16 think, a really good work group.
17 Dr. Rufus Lynch who I mentioned
18 earlier in the context of the
19 National Association of Social
20 Workers and Title Protection,
21 actually just received a Stoneleigh
22 fellow to work on fatherhood issues.
23 And so this is going to be a major
24 component for us as we move forward
25 because it's an area of weakness for

1 4/30/12 - STATED - BILL 120164, ETC.
2 the Department of Human Services.

3 Your question about how we
4 measure that is going to be something
5 that's built into the work group.
6 And so our Division of Performance
7 Management and Accountability will
8 try to figure out how we do that.

9 The Sankofa project is
10 really a very small piece of what
11 this is and it's a pilot for us to
12 try to figure out how we can do
13 engagement a little bit better.

14 COUNCILMAN OH: I'm sure we
15 would all be -- I would be but I'm
16 sure we would all be very interested.
17 It's I guess the big issue that's out
18 there and if we could engage fathers,
19 it would have a tremendous impact.

20 And we -- I certainly would
21 want to know how we could measure
22 what we contribute dollarwise to the
23 success of this effort. And it seems
24 to be something that is emerging that
25 should have kind of had our attention

1 4/30/12 - STATED - BILL 120164, ETC.
2 a long time ago. I mean, all of us
3 in society. But certainly if you
4 would let us know and keep us
5 abreast, that would be great.

6 MS. AMBROSE: Absolutely.
7 And maybe invite you to some of the
8 meetings that we are convening. And
9 I know that Joe Austin is doing a big
10 event at the Convention Center, I
11 think it's the beginning of June.
12 But I will make sure you get an
13 invitation.

14 COUNCILMAN OH: Thank you.
15 I have been to Daddy University, by
16 the way, so I would love to go again.

17 MS. AMBROSE: Okay. Great.

18 COUNCILMAN OH: Thank you.

19 COUNCILMAN GREENLEE: Thank
20 you, Councilman Green.

21 COUNCILMAN GREEN: Thank
22 you, Mr. Chair. Just a few questions
23 and then I will submit the rest in
24 writing. I want to follow up a
25 little bit on Councilwoman Sanchez'

1 4/30/12 - STATED - BILL 120164, ETC.
2 questions about the switch in terms
3 of the way you provide services. I
4 will not try to -- is it called CUA?

5 MS. AMBROSE: It's called
6 Improving Outcomes for Children but
7 the contract will go to a Community
8 Umbrella Agency called a CUA.

9 COUNCILMAN GREEN: So how
10 CUA works. But is the provider
11 community engaged about this shift
12 from direct contracts to a model that
13 requires some contracting? I mean,
14 there seems to be a lot of
15 nervousness and angst in the provider
16 community about this. And I wondered
17 how much information you are giving
18 people to make them aware this is
19 coming up, to tell them how to, you
20 know, deal with letting them know --
21 I mean, they don't even know what's
22 chosen at the CUA for their area.
23 And there is just a lot of
24 nervousness. What preparation are
25 you doing?

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: Yeah. So I'm
3 not surprised that there is
4 nervousness. However, there has not
5 been lack of inclusion or
6 information. So the providers have
7 asked for this. So one of the first
8 meetings I had when I was thinking
9 this through in response to the Child
10 Welfare Review Panel recommendation
11 was with the head of the State
12 Provider Association as well as their
13 local leadership, Margaret Zukowski.
14 The providers have been part of our
15 Steering Committee from the very
16 beginning and we have been meeting --

17 COUNCILMAN GREEN: When you
18 say -- rather than spend a whole lot
19 of time going back and forth on
20 this -- could you just submit to the
21 Chair the providers that have been
22 part of this work that have been
23 processed --

24 MS. AMBROSE: Sure.

25 COUNCILMAN GREEN: -- so

1 4/30/12 - STATED - BILL 120164, ETC.
2 that when we see the distributions
3 between sort of big, well-resourced
4 providers and the kind of provider
5 that shows the most nervousness about
6 this, which are the smaller ones that
7 Councilwoman Sanchez was speaking of.

8 MS. AMBROSE: Sure. No
9 problem. And --

10 COUNCILMAN GREEN: Sure.
11 And we can take a look at that. Have
12 you calculated the fiscal and
13 administrative impact this will have
14 on the provider community as part of
15 sort of the benefits analysis you
16 have used as to whether or not to
17 move to this model or was it all
18 internal?

19 MS. AMBROSE: Yeah. So we
20 had Casey Family programs actually
21 provided us with a consultant PFM to
22 help us look at that, sort of what
23 the administrative component might
24 look like.

25 I think the impact on

1 4/30/12 - STATED - BILL 120164, ETC.
2 different providers is going to be
3 different, depending on whether you
4 get a CUA, whether you get some of
5 the subcontractors. And so we have
6 not done that evaluation because we
7 haven't selected anybody yet.

8 Certainly one of the things
9 we have said all along is that there
10 is no new money. So whatever
11 investments that we make have to be
12 in the investments that are currently
13 in the system now.

14 COUNCILMAN GREEN: No, no.
15 I understand. So really what you are
16 saying is that no analysis was done
17 as to how this will impact the
18 provider communities' administrative
19 and fiscal challenges. The Casey
20 Family Foundation looked at it from
21 DHS's perspective?

22 MS. AMBROSE: Correct. And
23 I met with probably about 200
24 different providers, executive
25 members and board members. So we did

1 4/30/12 - STATED - BILL 120164, ETC.
2 a series of four different meetings
3 in the community. That was a big
4 question that they had.

5 And one of the things that
6 we said to them is, you know, you
7 need to figure that out with your
8 board is what position are you best
9 suited for in this new model for the
10 delivery of child welfare services
11 and where are you best situated to
12 continue to provide services and
13 what's that going to look like for
14 your agency.

15 COUNCILMAN GREEN: Sure.
16 But there is really no way to do
17 that until you know whether or not
18 the region where you have a CUA, who
19 the CUA is, what services, main
20 services they provide compared to
21 what your services are. So it's sort
22 of like you can tell them to do that
23 but there is no way for them to do
24 that at this point in the process, it
25 seems.

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: Yeah. I
3 mean, what we have tried to do in our
4 many conversations with the provider
5 community is encourage them to form
6 partnerships with each other, you
7 know, how do they complement each
8 other.

9 Also, what we have talked
10 to them about as part of the first
11 part of the IOC work was a readiness
12 assessment which we sort of viewed as
13 an RFQ to sort of test: Are they
14 better as a CUA? Are they better as
15 a subcontractor. And so I think
16 there is a lot of uncertainty around
17 who is going to get the contracts.

18 COUNCILMAN GREEN: Okay.
19 GIS mapping. I'm curious to know
20 based upon what service, how should I
21 phrase this? In what neighborhoods
22 do service gaps exist? And what
23 percentage of children you serve come
24 from those neighborhoods?

25 MS. AMBROSE: So I would

1 4/30/12 - STATED - BILL 120164, ETC.
2 guess that service gaps exist in all
3 of the neighborhoods where we serve
4 children. And part of what we did in
5 thinking through what IOC needed to
6 look like was intensive mapping in
7 those neighborhoods. And one of the
8 areas where we really need to do it
9 is working through what a CUA might
10 look like.

11 So, for instance, the local
12 offices that we were supposed to form
13 as part of the Child Welfare Review
14 Panel recommendation is modeled after
15 something that Allegheny County does
16 in Pittsburgh, which is they don't
17 just have child welfare services in
18 the community. They have housing,
19 behavioral health and economic
20 opportunity. They have job
21 readiness. And so I think we need to
22 think through what that's going to
23 look like at the community level.

24 COUNCILMAN GREEN: I'm glad
25 you answered the question that way.

1 4/30/12 - STATED - BILL 120164, ETC.

2 Because when a -- I have a couple of
3 questions related to education. And
4 that is, it seems to me that you've
5 got -- I would like to know -- and if
6 you don't know the details now,
7 that's fine. Or if you do, you can
8 provide it to the Chair so I don't
9 take too much more of your time.

10 I would like to know what,
11 whether you have as performance-based
12 measures for in-home services or if
13 you would be moving to in-home
14 services and specifically foster care
15 or the attendance of children at
16 school for the grades children get in
17 school or test scores the children
18 get in school as compared to the test
19 scores of other children that are at
20 the same school, not the district as
21 a whole, et cetera.

22 MS. AMBROSE: So the
23 performance measures for school for
24 our children are part of our child
25 staff measures. So Stacy has

1 4/30/12 - STATED - BILL 120164, ETC.
2 actually been to many of our child
3 staff meetings. We have incorporated
4 educational outcomes into those
5 meetings.

6 We don't have the
7 information on the comparisons,
8 although that's something we should
9 probably look at. Because I think
10 it's pretty well known that children
11 involved in the DHS system probably
12 performed not as well as other
13 children. And there is a multitude
14 of reasons behind all of that. But
15 that's why we pay such particular
16 focus to educational outcomes for our
17 youth because we believe it's
18 incredibly important.

19 COUNCILMAN GREEN: So it is
20 part of your performance-based
21 contracting to make those measurable
22 performance goals in terms of how the
23 children perform in school?

24 MS. AMBROSE: Yes. You
25 know what? I need to ask if we

1 4/30/12 - STATED - BILL 120164, ETC.
2 included that. I don't think we have
3 included that for the providers yet.
4 So we include that now for our staff.
5 So when we are looking at our own
6 staff internal performance
7 measurements.

8 So let me get back to you
9 and make sure we have moved that
10 forward with the provider community.
11 That absolutely should be the
12 direction we are headed in. But
13 there is other measures that we have
14 prioritized there. But it's a hugely
15 important area.

16 COUNCILMAN GREEN: Yes. I
17 appreciate you looking at that. And
18 if you can provide the full details
19 of how it's measured to the Chair
20 with respect to schools, I would
21 appreciate that.

22 You talked about, you know,
23 providing a plethora of services at
24 one location, et cetera, the
25 Pittsburgh model, for example. And

1 4/30/12 - STATED - BILL 120164, ETC.
2 when you look at places like the
3 Harlem Children Zone or other places
4 where you have got sort of very
5 successful educational outcomes.
6 What the Harlem Children's Zone
7 provides is wraparound services with
8 social workers in the schools, et
9 cetera, that don't just serve the
10 needs of the children but serve
11 essentially the entire family of the
12 children in those schools. And I'm
13 wondering how -- if under the new
14 modeling that you are going to if the
15 potential exists to try some -- to
16 try the Harlem Children's Zone model,
17 whether it's in cooperation with
18 public school systems somewhere or
19 choose a few targeted schools or
20 targeted neighborhoods where we break
21 off the families of the children in
22 those schools who receive services of
23 one kind or another from DHS and
24 allow that to be provided within the
25 school.

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: So I
3 absolutely think we can look at that.
4 We have something kind of similar.
5 It's not exactly like the Harlem
6 Children's Zone but it's the Belmont
7 School. We actually -- DHS funds
8 something very similar to what you're
9 talking about.

10 We met with them about IOC
11 at the suggestion of Councilwoman
12 Blackwell, Councilwoman Tasco,
13 Councilwoman Sanchez. And so how
14 that fits into IOC is a real
15 possibility. It's not identical to
16 the Harlem Children's Zone but it's
17 very similar. And it's the team of
18 social work that's built around the
19 children and the families so that
20 educational outcomes are really at
21 the onset -- it includes pre-K so
22 it's not just -- I can show you more
23 about that and some of the data.

24 COUNCILMAN GREEN: Is there
25 a model around the country anywhere

1 4/30/12 - STATED - BILL 120164, ETC.
2 where since what you deal with is
3 children and families, where they
4 have shifted the provision of
5 services to schools and to direct
6 intervention in schools for the
7 families in those schools since every
8 family -- most families that you
9 serve have children in school. And
10 is there any kind of model for that
11 or is that something that if we move
12 toward the path of experimenting like
13 that, we would be the first city to
14 sort of undertake it?

15 MS. AMBROSE: I think there
16 are varying degrees of this. I think
17 New York City has some schools where
18 they actually have social workers in
19 the school. The Belmont School, we
20 have that. DHS actually funds social
21 workers --

22 COUNCILMAN GREEN: But it's
23 not the entire family being served
24 from one location in one
25 neighborhood --

1 4/30/12 - STATED - BILL 120164, ETC.

2 MS. AMBROSE: Correct.

3 COUNCILMAN GREEN: Like the
4 school catchment area, for example,
5 as the model of the people being in
6 the school like the Harlem Children's
7 Zone. Are there academic studies
8 showing the efficacy of the programs
9 in New York, for example?

10 MS. AMBROSE: We can look
11 into that.

12 COUNCILMAN GREEN: Okay. I
13 would like to know what you think
14 about -- and it's not a question that
15 I expect you to answer today -- of
16 broadening that approach as we look
17 to go to a different model. Thank
18 you, Mr. Chair.

19 COUNCILMAN GREENLEE: Thank
20 you, Councilman. Any other
21 questions?

22 (No response.)

23 COUNCILMAN GREENLEE:
24 Hearing none, Commissioner,
25 everybody, thank you for your

1 4/30/12 - STATED - BILL 120164, ETC.
2 patience.

3 MS. AMBROSE: Thank you.

4 COUNCILMAN GREENLEE: Our
5 next department is the Office of
6 Supportive Housing. If we can get
7 started. Thank you.

8 (Brief recess.)

9 COUNCILMAN GREENLEE: Good
10 afternoon, I think you know, we have
11 your testimony so if you could
12 summarize, we would appreciate it.
13 Thank you.

14 Please identify yourself
15 for the record and proceed.

16 MS. MINTZ: Good afternoon.
17 My name is Dainette Mintz. I'm the
18 Director of the Office of Supportive
19 Housing. The mission of OSH is to
20 plan and coordinate Philadelphia's
21 response to homelessness and the
22 Administration of Riverview Home; a
23 State licensed boarding home that
24 provides housing to low income
25 elderly and disabled persons. It is

1 4/30/12 - STATED - BILL 120164, ETC.
2 the goal of OSH to assist individuals
3 and families experiencing
4 homelessness to achieve greater
5 self-sufficiency and long-term
6 housing. I'm pleased to offer a
7 summary of the OSH Fiscal Year 13
8 City Council testimony.

9 The proposed OSH fiscal
10 year budget is \$89,228,766 and
11 includes an allocation of \$39,640,736
12 in General Funds and \$49,588,030 in
13 grant funds, 44 percent and 56
14 percent respectively.

15 A breakdown of the General
16 Funds by class is as follows: Class
17 100, \$7,652,567; Class 200,
18 \$31,611,621; Class 300, \$208,177;
19 Class 400, \$135,950 and Class 500,
20 \$32,421. The Fiscal Year 13
21 represents an increase of 1.2 million
22 from Fiscal Year 12 estimated
23 obligations.

24 Historically the expertise
25 in providing homeless housing and

1 4/30/12 - STATED - BILL 120164, ETC.

2 supportive services lies in the
3 nonprofit provider community. The
4 OHS budget supports 131 contracts
5 with 64 distinct entities, of which
6 eight are for-profit and 56 are
7 nonprofit entities. The OHS Fiscal
8 Year 12 for-profit minority, women
9 and disabled business participation
10 goal is 25 percent and to date OSH
11 has met the goal and reached 28.13
12 percent participation.

13 OSH provides an array of
14 homeless housing, emergency,
15 transitional and permanent housing.
16 Our emphasis in conjunction with
17 national homeless policy directives
18 is the provision of long-term
19 housing.

20 Unfortunately, Philadelphia
21 is among the cities nationally that
22 has experienced a consistent increase
23 in the demand for emergency housing
24 by homeless families. As a result,
25 OSH has experienced the painful

1 4/30/12 - STATED - BILL 120164, ETC.
2 reality of being unable to
3 accommodate all who request emergency
4 housing.

5 To manage this need, OSH
6 continues to maximize long-term
7 housing opportunities to move
8 households out of transitional
9 housing to create vacant capacity.

10 This year under the
11 nationally competitively federal
12 continuum of care Homeless Assistance
13 Program, HUD awarded Philadelphia its
14 largest award to date, \$29,020,134 to
15 support 2,564 units of safe haven and
16 transitional and permanent housing,
17 including 100 new permanent homeless
18 housing units.

19 Additionally as the Federal
20 Recovery Act, Homeless Recovery Act,
21 Homeless Prevention and Rapid
22 Recovery Program (HPRP) comes to a
23 close later this summer, Philadelphia
24 used its combined grant of 23 million
25 in State and federal funding to

1 4/30/12 - STATED - BILL 120164, ETC.

2 provide 4,865 households with
3 financial assistance to prevent
4 homelessness and provided an
5 additional 1,330 homeless households
6 which makes up 648 families, 561
7 single males and 121 single females,
8 with financial assistance to exit the
9 homeless system with shelter or
10 transitional housing to move back
11 into long-term housing.

12 OSH remains committed to
13 addressing the needs of
14 Philadelphians who are experiencing
15 homelessness. Thank you. I will be
16 happy to address any questions you
17 may have.

18 COUNCILMAN GREENLEE: Thank
19 you very much, Ms. Mintz. In the
20 budget detail, it shows a proposed
21 increase of about 1.84 million to
22 Class 200 of the General Fund, for an
23 increase to shelter locations due to
24 the closing of the Ridge Avenue
25 Shelter. Can you give a little

1 4/30/12 - STATED - BILL 120164, ETC.
2 specifics on the intended use of that
3 increase.

4 MS. MINTZ: Yes. We intend
5 to identify two replacement sites for
6 Ridge. We are going to use existing
7 facilities to be able to provide some
8 of the replacement beds and a new
9 facility as the balance.

10 COUNCILMAN GREENLEE: Those
11 are two alternative sites. Have you
12 finalized them yet or are you
13 still --

14 MS. MINTZ: We are still in
15 the process.

16 COUNCILMAN GREENLEE: How
17 many beds total are you talking about
18 accommodating?

19 MS. MINTZ: 250.

20 COUNCILMAN GREENLEE: 250.
21 Okay. All right. Thank you. Anyone
22 have any questions for Ms. Mintz?
23 Councilwoman Blackwell.

24 COUNCILWOMAN BLACKWELL: We
25 just want to thank you and your

1 4/30/12 - STATED - BILL 120164, ETC.
2 Department for all you do. These are
3 tough times. But we push on and we
4 appreciate all that you do to try to
5 make life better for people in need
6 and people on the streets. Thank
7 you.

8 COUNCILMAN GREENLEE: We
9 certainly agree. Councilwoman
10 Sanchez.

11 COUNCILWOMAN SANCHEZ:
12 Thank you. I know that we have
13 talked excessively around the State's
14 cuts and some of its impacts. How
15 are we preparing for the loss of cash
16 assistance to folks in recovery?
17 What is that going to do to our
18 system and are we prepared for that?
19 What are some of the steps we have
20 taken to prepare for that?

21 MS. MINTZ: It is
22 anticipated that it will be a ripple
23 effect. And unfortunately, we do not
24 have the resources to prepare for
25 what could be a devastating increase

1 4/30/12 - STATED - BILL 120164, ETC.
2 in the number of persons who would
3 become homeless as a result of an
4 elimination of the public assistance
5 program.

6 There are thousands of
7 Pennsylvanians and Philadelphians who
8 receive that assistance, and it's
9 their lone source of income. And our
10 great fear is that if that program is
11 eliminated, there would be thousands
12 more people who would over a space of
13 time lose their housing, lose their
14 ability to provide food for
15 themselves and would ultimately seek
16 the homeless system for housing.

17 And we simply do not have
18 adequate beds to address that need,
19 nor do we have adequate funds to even
20 begin to try to create them.

21 It would be a devastating
22 impact for the City, although I would
23 reiterate that it may not be one that
24 you feel immediately. It would be
25 incremental. But I believe that we

1 4/30/12 - STATED - BILL 120164, ETC.
2 probably would begin to feel it by
3 the winter.

4 COUNCILWOMAN SANCHEZ: By
5 this winter?

6 MS. MINTZ: By this winter.

7 COUNCILWOMAN SANCHEZ: I
8 know that in the past -- fortunately,
9 this was not a cold winter so we
10 didn't have to do some of the things
11 that you are forced to do every
12 winter. What is our -- what is our
13 current capacity to expand if, in
14 fact, we saw these large numbers?

15 Do we have any room for
16 growth in our system, assuming we
17 have funding which is a whole other
18 issue?

19 MS. MINTZ: We do not have
20 room for growth. In the winter as
21 you know, our expanded capacity
22 includes using recreation centers.
23 We have two that the Department of
24 Parks and Recreations has been a
25 wonderful partner with us on an

1 4/30/12 - STATED - BILL 120164, ETC.
2 annual basis but in the winter
3 months. And it's possible in the
4 winter months because they don't tend
5 to have as many activities during the
6 winter months as they would have,
7 say, during the summer and spring.

8 So in the winter is really
9 ideal. And we have a winter
10 initiative program that usually
11 begins in December and ends in March.
12 And we use the recreation center as
13 our capacity for that as well as
14 using any capacity that we have
15 throughout our system. But that's
16 minimal.

17 If we had an increase at
18 any point at any other time of the
19 year than the winter, then I would
20 assume that those recreation
21 departments would not be available to
22 us because they have all kinds of
23 summer programs and other activities
24 and we would be without that
25 additional resource that we have in

1 4/30/12 - STATED - BILL 120164, ETC.
2 the winter.

3 We do not have additional
4 facilities that we have cued up to be
5 able to move into because they
6 typically need to be under lease to
7 the City. They need to be renovated
8 in such a way that they provide the
9 amenities that need to be had. We
10 need to have a provider who would
11 operate the facility because we
12 contract out all of that activity.

13 And so we would need
14 funding for the facility, funding to
15 renovate the facility, funding to
16 engage in a contract with a provider
17 to operate the facility, none of
18 which we have.

19 COUNCILWOMAN SANCHEZ: One
20 of the things we have been discussing
21 both with DHS and the Health
22 Department, we have got to be able to
23 tell the State story a little better.
24 And I don't think we are doing
25 ourselves justice about what's going

1 4/30/12 - STATED - BILL 120164, ETC.
2 to happen.

3 I want to thank you for
4 providing the numbers on the
5 diversity of your staff. You are
6 actually one of the few departments
7 that has a staff that's reflective of
8 the City. So I want to congratulate
9 you on that.

10 MS. MINTZ: Thank you.

11 COUNCILWOMAN SANCHEZ: That
12 is not the case with any of your
13 colleagues so I want to thank you for
14 that, the fact that you recognize the
15 importance of the service delivery
16 that you are doing, and your office
17 reflects that you are the only one
18 that is close to the proportion of
19 what the City representation is. I
20 just want to put that on the record
21 'cause I've been beating up all the
22 departments.

23 In terms of our provider
24 network, is there a way that we could
25 do a survey about who has expansion

1 4/30/12 - STATED - BILL 120164, ETC.
2 possibilities in our network in
3 preparation for potentially having
4 more folks on the street?

5 MS. MINTZ: Actually, we
6 have had some recent experience with
7 that as a result of our lack of
8 capacity for families. We actually
9 entered into a process last year
10 where we reached out to all of our
11 contractor providers to ask who had
12 additional space that could be used
13 even on a short-term basis such as
14 additional bed space.

15 And we only had three out
16 of twelve family providers who had
17 any additional space that was
18 available. And we utilized them to
19 help us add some additional capacity
20 in this current fiscal year. We have
21 not done the same in the singles,
22 although that would be something we
23 could enter into. The issue would
24 again be the resources to expand.

25 Typically, what happens is

1 4/30/12 - STATED - BILL 120164, ETC.

2 the more consumers you are placing,
3 the more staff coverage you need in
4 order to maintain management, in
5 order to maintain safety and
6 security, and also having additional
7 food for the additional staff,
8 supplies, equipment, beds, insuring
9 we had a sufficient number of
10 bathrooms for the increase in the
11 number of persons in a particular
12 facility. And understanding that we
13 also have limitations on the
14 buildings. In terms of depending
15 upon the number of persons you have
16 there for safety issues, you have to
17 have a certain number of ingress,
18 enter and exit for public safety
19 issues.

20 So we could entertain that
21 to try to find out. I would say,
22 though, that it is probably limited.

23 COUNCILWOMAN SANCHEZ:

24 Thank you. We will be waiting and
25 watching. And I know this is one of

1 4/30/12 - STATED - BILL 120164, ETC.
2 those areas where we have been
3 cutting resources and we will do what
4 we can. You have a great advocate in
5 Councilwoman Blackwell. We will be
6 paying attention to this. I know
7 neighborhoods like mine are going to
8 be severely impacted.

9 MS. MINTZ: Absolutely.
10 Thank you.

11 COUNCILMAN GREENLEE: Thank
12 you, Councilwoman. Councilman Oh.

13 COUNCILMAN OH: Thank you,
14 Mr. Chairman. Could you talk to me a
15 little bit about where in all of this
16 emergency shelters fit in. Is that
17 something that you handle, emergency
18 shelters?

19 MS. MINTZ: Yes. The
20 Office of Supportive Housing is the
21 agency that is responsible for the
22 administration and oversight of
23 emergency housing. That's the
24 terminology we use instead of
25 shelters, since shelter over time had

1 4/30/12 - STATED - BILL 120164, ETC.
2 developed such a negative
3 connotation.

4 Emergency housing is one of
5 the primary components of what we do.
6 It's providing housing to people who
7 have no place to sleep on any given
8 night. It is contracted out by our
9 agency. It includes housing for
10 single males, single females as well
11 as families. And we provide in
12 addition to the actual room and
13 board, we also have supportive
14 services that are provided to the
15 consumers. Most notably we attempt
16 as much as we can to provide a form
17 of case management which helps to
18 connect folks to other forms of
19 housing and/or services or benefits
20 that they are eligible for and
21 entitled to.

22 COUNCILMAN OH: What about
23 emergency housing for, for example,
24 victims of crime, domestic abuse,
25 that type of thing? My understanding

1 4/30/12 - STATED - BILL 120164, ETC.
2 is that we have a very great shortage
3 of beds.

4 MS. MINTZ: Yes. We have a
5 shortage of beds overall. For every
6 single subpopulation of homelessness,
7 we have a shortage of beds. We have
8 a contract with Women Against Abuse.
9 We contract with them to operate a
10 100-bed facility for families who are
11 the victims of domestic violence.
12 And that makes up the component of
13 our family emergency housing.

14 And we have acknowledged on
15 record we know there is a shortage
16 there, but we also have a shortage
17 overall for all families that are
18 coming to our system asking for
19 placement.

20 COUNCILMAN OH: And I do
21 understand and I know that you are
22 under a lot of great difficulty to
23 provide those beds. So within that,
24 there are those who need a place to
25 stay. They don't have the home to go

1 4/30/12 - STATED - BILL 120164, ETC.
2 to. And they might not need it for
3 very long but certainly they are
4 homeless because of domestic violence
5 or violence brought against them.
6 And it just was surprising to me, the
7 lack of available space.

8 So given all these
9 difficulties that you face, is there
10 a strategy to increase or address
11 that need for at least temporary
12 housing for someone chased out of
13 their home awaiting court and other
14 types of services?

15 MS. MINTZ: The issue that
16 we have is a lack of resources. We
17 are, I think, one of the lone
18 agencies that have held level funding
19 for all of our providers for the last
20 five years. We literally have no
21 more dollars to provide for any form
22 of housing. And in order to provide
23 for one subpopulation, I would have
24 to take it from another.

25 It's been our strategy in

1 4/30/12 - STATED - BILL 120164, ETC.

2 order to manage that need to try as
3 best we can and as efficiently as we
4 can to move folks out of emergency
5 and transitional housing into more
6 long-term housing, since that is the
7 current policy direction that HUD
8 which is our largest funding for
9 homeless housing. That's the
10 direction in which they are investing
11 the funds. And the funding they are
12 providing to the City, it has to be
13 invested in long-term housing. So we
14 have been trying to manage the lack
15 of capacity by efficiently moving
16 families, single persons, into
17 long-term housing to try to free up
18 those existing beds that we have.

19 But our issue is one of a
20 lack of resources. There is a number
21 of things that we could potentially
22 do to increase the need across the
23 board but it has to be funded.

24 COUNCILMAN OH: I do
25 understand that. We'll have to talk

1 4/30/12 - STATED - BILL 120164, ETC.
2 off line. Thank you.

3 COUNCILMAN GREENLEE: I can
4 assure you there is a lot of us who
5 share that same concern, particularly
6 when it comes to the domestic
7 violence area where we are way behind
8 a lot of other cities. I'm not
9 saying that's Ms. Mintz' fault. But
10 she's right. We have to find more
11 money somewhere. Thank you.
12 Councilwoman Reynolds Brown.

13 COUNCILWOMAN BROWN: Yes.
14 Just one question. Good afternoon.

15 MS. MINTZ: Good afternoon.

16 COUNCILWOMAN BROWN: What
17 is the standard operating procedure
18 when a family comes to any one of the
19 shelters and there are no beds at
20 that location? And so knowing that
21 there are no beds where this
22 particular family comes, what is the
23 procedure?

24 MS. MINTZ: So families
25 don't go to the individual emergency

1 4/30/12 - STATED - BILL 120164, ETC.

2 housing facilities. We have central
3 intake centers, the Appletree Center.
4 And that's located on Cherry Street.
5 So a centralized intake system is
6 developed to place families in
7 vacancies that we know. So on a
8 daily basis, the operators of the
9 facilities have a database to inform
10 us of where they have vacancies.

11 It could be because we have
12 been instrumental in placing the
13 family in long-term housing. It
14 could be that a family didn't return
15 from the night. They went out and
16 didn't come back for any number of
17 reasons. So they identify what the
18 vacancies are on a given day. We
19 have families who come into our
20 intake system which is open from 8 to
21 2:00. So the intake system that is
22 open from 8 to 2 is operated by City
23 staff. When we close at 2:00, we
24 have a provider who then begins to do
25 after hours intake and that starts at

1 4/30/12 - STATED - BILL 120164, ETC.
2 3:00. And that provider will attempt
3 to place the families that come in
4 after hours.

5 The issue for us is that if
6 we have any vacancies that have been
7 identified early in the morning, very
8 often by midday they have already
9 been identified for placement. We
10 have families who have come for
11 placement where we don't have any
12 beds available.

13 So in those instances, we
14 will ask families if they can make
15 their own arrangements. Can you stay
16 where you were the night before?
17 Wherever you were, can you go back
18 there?

19 In some cases they will say
20 that they may have to call if they
21 were staying with a family member.
22 In some cases they will call and ask
23 if they can stay.

24 If the response is that
25 they can, our staff validates that by

1 4/30/12 - STATED - BILL 120164, ETC.
2 joining in the phone call. We
3 provide them transportation. We ask
4 them if they want to be placed on a
5 wait list so that if we do have a
6 vacancy, we have a place for them.

7 In some instances where we
8 have tried to place families where we
9 have some emergencies of a family
10 with a large number of children, a
11 mom with a very young infant, we have
12 tried to utilize some limited hotel
13 placements on an emergency basis.
14 But the hotel placements are very
15 expensive, obviously.

16 COUNCILWOMAN BROWN: Of
17 course.

18 MS. MINTZ: We have had to
19 negotiate with a number of hotels and
20 we will place folks on a limited
21 basis. And again, the issue is
22 trying to move them out of a hotel to
23 one of the vacancies as quickly as we
24 can. That's the extent of how much I
25 can expand the system in a given day.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And there is only a limited number of
3 hotels who will partner with us.

4 There is only a limited number of
5 beds that they can make available to
6 us and there is a limited number that
7 we can afford.

8 Part of what we have done
9 is trying to use that as judiciously
10 as we can. Typically when we have
11 families on a waiting list, one of
12 the experiences we noted is that we
13 have probably a maximum of about 25
14 percent who return for placement.

15 We think that one of the
16 ways in which we have been able to
17 address some of that need is through
18 homeless prevention. For us the
19 greatest assistance that we can
20 provide to any household is to
21 prevent them from ever becoming
22 homeless. And so we have utilized
23 the Federal Recovery Grant to help
24 people who are delinquent in rent and
25 utilities so that they don't have to

1 4/30/12 - STATED - BILL 120164, ETC.
2 abandon their home and then try to
3 come into the system.

4 We have also used that if
5 they come to the prevention center.
6 And one of the determinations is that
7 they literally can't afford to live
8 where they are living. They can't
9 sustain the rent there. Then we will
10 help them to relocate to something
11 that is more affordable. We will
12 provide them with a security deposit,
13 first month rent to try to effect
14 that change.

15 So they are able to sustain
16 that housing as well. But the need
17 is unfortunately greater than the
18 resources we have available.

19 COUNCILWOMAN BROWN: For
20 sure. As we are learning a week from
21 Friday, the axe is coming from the
22 current government. I raise that
23 question because I was not clear or
24 sure about procedure. And I don't
25 know if you were here during the DHS

1 4/30/12 - STATED - BILL 120164, ETC.
2 testimony where I indicated how my
3 staff ran into a family sitting on
4 the courtyard steps.

5 So we were able to get them
6 to our office and work through their
7 circumstance. But the first step
8 from what I'm hearing from you is to
9 call intake.

10 MS. MINTZ: Yes. They can
11 go to intake. They don't have to
12 have an appointment. Intake is on a
13 walk-in basis, both the Appletree
14 Center and the after hours. We have
15 one center for single women and
16 families and we also have the same
17 for single males. So anyone could go
18 to an intake center requesting
19 assistance. The intake can only
20 provide what vacancies are available
21 in the system on any given day.

22 COUNCILWOMAN BROWN: And
23 then it's incumbent upon them to get
24 there. Is that a reality for them?

25 MS. MINTZ: Yes. Now, we

1 4/30/12 - STATED - BILL 120164, ETC.
2 do have and get -- quite frequently
3 we will get telephone calls from
4 folks asking where they can go.
5 Because we are centrally located in
6 Center City, folks are able to get to
7 the intake. So getting to intake
8 has, to my knowledge, not been an
9 issue. The bigger question has been
10 to have the availability.

11 COUNCILWOMAN BROWN: We
12 need to think outside the box. Is
13 there any relationship with the
14 clergy? I mean, are there any
15 churches which are all nonprofit that
16 are engaged in housing homeless
17 people at all?

18 MS. MINTZ: Yes, and some
19 of them we contract with, the actual
20 housing. However, what I will tell
21 you is that in my experience, I have
22 been doing this now for 30 years. It
23 all comes at a price. Everyone needs
24 funding to cover overhead, even when
25 we are embarking in a partnership

1 4/30/12 - STATED - BILL 120164, ETC.
2 with a faith-based organization.

3 Again, it's the lack of
4 resources for us to be able to do it.
5 Or it could be that they had a
6 facility but it's not up to standard.
7 It needs some renovation.

8 COUNCILWOMAN BROWN: Sure.

9 MS. MINTZ: It may have
10 those kinds of issues. Or it may
11 need to meet code. So there still
12 needs to be an investment on the part
13 of the City to take advantage of
14 their willingness to partner with us.

15 COUNCILWOMAN BROWN: I see.
16 Let me close by saying it goes
17 without saying how important your
18 work is and the many lives you save,
19 actually. Let me close by thanking
20 you for the partnership of your
21 Office with what we do at holiday
22 time in collecting mittens, scarves
23 and gloves.

24 MS. MINTZ: Yes.

25 COUNCILWOMAN BROWN: We

1 4/30/12 - STATED - BILL 120164, ETC.
2 appreciate that.

3 MS. MINTZ: That's vitally
4 important as well. Thank you for
5 your continued leadership on that.

6 COUNCILWOMAN BROWN: Thank
7 you. Thank you, Mr. Chairman.

8 COUNCILMAN GREENLEE:
9 Thank you, Councilwoman. Any other
10 questions? And thank you for all you
11 do, Ms. Mintz. We appreciate it.
12 It's a tough situation out there. We
13 appreciate your efforts. Thank you.

14 Our final Department of the
15 day is the Office of the City
16 Commissioners, please.

17 COUNCILMAN GREENLEE: We
18 are a little bit behind, not as far
19 behind as we were a little bit ago.
20 Please identify yourself and proceed.

21 MS. SINGER: Good
22 afternoon. My name is Stephanie
23 Singer. I'm the Chair of the City
24 Commissioners. I wanted to thank the
25 Council for this opportunity to make

1 4/30/12 - STATED - BILL 120164, ETC.
2 a supplemental budget request.

3 I would like to thank my
4 fellow Commissioners for joining me
5 and our deputies, some of our Civil
6 Service staff and many of our
7 wonderful poll workers who made last
8 week's election possible and make
9 every election possible.

10 It's been a pretty busy
11 four months. We are very proud of
12 what we have done already and we have
13 a lot to do. We have made several
14 requests above and beyond the
15 February requests we made to the
16 administration, and I would like to
17 call your attention to the major
18 ones.

19 But before I do that, I
20 would like to correct a mistake in
21 the written testimony. On page 2,
22 scanners for the administration.
23 That should read \$1.5 thousand, not
24 \$15,000. So if that 15 can be
25 changed to 1.5.

1 4/30/12 - STATED - BILL 120164, ETC.

2 COUNCILMAN GREENLEE: Makes
3 a little difference.

4 MS. SINGER: A little
5 difference. The mandatory spending
6 increase is relative to Fiscal Year
7 12, then goes down \$685,000 on page
8 1.

9 I would like to point out
10 three major areas where we are asking
11 for funds. One has to do with our
12 mandate when we came into office to
13 modernize this office. And therefore
14 we are asking for money for a
15 constituent relationship management
16 system. This is to keep track --
17 this isn't the typical -- our job is
18 not like Council's job. But we have
19 our poll workers and other people who
20 are involved in the election process
21 who are essential to the election
22 process. And we need a modern way to
23 keep track of them.

24 The way that we are using
25 is written-in technology from the

1 4/30/12 - STATED - BILL 120164, ETC.
2 1960s and 1970s, and the last
3 employee who understood this system
4 retired last year. So we really need
5 an upgrade and that is one of our
6 larger asks. That's about \$240,000.

7 We are also asking for
8 \$25,000 for staff training. As we
9 want to modernize the office, we need
10 to help our Civil Service staff get
11 the training we need to modernize
12 with us. So we hope you will look
13 favorably on that set of asks.

14 The second large ask and
15 this is the largest one is to
16 increase the poll worker pay.

17 (Applause.)

18 MS. SINGER: We have not
19 increased the pay since 1999. Our
20 poll workers work very hard. If you
21 compare -- if you look at the last
22 page of the written testimony;
23 if you compare our current pay
24 with other major cities across
25 the country, we are pretty far

1 4/30/12 - STATED - BILL 120164, ETC.
2 down the list. We are right down
3 there with Memphis, Tennessee and
4 below San Antonio, Texas.

5 And even the proposed raise
6 to \$152 which is based on an estimate
7 of a 14-hour workday -- and I hope
8 the workers will forgive me because I
9 know that it takes more than a half
10 hour to open up sometimes and more
11 than a half hour to close. Based on
12 that, 152 at the prevailing wage in
13 Philadelphia seems very reasonable.
14 And yet still we are below Phoenix,
15 Arizona. Even with that rate, we
16 would be below Charlotte, North
17 Carolina and Jacksonville, Florida.

18 So this is long overdue.
19 And I ask Council -- it is a
20 million-plus dollars a year ongoing.
21 And I realize that's a large number
22 but our poll workers deserve it.

23 (Applause.)

24 MS. SINGER: Especially
25 with the Voter Photo ID law, it

1 4/30/12 - STATED - BILL 120164, ETC.
2 really would be a shame in the fall
3 to pay them like it's 1999. So
4 that's the second one.

5 The third big ask is
6 because of the Voter Photo ID law.
7 And we have some mandated spending,
8 mandated by the law. We have some
9 educational requirements. We are
10 required to educate our voters about
11 the procedures for getting a photo ID
12 from PennDOT for no charge. And
13 that's a mailing. And that costs a
14 lot.

15 (Applause.)

16 MS. SINGER: And in the
17 discretionary spending that we have
18 put in, we have also put in some
19 spending for the voter ID law. We
20 would like to do surveys, and we
21 would like to get the data to track
22 where in the City people have the
23 photo IDs they have and where they
24 don't. We would like to do and track
25 how that changes over the summer and

1 4/30/12 - STATED - BILL 120164, ETC.
2 into September.

3 We would like to advertise
4 both through the offline community
5 through traditional methods and the
6 online community. We would like the
7 City -- this actually isn't a line in
8 our budget. But we would like the
9 City to put expiration dates on the
10 employee IDs so that City employees
11 may use them for voting because
12 without an expiration date, even
13 Darrell Clarke's City ID would not be
14 accepted at the polls for voting.

15 So those are our three big
16 asks for modernization, for paying
17 the poll workers and for doing what
18 we need to do to make sure that every
19 eligible Philadelphian has the photo
20 ID they will need to vote in
21 November. And I welcome any
22 questions.

23 COUNCILMAN GREENLEE:

24 Thank you. Let me just say first of
25 all for someone who's been working in

1 4/30/12 - STATED - BILL 120164, ETC.
2 elections for a long time, I know
3 trying to get workers to work each
4 division is very difficult. It's one
5 of the reasons I don't have as much
6 hair as I used to. And also the pay
7 is ridiculous.

8 As you know, we are faced
9 with some tremendous budget problems,
10 a lot caused by the State and I know
11 you know that. So it's certainly a
12 needed -- it's needed funding. And I
13 don't think any of us can sit here
14 right now and say if we will be able
15 to do it or not. But I can say I get
16 you. I think I understand where
17 these people are coming from.

18 By the way, if you ever
19 said you are not a politician, you
20 did very well getting these people
21 down here today. But I certainly
22 hear you. And certainly on the voter
23 ID, anything we can do. There should
24 not be any effort left that does not,
25 that is lacking in trying to -- my

1 4/30/12 - STATED - BILL 120164, ETC.
2 opinion, the law shouldn't exist, not
3 voter ID. But that's just my
4 opinion.

5 But in any event, it's
6 there and we've got to deal with it.
7 I understand. If I can just --
8 there's one other question and I know
9 that there is a couple of other
10 Councilmembers who want to ask.

11 As far as the voting
12 machines, what is the contract? Are
13 we going to continue with those
14 machines? Because there has been
15 some talk about the contract might be
16 up and there might be some change.

17 MS. SINGER: We own those
18 machines, and those machines are
19 chugging along pretty well. But they
20 are getting old. We have had them
21 for a decade. They are pretty solid
22 and mostly the parts you need to keep
23 them going are off-the-shelf parts.

24 So we will be looking into
25 this over the next year thoroughly.

1 4/30/12 - STATED - BILL 120164, ETC.

2 It is one option is to keep the
3 machines we have and keep putting --
4 keep taking care of them and they can
5 last for -- well, we don't know;
6 right.

7 But there is -- we can keep
8 them going for a little while.

9 COUNCILMAN GREENLEE:

10 'Cause I have seen they work pretty
11 well. Have you not found that? I
12 know there was the one year a number
13 of years ago where the part tightened
14 too tight or something and we had
15 some problems. But other than that,
16 it seems like the machines have
17 worked pretty well.

18 MS. SINGER: They are
19 pretty simple as voting machines go
20 and they are -- which is a good thing
21 and they are pretty robust and they
22 have many fewer problems than many
23 other kinds of electronic voting
24 machines have. So ...

25 COUNCILMAN GREENLEE:

1 4/30/12 - STATED - BILL 120164, ETC.

2 That's been our experience. All

3 right. Very good. Thank you.

4 Councilwoman Sanchez.

5 COUNCILWOMAN SANCHEZ:

6 Thank you, Mr. Chair. Good afternoon

7 and welcome to your first testimony.

8 I'm going to ask you about the voter

9 IDs since the Chair brought it up and

10 then I'll go to some of the other

11 issues.

12 What would be the issue for

13 us legally if the City decided not to

14 enforce the voter ID law?

15 MS. SINGER: Well, so the

16 judges of election are independently

17 elected State officials. So there

18 are two kinds of consequences. As

19 independently elected State

20 officials, they are required to

21 follow State law. And if they don't,

22 there are possibly criminal

23 penalties.

24 Now, we have never in the

25 past many years ever, ever had a DA

1 4/30/12 - STATED - BILL 120164, ETC.
2 or the attorney general come in and
3 bring charges against a judge of
4 elections. So that's one part of it
5 is the civil part.

6 The other part of the
7 question is the election
8 administration part. And that is the
9 question of whether if a judge or
10 other poll worker disobeys the law,
11 whether the election board which is
12 the City Commissioners, whether we
13 would discount that division from the
14 counting.

15 So that would be a judgment
16 of this election board.

17 COUNCILWOMAN SANCHEZ:
18 That's your discretion?

19 MS. SINGER: Absolutely.

20 COUNCILWOMAN SANCHEZ: Let
21 me say. I don't know if you have
22 heard some of the public commentary
23 at Council week by week. But we are
24 strongly encouraging our independent
25 City Commissioners to be defiant on

1 4/30/12 - STATED - BILL 120164, ETC.
2 this particular law and we are
3 hopeful that the lawsuits that are
4 pending will give us a reprieve. It
5 would not be the first time that
6 Philadelphians are noncompliant. I
7 will say that for the record.

8 I wanted to ask you about
9 the election board. I agree with my
10 colleague. The pay. Are all of the
11 positions currently on the election
12 board required by State law?

13 MS. SINGER: Yes.

14 COUNCILWOMAN SANCHEZ: So
15 every single position.

16 MS. SINGER: It depends how
17 many voting machines are at the
18 division. There is a judge by law.
19 There's a majority and a minority
20 inspector by law. There is a clerk
21 by law. And there is a -- if there
22 are two voting machines, there's one
23 machine inspector. If there are
24 three voting machines, there are two
25 machine inspectors and so on. That

1 4/30/12 - STATED - BILL 120164, ETC.
2 is what constitutes the election
3 board under State law.

4 There are also
5 interpreters. They are not, strictly
6 speaking, part of the election board.
7 They -- that's a different story for
8 them.

9 COUNCILWOMAN SANCHEZ: It's
10 real important. I know that with one
11 of the things -- again, I agree with
12 Councilman Greenlee. I mean, I think
13 we would like to get to a place where
14 we could pay for all of this,
15 obviously pay people a living wage.
16 It's something that we push for here,
17 and so we've got to be able to walk
18 the walk and we want to get there.

19 As it relates to the
20 bilingual interpreters, and I was
21 part of the lawsuit so I know this
22 well. Could we get a waiver on a
23 bilingual interpreter where there is
24 a judge or somewhere else, one or the
25 other election boards, if they got

1 4/30/12 - STATED - BILL 120164, ETC.
2 certified through one of your
3 certification processes?

4 MS. SINGER: I will look
5 into that. I don't know the answer
6 to that now.

7 COUNCILWOMAN SANCHEZ: That
8 would be important because I think we
9 are going to have to look for some
10 efficiencies there. And that may be
11 an option. As someone who pushed for
12 the bilingual piece, I just want to
13 be reasonable and say if, in fact, we
14 have folks who speak a different
15 language who are judges or anything
16 else, we might be able to double up
17 on that and free up some money for
18 you.

19 On the advertising, I
20 notice that you talked about the
21 advertising. I have done this every
22 year that I have been here. It pains
23 me to see a Spanish ad in the
24 Inquirer or the Daily News at the
25 cost of \$15,000 when I could be

1 4/30/12 - STATED - BILL 120164, ETC.
2 putting that in six different
3 Spanish-speaking publications. Have
4 you guys gotten a legal opinion as to
5 that?

6 I know the requirements
7 around the advertising. But whoever
8 is reading the Inquirer and the Daily
9 News knows how to read English.

10 MS. SINGER: Absolutely.
11 The issue is what is a paper of
12 record? And we have had discussions
13 of record about this and we need to
14 get a formal opinion from the City
15 Solicitor because you are absolutely
16 right.

17 COUNCILWOMAN SANCHEZ: And
18 I'm not discouraging you from
19 advertising in the Spanish-speaking
20 papers. It just pains me to see this
21 advertising year in and year out as
22 it relates to that.

23 One of the things that I
24 notice, you included some of the data
25 around your staffing. You didn't

1 4/30/12 - STATED - BILL 120164, ETC.

2 give me percentages but I quickly --

3 MS. SINGER: They are in

4 the graph.

5 COUNCILWOMAN SANCHEZ: So

6 my question to you -- and you can

7 submit this over to the Chair -- are

8 any of these positions classified as

9 bilingual and is the Commission

10 looking to classify any of this? I

11 notice that on the nonsupervisory

12 where you have the bulk of your

13 staff, there's close to 100 people

14 and only two are Hispanic.

15 MS. SINGER: That's right.

16 None of these are classified as

17 bilingual. However, one of the

18 positions that we create next year

19 with funds that we saved operating

20 over this year and going forward is a

21 position of an interpreter on staff.

22 I would also like to explore the

23 possibility of -- I understand that

24 the police -- I should say that I

25 have heard that the police have a pay

1 4/30/12 - STATED - BILL 120164, ETC.
2 bump for people who are bilingual.

3 COUNCILWOMAN SANCHEZ: They
4 are finally going to implement the
5 3-point bump after many years of
6 preaching there.

7 Let me strongly encourage
8 you. You have the ability as a
9 Commission to create the Civil
10 Service positions and create
11 bilingual positions. So let me
12 strongly encourage you: And as I
13 said to Sheriff Green and as I have
14 said to DA Williams and others, you
15 know, set a goal for yourself. I
16 think it's very important for
17 departments like yours, particularly
18 departments like yours who interface
19 with the community, have a
20 responsibility and almost an
21 obligation to insure it's reflective
22 of the City. You have the ability to
23 create those positions so let me
24 strongly encourage you to use that
25 authority to do so.

1 4/30/12 - STATED - BILL 120164, ETC.

2 And set up a goal so that
3 every year I don't have to ask you
4 the same question but you can report
5 back on what your goal is. And I
6 think it's just, you know, very
7 important. So my time is up.

8 COUNCILMAN GREENLEE: Thank
9 you, Councilwoman. Councilwoman
10 Reynolds Brown.

11 COUNCILWOMAN BROWN: Good
12 afternoon.

13 MS. SINGER: Good
14 afternoon.

15 COUNCILWOMAN BROWN:
16 Welcome again to these proceedings.
17 Let me echo the acknowledgments
18 raised by Mr. Chairman regarding the
19 stalemate, we will call it, with
20 regards to how Committee persons are
21 fairly compensated, having started my
22 career as a committee person a few
23 decades ago. It's time. It's
24 definitely time.

25 What would be your strategy

1 4/30/12 - STATED - BILL 120164, ETC.
2 for reaching, looking to capturing
3 recent high schools grads who turn 18
4 as it relates to voter ID in
5 preparation for November?

6 MS. SINGER: So we already
7 have one of my deputies who spends
8 pretty much most of her time going to
9 schools, educating young people about
10 various voting, you know, how to
11 register, all the things they need to
12 know to vote. And we have -- as soon
13 as the law passed, we put a voter ID
14 education component into that. And
15 we will continue to be ourselves
16 going out to schools and groups.

17 The other thing that we
18 will be doing is reaching out to the
19 organizations that are part of the
20 City that touch young people and also
21 old people and also immigrants and
22 also all those groups who need to get
23 your photo IDs. So, for instance,
24 the CCA, continuity of care teams --

25 COUNCILWOMAN BROWN: Very

1 4/30/12 - STATED - BILL 120164, ETC.

2 good. So education is just one leg.

3 That's the first lap of the marathon.

4 MS. SINGER: That's right.

5 COUNCILWOMAN BROWN: What's

6 the circle back to insure that the

7 numbers of registration actually

8 rise?

9 MS. SINGER: Two things.

10 First of all, I like to look at the

11 number of voters, the number of

12 people who vote. And registration is

13 an important number on the way there.

14 We as a commission have agreed that

15 our role is to educate and get

16 information out. And I personally

17 would be glad to go further with

18 that.

19 So we will be measuring,

20 keeping track of the data of how many

21 people vote and where over several

22 elections, compare them to previous

23 years, compare them to four years

24 back to see where things are

25 happening and where the voting rates

1 4/30/12 - STATED - BILL 120164, ETC.
2 are rising. And we will go in there
3 to understand why they rose. And we
4 will also look at where the voting
5 rates are going down or not rising
6 quickly. And we will go in there and
7 see what is happening on the ground.

8 COUNCILWOMAN BROWN: My
9 question -- thank you for the answer.
10 But my question was centered in the
11 context of voter ID. As young
12 people, as we get ready for November
13 and the impact of the voter ID for
14 high school grads.

15 MS. SINGER: We have -- so
16 for high school grads who are
17 registered now, we will find out if
18 they do not have a PennDOT ID because
19 we are going to get data from the
20 State that will tell us that as of
21 now or as of a few weeks from now.
22 They are just going to do that once.

23 Once we have that, we will
24 have a list of Philadelphians who are
25 registered to vote but do not have a

1 4/30/12 - STATED - BILL 120164, ETC.
2 PennDOT ID. Now, maybe they will
3 have other kinds of ID. You can use
4 a college ID if it has an expiration
5 date. There are various other IDs on
6 the list, not just PennDOT.

7 But we will be using that
8 data and I hope if Council sees fit
9 to fund it, data from our own surveys
10 to target the places where people are
11 not getting the IDs and go in and
12 address whatever issues are keeping
13 them from getting their IDs.

14 COUNCILWOMAN BROWN: That's
15 helpful. Lastly for seniors who show
16 up to the polls, religiously honor
17 their civic duty, come there and
18 realize they don't have a voter ID
19 for whatever reason, what B plan is
20 in place so that those seniors are
21 able to vote on election day?

22 MS. SINGER: Well, there
23 is -- the law has something of a B
24 plan. I don't know if it meets what
25 you need. If you have a photo ID and

1 4/30/12 - STATED - BILL 120164, ETC.

2 you simply forget to bring it on

3 election day, there is a plan B in

4 the law. You can vote provisionally

5 and then you need to provide your ID,

6 evidence of your photo ID to the

7 Board of Elections within six days.

8 But there is also for anyone 65 or

9 over or handicapped, they do have the

10 right to vote by alternative ballot.

11 And there is no ID requirement for

12 alternative ballots.

13 COUNCILWOMAN BROWN: Now,

14 that's new information most of us are

15 not aware of, including me.

16 Okay. Well, the task is

17 huge but vitally important.

18 MS. SINGER: Thank you.

19 COUNCILWOMAN BROWN: So I

20 would submit that we don't want to be

21 in the

22 I-wish-I-could-have-should-have stage

23 on the day after. Thank you for your

24 testimony. Thank you, Mr. Chairman.

25 COUNCILMAN GREENLEE: Thank

1 4/30/12 - STATED - BILL 120164, ETC.
2 you, Councilwoman. And if I could
3 just ask. You said alternative
4 ballot. I know the difference
5 between alternative and absentee. If
6 somebody applies for an absentee, do
7 they have to provide a copy of
8 something or is that not clear yet?

9 MS. SINGER: Actually, it
10 has been made clear. The law is
11 really nice and complicated, you
12 know, just to add insult to injury.
13 It's very complicated.

14 For an absentee ballot, you
15 are not required to have a photo ID.
16 However, when you submit your
17 absentee ballot application, you must
18 put either your PennDOT ID number if
19 you do have one, or the last four of
20 your Social Security number.

21 COUNCILMAN GREENLEE: So
22 those forms are all going to be
23 different than we have.

24 MS. SINGER: Yes, as will
25 our processing of them. That will be

1 4/30/12 - STATED - BILL 120164, ETC.
2 an extra step.

3 COUNCILMAN GREENLEE: So
4 almost like the voter registration.
5 You have to do that now, right?

6 MS. SINGER: Exactly.
7 Also, Councilwoman Reynolds Brown
8 also said about paying -- just so the
9 record is clear, Councilwoman, we are
10 not talking about paying committee
11 persons. It's paying Election Board
12 members. You said Committee people,
13 before the record shows we are
14 advocating paying Committee people.
15 Actually, I don't think that's a bad
16 idea but that's another story.
17 Councilman Henon.

18 COUNCILMAN HENON: Thank
19 you, Mr. Chairman. Good afternoon,
20 Commissioners.

21 MS. SINGER: Hello.

22 COUNCILMAN HENON: I
23 appreciate your time, taking out to
24 come in here. You know, I was a
25 committee person 18 years old,

1 4/30/12 - STATED - BILL 120164, ETC.
2 although it's many years later. Not
3 that many but, you know, at least 20.
4 So I know what it's like to be a
5 Committee person. I know what it's
6 like to rely on the Commissioners
7 office and the fine work that you do.
8 And, you know, just as this Council
9 body, legislative branch here has new
10 energy, new members relying on some
11 of our more experienced Council
12 members, I see you went through that
13 change and it's very exciting. We
14 are looking forward to it.

15 One, I know that there has
16 been a lot of talk about the voter
17 ID. What do you feel the success or
18 chances of Representative Evans' law
19 being repealable? Have you been in
20 communication with the Senate or the
21 House?

22 MS. SINGER: Yes, I have.
23 I certainly don't believe there is
24 much chance that the law will be
25 repealed before November. There is a

1 4/30/12 - STATED - BILL 120164, ETC.
2 lawsuit in the works which may or may
3 not result in an injunction against
4 the law.

5 COUNCILMAN HENON: And
6 there should be a lawsuit, in my
7 opinion. How is this primary -- I
8 guess you are taking a lot of the
9 information and the data sets back as
10 a dry run. It's going to take a
11 little while for you to put that all
12 together to see how we are going to
13 prepare for November for the general
14 election or do you have an idea for
15 what has come back so far?

16 MS. SINGER: Are you asking
17 about the voter ID?

18 COUNCILMAN HENON: Yes.

19 MS. SINGER: We are waiting
20 for the data from the State. In the
21 meantime we are working without data
22 but working, reaching out to various
23 partners, organizations within the
24 City and without.

25 COUNCILMAN HENON: Right.

1 4/30/12 - STATED - BILL 120164, ETC.

2 Since being elected to office --
3 congratulations -- what initiatives
4 have you taken to bring us up to 2012
5 technology? Or is your social media,
6 is your Web site, is your ability to
7 have access in such a short period of
8 time here or what steps have you
9 taken or plan to take in the future?

10 MS. SINGER: As I said, we
11 have done lots of stuff. We are very
12 proud of it. And there is also a lot
13 we have left to do. So we have done
14 some things. I hope people enjoyed
15 getting their "I Voted Today"
16 stickers in their boxes. That was
17 new.

18 In terms of modern
19 technology, we have stopped charging
20 for electronic form information. So
21 campaigns and others who request
22 public information from the Board of
23 Elections, we are trying to encourage
24 people to do that. We have a
25 demonstration Web site up. And as

1 4/30/12 - STATED - BILL 120164, ETC.
2 soon as we get it translated into
3 Spanish, we will be making it the
4 official Web site.

5 We have already instituted
6 some electronic collection of data
7 that will make it easier to do
8 consistency checks on the election
9 data, on election, you know, how many
10 people voted, how many people voted
11 on the machines, how many people
12 signed in on the number of lists,
13 that kind of thing.

14 COUNCILMAN HENON: I think
15 that's important. You mentioned in
16 either your testimony or somewhere I
17 read that you are looking to capture
18 trends and to capture either along
19 with the trends, inconsistencies or
20 deficiencies or maybe even just
21 getting the message out to certain
22 neighborhoods.

23 You know, I guess when you
24 compile that information with lack of
25 poll workers, for many reasons,

1 4/30/12 - STATED - BILL 120164, ETC.
2 because I think they deserve a raise
3 as well and it is my intention to
4 give them a raise.

5 (Applause.)

6 COUNCILMAN HENON: I think
7 you should consider Committee people
8 as well. You know, they are long
9 days and, you know, you don't know
10 what the weather is going to be like.
11 And you have two people doing one
12 job.

13 And now, I mean, it is time
14 to get people engaged.

15 MS. SINGER: I hope you are
16 not suggesting that we pay Committee
17 people from City funds.

18 COUNCILMAN HENON: Well,
19 what I'm suggesting is your
20 technology needs to be upgraded to
21 help better assist the public.

22 MS. SINGER: Yes. So in
23 particular I'm looking for this year
24 to tackling the issue of the voter
25 registration lists which are a thorn

1 4/30/12 - STATED - BILL 120164, ETC.
2 in the side of Committee people and
3 other organizers.

4 So working to make sure
5 that while we keep our poll books so
6 that we don't disenfranchise anybody,
7 maybe we can keep our street lists
8 skinny so that people who we have
9 been told several times have moved
10 will not be on the street list that
11 we give out to organizers. So we are
12 working on that point as well.

13 COUNCILMAN HENON: Mr.
14 Chairman, is there anybody else?

15 COUNCILMAN GREENLEE: Yes.
16 Councilwoman Sanchez has other
17 questions.

18 COUNCILMAN HENON: I will
19 come back in a second, then.

20 COUNCILMAN GREENLEE:
21 Councilwoman Sanchez.

22 COUNCILWOMAN SANCHEZ: I
23 want to continue that line of
24 questioning. I know there was a
25 lawsuit in the seventies around the

1 4/30/12 - STATED - BILL 120164, ETC.
2 purging. Legally, what is the way
3 you can currently purge? 'Cause you
4 can go to the courts and ask for some
5 of the names to be removed. How do
6 we legally purge now?

7 MS. SINGER: There is a
8 very specific process dictated by
9 federal law that includes mailing to
10 the voter at the address at which
11 they are registered with a different
12 process depending upon whether they
13 answer or not. There is quite a long
14 time lag by federal law. Even when
15 you send them something and they have
16 not sent it back, you still have to
17 keep them on the list for -- it's
18 either two or four years. But it's
19 measured in years.

20 So the lists are really
21 quite fat because of the federal law.

22 COUNCILWOMAN SANCHEZ:
23 Okay. You asked us for quite a bit
24 of money around your system's, your
25 data system's management. Is there a

1 4/30/12 - STATED - BILL 120164, ETC.
2 reason why we are not doing this
3 through the City's IT system? And I
4 notice that one of the customer
5 service pieces, you are going -- I
6 don't know if this is something
7 that's off the shelf or not. Is
8 there a reason why the City, we are
9 not doing this through our office?

10 MS. SINGER: Are you
11 suggesting that we use the IQ system?

12 COUNCILWOMAN SANCHEZ: The
13 IT system. There is money in our IT
14 system -- our office has an Office of
15 Technology --

16 COUNCILMAN HENON: OIT.
17 Office of Information and Technology.

18 COUNCILWOMAN SANCHEZ:
19 Office of Information and Technology.
20 Is there a reason why you are going
21 outside of that network or would they
22 be the ones providing --

23 MS. SINGER: We would be
24 happy to work with OIT to develop the
25 technology we need, if they haven't

1 4/30/12 - STATED - BILL 120164, ETC.
2 developed it already. It is a kind
3 of product that is well developed and
4 well tested by third party vendors,
5 and that's definitely something that
6 we are willing to explore. We are
7 willing to explore doing it in-house
8 with OIT.

9 COUNCILWOMAN SANCHEZ: Let
10 me strongly encourage you to do that.
11 This is a tough budget season. It's
12 one of the few departments where
13 there is a lot of money still
14 sitting. We by no means want to
15 stop your ability to use technology
16 more effectively and more
17 efficiently.

18 It's just going to be
19 extremely hard for us to allocate,
20 you know, in the case of the software
21 constituent management forum system,
22 it's going to be hard for us to say a
23 million dollars for technology when
24 we have money in a different pot
25 which is our office. So let me

1 4/30/12 - STATED - BILL 120164, ETC.
2 strongly encourage that those
3 conversations happen, particularly
4 before the end of the budget process
5 to determine if that's an option.

6 MS. SINGER: If I may, it's
7 a quarter of a million which is still
8 substantial for the constituent
9 management.

10 COUNCILWOMAN SANCHEZ:
11 Right. So the purging we talked
12 about, election boards, staffing. I
13 know you said about the list, the
14 list management. So it is your
15 goal -- are you going to be able to
16 provide street lists electronically
17 to folks? Is that one of your goals?

18 MS. SINGER: That is one of
19 our goals.

20 COUNCILWOMAN SANCHEZ:
21 Okay, so that people will be able to
22 access them for free.

23 MS. SINGER: Absolutely.

24 COUNCILWOMAN SANCHEZ:

25 Okay. Who currently manages that

1 4/30/12 - STATED - BILL 120164, ETC.
2 list? Why does that list get printed
3 the way it does?

4 MS. SINGER: It is managed
5 by the Department of State, the Shor
6 system. Everything that has to do
7 with the voter registration list -- I
8 mean, you can think -- you can
9 imagine that we have little terminals
10 in our offices and the wires go
11 straight back to Harrisburg. So,
12 yes. It's all contained and
13 controlled by the State Shor system.

14 COUNCILWOMAN SANCHEZ:
15 Okay. So we could print those
16 differently?

17 MS. SINGER: We could,
18 absolutely. And absolutely we could.
19 It is not technically hard to export
20 the data and in a system that maybe
21 we would develop with OIT, create a
22 system. There are some privacy
23 concerns. You can't just put street
24 lists up on the Web where anyone
25 could see them. It's a list of

1 4/30/12 - STATED - BILL 120164, ETC.
2 people's names and where they live.
3 So there are privacy concerns.

4 COUNCILWOMAN SANCHEZ: Yes.
5 I think that would be one of the
6 biggest improvements you could make
7 is for people to be able to canvass
8 with the lists. For those of us who
9 still knock on doors and enjoy it.

10 COUNCILMAN GREENLEE:
11 There's a few of us left. Thank you,
12 Councilwoman. Councilman Henon.

13 COUNCILMAN HENON: So with
14 the technical upgrade that I think it
15 provides much better and much-needed
16 services, you know, for to be user
17 friendly for folks who need it and to
18 show trends and to show
19 irregularities. And I hope that when
20 you see some of these trends or
21 irregularities that there is
22 follow-up and some form of
23 collaboration with whomever you need
24 to be moving forward. In addition,
25 you know, with the technology like I

1 4/30/12 - STATED - BILL 120164, ETC.
2 said Facebook and blast emails trying
3 to get some of the youth involved.

4 I know Councilwoman Brown
5 had indicated trying to not just with
6 the ID but to try to train people in
7 voting behaviors themselves like
8 coming out to vote. It's a good way
9 to communicate. So I hope that you
10 utilize some of this technology to
11 our advantage.

12 What is the problem with
13 recruiting people on the Board?

14 MS. SINGER: To work on
15 boards? It's the pay.

16 COUNCILMAN HENON: Is it
17 the pay?

18 MS. SINGER: It is.
19 Absolutely. It's the pay.

20 COUNCILMAN HENON: So it's
21 that simple.

22 MS. SINGER: It's that
23 simple.

24 COUNCILMAN HENON: All
25 right. That's important.

1 4/30/12 - STATED - BILL 120164, ETC.

2 (Applause.)

3 MS. SINGER: Although I
4 should add that one of the things
5 that we did which you can think of
6 technological is since January we
7 have been looking at the backs of the
8 registration forms where there is a
9 box for people that say they would
10 like to work at the polls.

11 And we have been collecting
12 that data and using it to reach out
13 to people who expressed interest in
14 working at the polls.

15 COUNCILMAN HENON: Is that
16 a new box? Because I've never looked
17 on the back of it.

18 MS. SINGER: No. It's been
19 there for a while and I encourage you
20 to encourage people to use it. So
21 the pay is the bulk of it but there
22 is also some low-hanging fruit of
23 people just not being asked. And the
24 more we get the word out that it is
25 possible to work at the polls, the

1 4/30/12 - STATED - BILL 120164, ETC.
2 more we do that and the more we
3 really respond to people who reach
4 out to us saying that they want to
5 work at the polls, that's another
6 piece that makes the recruiting
7 better.

8 COUNCILMAN HENON: So I
9 guess you will have an aggressive,
10 you know, not only advertising
11 campaign but kind of an educational
12 campaign, going around the City and
13 speaking with different neighborhoods
14 and the public and other forums.

15 MS. SINGER: Absolutely.
16 Absolutely we do that, yes.

17 COUNCILMAN HENON: Okay.
18 Sounds like you're on the way to a
19 good start. I just want to end. I
20 want to congratulate Irv in his new
21 position over there, replacing Mr.
22 Lee. Congratulations, Greg. I have
23 no further questions. Thank you.

24 COUNCILMAN GREENLEE: Thank
25 you. Any further questions?

1 4/30/12 - STATED - BILL 120164, ETC.

2 (No response.)

3 COUNCILMAN GREENLEE:

4 Seeing none, Commissioners, thank you
5 all very much for your patience.

6 MS. SINGER: Thank you.

7 COUNCILMAN GREENLEE: There
8 being no further business before this
9 Committee today, the Committee will
10 stand in recess until Tuesday, May
11 1st, 2012 at 10 a.m. Thank you.

12 TIME NOTED: 4:47 p.m.

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1 4/30/12 - STATED - BILL 120164, ETC.

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11 CERTIFICATE

12 I HEREBY CERTIFY that the
13 proceedings, evidence and objections are
14 stenographic notes taken by me upon the
15 foregoing matter on April 30, 2012, and that
16 this is a true and correct transcript of same.

17

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23 _____
LYNDA C. VETTER

24 RPR-Notary Public

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24

25

A				
AA 14:2	304:19 308:10	achieve 6:5 104:2	133:11 135:22	42:7 74:18
abandon 289:2	308:15 328:23	266:4	145:16 159:22	adolescents 9:21
abatement 119:3	329:18,18	achieved 85:5	195:23 224:20	84:20
ability 9:18 31:19	331:19 333:15	achievement	236:23 280:12	adopt 2:11,15 9:9
112:17 182:11	333:16	230:24 232:11	330:24	75:10
272:14 310:8,22	abuse 13:22 47:19	achievements	additional 17:4	adopted 152:12
321:6 327:15	51:18 73:23	94:4	77:7 116:20	188:6 190:17
able 6:5 16:13	159:13 170:11	achieving 184:16	122:2 124:23	adopting 2:18
21:4,15,18	170:21 192:9	189:14 230:22	169:3 170:21	adult 124:18
29:24 30:8 31:8	280:24 281:8	247:14	187:16 191:9	125:4
31:12,14 36:18	abused 170:17	acid 57:14	198:25 269:5	adults 9:20
37:6,8,21,22	academic 108:11	acknowledge 90:8	274:25 275:3	107:23 125:23
44:18 45:15,17	108:15 109:14	180:24	277:12,14,17,19	advance 71:25
58:22 62:3 63:8	109:18 158:2	acknowledged	278:6,7	72:3
78:15 90:4	264:7	39:19 281:14	Additionally	advancement
93:14 97:18	Academics	acknowledgme...	268:19	240:11
108:9,13 116:25	227:17	311:17	address 10:8	advantage 292:13
118:23 125:22	accept 213:11,12	Act 191:19 268:20	49:24 65:13	331:11
133:11,20 134:2	220:5	268:20	97:11 114:24	adversely 65:5
137:16 161:21	acceptable 64:24	Action 207:6,8	215:4,8 269:16	advertise 299:3
170:6 175:7	184:3	actions 163:19	272:18 282:10	advertising
177:11 178:8,22	accepted 35:3	191:7	288:17 315:12	134:23 307:19
182:14 187:17	299:14	active 151:23	325:10	307:21 308:7,19
189:6 190:14	access 9:10 27:13	154:2 239:16	addressed 124:20	308:21 333:10
207:16 208:18	31:14 50:12	actively 240:6	140:10 208:16	advisory 77:21
211:10,25	56:5 84:20	activities 163:18	addressing 186:9	115:13 205:21
223:15 234:24	135:23 192:15	274:5,23	269:13	205:22,23
235:14 242:20	197:24 198:9	activity 21:24	adequate 12:23	206:20 207:4
248:3 270:7	321:7 328:22	275:12	272:18,19	advocacy 56:18
275:5,22 288:16	accessing 49:21	actual 106:14	administered	163:7 170:15
289:15 290:5	50:4	175:24 280:12	74:3	223:3
291:6 292:4	accommodate	291:19	administration	advocate 12:20,23
300:14 306:17	42:13 268:3	acute 15:5,13	3:17 79:25	13:4 20:7 66:17
307:16 315:21	accommodating	80:24 81:10	149:8 265:22	66:23 279:4
328:15,21 330:7	47:2 270:18	ad 111:10 307:23	279:22 294:16	advocates 86:13
abreast 250:5	accomplish	ADA 46:10	294:22 304:8	92:17 112:8
absence 147:6	182:14	add 188:20	administration's	advocating
238:7	accomplished 5:7	239:20 277:19	5:23 161:11	105:22 318:14
absentee 317:5,6	accomplishments	317:12 332:4	administrative	affiliated 108:15
317:14,17	8:6 84:4 159:21	addicted 12:6	7:20 81:23	afford 288:7
absolutely 23:8	accountability	addiction 14:25	151:11 162:25	289:7
93:18 94:16	163:23 164:5	23:16 24:5	188:2 211:23	affordable 289:11
115:6 188:23,24	167:7 194:3	addictions 11:19	228:11 253:13	African 50:3
217:10 231:10	249:7	15:19	253:23 254:18	African-Ameri...
250:6 260:11	accountable	addition 56:9	administrators	5:18,20 81:25
262:3 279:9	165:19 230:19	64:15 115:9,14	154:8 164:14	82:2 118:9,13
	accredited 225:5	118:6 126:13	admissions 41:25	African-Ameri...

123:19	221:6 240:17	171:14 172:2,8	112:14 144:3,9	290:13
aftercare 201:19	250:2 293:19	173:3,9,23	144:10,14 163:2	applicable 76:6
afternoon 95:22	302:13 311:23	174:25 176:9,21	175:2 184:22	231:9
101:21,23 102:5	agree 71:22 75:9	177:7,20 178:15	210:10 215:17	application
110:5,7 124:12	181:6 224:13	179:11,20,24	216:6,8	224:18 317:17
124:14 159:5	227:19 231:5	180:21 181:6,16	amounts 120:5	applied 219:5
171:13,15	232:3,14 233:5	183:5 184:15	228:17	applies 317:6
180:20,22	236:16 244:18	185:3,15 186:2	analysis 143:19	apply 43:13,15
186:23 187:2,8	271:9 305:9	186:17 191:12	253:15 254:16	219:3 336:4
187:10 199:10	306:11	193:15 196:5	and/or 12:6	applying 88:12
199:12 212:21	agreed 99:21	198:5,18,22	107:13 162:8,16	appoint 61:2
212:24 215:11	313:14	199:6,11,25	280:19 336:6	appointed 40:17
265:10,16	agreement 3:10	201:13 202:13	angst 251:15	149:16,19
284:14,15	193:19	202:25 205:5,12	Anne 159:6	appointment
293:22 303:6	AIC 187:11	207:2 208:15	annual 96:5 274:2	290:12
311:12,14	AIDS 114:14	209:25 211:20	annually 163:15	appointments
318:19	117:7 122:18,25	212:6,11,23	anonymous 74:4	124:19 125:8
age 10:17 90:16	air 85:5 91:4	214:18 220:8	answer 22:21	128:16 129:4
183:22,22	120:5	221:24 223:24	43:13 87:3	appreciate 33:8
184:18 186:15	airborne 90:19	227:19 228:19	107:6 135:16	39:13 40:14
187:10 188:16	akin 15:11	231:2,5,10	138:8 264:15	41:14 45:10
189:8	alcohol 12:6	232:14 234:16	307:5 314:9	52:4 54:17
aged 184:7	200:14 201:17	235:15 236:16	325:13	74:20 79:8 96:4
agencies 68:12	201:18 242:7	237:7 238:25	answered 77:19	157:24 171:17
75:7 86:11	allegations 74:13	240:5 242:16	257:25	181:8 199:14
115:16 118:11	Allegheny 257:15	243:3,18 245:6	answers 41:4	202:12 235:22
136:14 165:13	allocate 327:19	245:22 246:8,13	135:9	260:17,21
200:12 208:21	allocation 266:11	250:6,17 251:5	anticipate 242:9	265:12 271:4
210:25 216:18	allow 19:4 36:14	252:2,24 253:8	anticipated 89:12	293:2,11,13
245:3,8 246:25	36:24 106:22,23	253:19 254:22	271:22	318:23
248:3 282:18	189:14,23	256:2,25 258:22	anticipating	appreciation
agency 61:3,6	190:13 193:12	259:24 262:2	145:13	147:3
117:2 145:23	261:24	263:15 264:2,10	Antioch 213:18	appreciative
159:9 166:24	allowances 71:17	265:3	Antonio 297:4	12:22
174:6 192:14	allowed 30:10	ambulatory 98:20	anybody 23:18	approach 3:17
193:21 216:12	144:14 191:13	amendment	52:2 96:2 141:2	70:4 166:21
240:2 242:14	192:17 207:11	39:20	217:15 254:7	203:10 207:14
251:8 255:14	241:9	amenities 275:9	324:6,14	264:16
279:21 280:9	allows 11:7 25:2	Americans 50:3,3	apologize 134:11	approached 49:4
agency's 163:13	77:4 231:25	amiable 46:14	appeal 216:12	approaches 132:6
aggressive 10:21	alluded 180:3	amount 4:23	appears 65:3	appropriate
333:9	alternative	28:13 30:4,20	152:8	139:25 141:5
aging 196:6	173:17,18	31:5 35:24,24	Applause 296:17	187:19 215:23
ago 34:25 49:23	270:11 316:10	35:25 37:4,14	297:23 298:15	244:25
85:9 102:25	316:12 317:3,5	37:20 38:9	323:5 332:2	approval 2:21
156:10 176:3	Ambrose 159:4,7	44:13 81:2 92:6	apples 146:17,18	approve 210:20
183:20 210:6	168:15 170:8	92:21 107:16	Appletree 285:3	approved 3:11

approximately 81:13 82:19 98:17 160:23,24 162:15 196:12 April 1:5 81:11 166:7 335:15 area 23:7 44:3 51:17,21 62:15 75:14 119:4,12 142:17 167:13 248:25 251:22 260:15 264:4 284:7 areas 26:8 45:2 50:13 60:12 77:7 95:2 110:13 115:5 116:6,7 201:25 202:3 239:21 257:8 279:2 295:10 arena 11:15 arguments 92:3 arises 198:2 Arizona 297:15 Army 119:8 120:9 ARRA 89:9 132:15 arrangements 36:20 286:15 array 267:13 Arthur 3:23 Asian 50:2 82:3,3 160:23 161:4 Asian-American 234:5 asked 50:9 52:18 55:6 60:25 88:4 127:19 136:3 139:24 148:6,10 252:7 325:23 332:23 asking 33:14 169:23 233:24 281:18 291:4 295:10,14 296:7 320:16	asks 296:6,13 299:16 aspects 17:5 assessing 165:8 assessment 80:24 81:11 256:12 assessments 164:18 179:15 assign 193:11 assist 266:2 323:21 assistance 29:12 54:25 56:4,6,10 58:3 59:19 112:12,21,22,23 112:23 113:3,6 113:7,10 195:11 268:12 269:3,8 271:16 272:4,8 288:19 290:19 associated 14:5 Association 111:4 111:12 222:4,15 248:19 252:12 assume 230:25 274:20 assuming 273:16 assumption 135:6 assurance 167:10 assure 83:24 284:4 assured 138:4,5 attached 17:14 attaining 5:14 attempt 280:15 286:2 attendance 258:15 attention 41:18 61:12 73:10 118:24 155:19 222:3 241:15 249:25 279:6 294:17 attentive 121:4 attorney 304:2 attorneys 105:6	Attorney's 248:5 attract 65:9 attracting 144:3 attractive 145:15 audit 31:3 78:7 Audrey 247:23 Austin 247:19 250:9 authority 3:7,8,14 310:25 authorized 3:10 avail 18:7 190:14 availability 11:24 291:10 available 32:12 62:17 102:13 197:16 274:21 277:18 282:7 286:12 288:5 289:18 290:20 Avenue 269:24 average 115:2 168:10 171:24 172:3 awaiting 282:13 award 73:11,14 268:14 awarded 6:17,18 6:20,22 7:2,3,11 7:12 268:13 aware 88:14 91:24 93:24 111:2 122:19 198:4 251:18 316:15 awareness 9:13 56:17 57:4 axe 289:21 a.m 1:5 334:11	back 28:22 30:23 30:25 31:6 37:7 37:24 38:7,10 39:5 58:21 65:4 65:12 72:9 73:5 89:20 100:9 105:7 109:2 114:7 119:7 137:24 139:5,20 157:25 180:7,14 189:6,9 190:7 190:13 194:9 205:24 208:2 217:20 241:16 244:21 248:9 252:19 260:8 269:10 285:16 286:17 311:5 313:6,24 320:9 320:15 324:19 325:16 329:11 332:17 backs 332:7 backyards 58:5 bad 31:7 169:8 236:15 318:15 bake 151:25 152:20 153:7,9 153:19 154:6,11 155:14 baking 152:7 balance 171:21 270:9 ballot 316:10 317:4,14,17 ballots 316:12 bar 9:24 barbershop 122:21 bargaining 222:13 barrier 103:19 109:8 barriers 246:19 based 32:17 34:3 71:20 97:23 134:5 136:2,3	202:15 221:20 229:15 230:12 232:11 245:4 256:20 297:6,11 basic 80:7 172:23 basically 29:20,20 32:15 34:15,23 36:22 38:2,18 151:25 175:17 182:23 203:4 basis 138:22 197:20 198:7 200:18 206:6 216:14 240:20 274:2 277:13 285:8 287:13,21 290:13 Bass 1:9 124:10 124:11,15 125:16 126:22 127:3,7 128:20 129:12 130:6,12 132:9 bathrooms 278:10 battle 223:17 beating 276:21 becoming 28:8 90:19 225:15 226:8 227:11 288:21 bed 277:14 beds 42:4,12 184:2 198:10 270:8,17 272:18 278:8 281:3,5,7 281:23 283:18 284:19,21 286:12 288:5 began 9:22 99:19 beginning 83:5 164:22 173:21 248:14 250:11 252:16 begins 274:11 285:24 behalf 105:22
--	---	--	--	--

behavioral 3:18 3:25 4:10,18 5:5 5:9 8:9 9:4,13 11:14 15:14,17 36:23,25 43:25 44:14 47:20 49:25 57:23 63:23 64:14 111:19 183:17 192:6 200:14 201:16 203:16 257:19	205:4 222:8,25 236:7 249:13 256:14,14 271:5 275:23 323:21 330:15 333:7 better-than-ant... 110:25 beyond 20:11 46:20 294:14 BHSI 73:10 biased 43:9 bid 133:16 Biella 191:25 big 47:8 59:10 76:22 91:17,20 95:10 135:5 151:19 218:10 241:19,20,25,25 242:12,12 243:6 243:6 244:5,6 249:17 250:9 253:3 255:3 298:5 299:15	40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1,3 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1 134:1,9 135:1 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 146:1 147:1 148:1 149:1 150:1 151:1 152:1 153:1	154:1 155:1 156:1 157:1 158:1 159:1 160:1 161:1 162:1 163:1 164:1 165:1 166:1 167:1 168:1 169:1 170:1 171:1 172:1 173:1 174:1 175:1 176:1 177:1 178:1 179:1 180:1 181:1 182:1 183:1 184:1 185:1 186:1 187:1 188:1 189:1 190:1 191:1 192:1 193:1 194:1 195:1 196:1 197:1 198:1 199:1 200:1 201:1 202:1 203:1 204:1 205:1 206:1 207:1 208:1 209:1 210:1 211:1 212:1 213:1 214:1 215:1 216:1 217:1 218:1 219:1 220:1 221:1 222:1 223:1 224:1 225:1 226:1 227:1 228:1 229:1 230:1 231:1 232:1 233:1 234:1 235:1 236:1 237:1 238:1 239:1 240:1 241:1 242:1 243:1 244:1 245:1 246:1 247:1	248:1 249:1 250:1 251:1 252:1 253:1 254:1 255:1 256:1 257:1 258:1 259:1 260:1 261:1 262:1 263:1 264:1 265:1 266:1 267:1 268:1 269:1 270:1 271:1 272:1 273:1 274:1 275:1 276:1 277:1 278:1 279:1 280:1 281:1 282:1 283:1 284:1 285:1 286:1 287:1 288:1 289:1 290:1 291:1 292:1 293:1 294:1 295:1 296:1 297:1 298:1 299:1 300:1 301:1 302:1 303:1 304:1 305:1 306:1 307:1 308:1 309:1 310:1 311:1 312:1 313:1 314:1 315:1 316:1 317:1 318:1 319:1 320:1 321:1 322:1 323:1 324:1 325:1 326:1 327:1 328:1 329:1 330:1 331:1 332:1 333:1 334:1 335:1 336:1 billing 73:12 billion 4:14,17,20
behaviors 331:7 believe 40:9 42:3 90:13 119:13 138:2,13 140:9 142:12 143:25 176:24 186:17 223:11 237:25 259:17 272:25 319:23 Belmont 262:6 263:19 beneficial 14:11 54:14 benefit 66:11 83:21 144:17,18 175:6 benefits 66:18 84:2 108:4 146:13,17 175:4 253:15 280:19 best 8:22 16:9 28:15 63:13 86:2 123:8,10 123:24 124:2,3 124:4 132:8 146:16 185:10 188:17 255:8,11 283:3 Bethanna 59:2 Betsy 223:22 better 15:10 17:15 33:15 51:19,24 115:24 120:14 154:17 167:20 179:13	bigger 142:22,24 142:25 291:9 biggest 120:15,24 201:3 330:6 bilingual 81:14 160:25 234:21 235:13 306:20 306:23 307:12 309:9,17 310:2 310:11 Bill 1:10,17 2:1,5 2:10,14,17,20 3:1,12 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1,8			

bills 2:8 biological 24:7 bipartisan 89:4 birth 10:7 births 131:17 bit 19:22 29:4 58:17,19 99:7 168:20 169:12 169:16 170:2,9 179:12 183:9 232:16 238:17 238:18 247:17 249:13 250:25 279:15 293:18 293:19 325:23 black 84:25 130:19 160:21 161:3,6 Blackwell 1:9 212:19,20,25 214:19 217:4,11 219:17 220:21 224:4,7,14 262:12 270:23 270:24 279:5 Blackwell's 226:19 blast 331:2 bloc 111:18,24 112:6 block 24:17,25 248:10 BLONDELL 1:10 board 7:5 77:22 83:14 103:15 115:7,11 162:5 205:16,21,22,24 207:4 216:15 225:12 242:22 243:20 254:25 255:8 280:13 283:23 304:11 304:16 305:9,12 306:3,6 316:7 318:11 321:22 331:13	boarding 265:23 boards 83:3 162:2 306:25 328:12 331:15 BOBBY 1:11 body 129:18 244:24 319:9 Bogen 72:8 Bolton 75:23 bonuses 229:23 229:25 books 37:15 324:5 bottom 218:2 box 291:12 332:9 332:16 boxes 321:16 branch 13:23 319:9 break 37:21 98:5 158:22 261:20 breakdown 80:16 100:18 148:25 266:15 breakfast 242:19 Brief 265:8 briefings 199:15 bring 19:16 37:17 63:18 74:8 77:23 118:24 133:17 158:7 207:20 208:6 304:3 316:2 321:4 broad 66:12 broadening 264:16 broadly 34:16 broken 197:17 198:11 238:22 brother 200:11 Brothers 241:19 241:25 242:12 243:6 244:6 brought 222:3 282:5 303:9 Brown 1:10 39:3 39:4,7 40:23	41:3,16 43:4 44:20 45:19 47:4 49:6 73:8,9 73:15 74:14 89:17,18,22 91:6,25 93:4,19 93:23 94:2,12 94:17 95:14 101:18,24 109:12,21,25 121:24 122:15 123:16 124:7 132:11 134:8 135:10,13 146:24 147:22 148:16,23 149:12,15,25 151:13,17 153:15,23 154:12,18 155:16 156:23 157:13,23 158:11,19 180:18,19,23 181:7 182:24 183:19 185:2,14 185:25 186:13 186:20 187:7 188:19 189:12 190:19 226:16 226:17 236:21 236:22 238:24 239:19 241:8,14 242:25 243:17 244:17 245:15 284:12,13,16 287:16 289:19 290:22 291:11 292:8,15,25 293:6 311:10,11 311:15 312:25 313:5 314:8 315:14 316:13 316:19 318:7 331:4 Bucks 65:18 budget 2:16,18	4:4,5,11 11:17 12:21 32:14 33:5 54:13 57:12,20 65:6 80:4,6,21,25 81:4,7 82:5 87:7 95:24 103:12 107:25 110:14 110:19 113:5,24 114:3 126:14 159:18 160:5,7 171:2 198:24 199:19,20,22 200:4 208:13 237:23 266:10 267:4 269:20 294:2 299:8 300:9 327:11 328:4 budgeting 32:16 budgets 149:22 build 70:10 76:3 100:12 104:18 184:23 building 48:13,15 48:25 50:22 206:11 232:19 buildings 89:14 91:10,17 278:14 built 15:4 89:14 94:24 212:4 249:5 262:18 bulk 309:12 332:21 bulletin 188:9 bump 310:2,5 burden 175:20 178:10 busiest 142:16 business 39:10 44:5 75:12 82:14 83:11 136:10 139:18 139:22 147:9,18 151:5 161:13 163:4 217:6 267:9 334:8	businesses 5:24 7:19 82:12 136:15 150:5,16 162:9,17 busy 141:17,22 294:10 buy 198:10 C C 3:23 335:23 cake 154:15 calculated 253:12 calculations 228:21 calendar 7:22 30:19 call 15:5 20:20 93:5 106:8 109:5 118:25 160:2 166:19 238:6 245:11 286:20,22 287:2 290:9 294:17 311:19 called 13:21 18:22 24:23 29:12 38:14 48:15 59:19 103:21 107:10 117:24 128:7 151:4,25 223:16 251:4,5 251:8 calling 193:20 calls 210:7 223:5 223:6 291:3 calories 156:7 campaign 57:4 333:11,12 campaigns 321:21 canvass 330:7 cap 210:9 capacity 59:11 70:11 89:13,14 133:4 143:6,10 187:15 268:9 273:13,21
---	---	---	--	---

274:13,14 277:8 277:19 283:15 capital 2:12,16 102:22 104:13 126:14 capitated 29:9 35:24 37:3 107:20 capitation 106:9 107:16 capitative 107:12 capping 38:9,11 caps 209:20 210:3 capture 322:17,18 captured 29:2 capturing 312:2 care 9:10,11,11 15:5 26:10 29:21 31:14 35:11,18 36:8 36:14,15,25 42:25 46:24 49:21 50:4,12 55:20,22 60:17 63:13 64:17 77:11,12 80:12 80:24 81:10 89:2 106:15,17 107:2 108:5,13 109:8 118:3 127:25 131:13 150:20 162:20 166:12 173:17 184:7 185:9,24 188:18 189:8 208:14 228:24 229:17,23 230:3 230:8 232:5,7 232:13,24 243:21 258:14 268:12 302:4 312:24 career 123:6 311:22 carefully 123:8 Carmen 79:24 Carolina 297:17	carrot 76:17 carry 180:4 carrying 179:22 179:25 cars 196:12 198:21 case 11:5,7 20:10 35:22 42:24 164:11,12,21 166:22 167:5 168:10,10,16,25 169:3,8,11,16 170:15,20,23 174:21 175:7 176:3,13 177:11 179:22,25 180:7 188:21 191:5,15 192:16,23 193:20,22 194:5 194:6,14,16,20 194:25 195:5,9 214:10 234:6 237:22 239:12 276:12 280:17 327:20 cases 42:18,20 164:15 165:15 168:19 177:8,9 180:5,10 193:11 193:18,23 194:9 197:21 203:25 204:5,7,9 239:11,13 286:19,22 Casey 105:17 166:18 253:20 254:19 cash 54:24 56:4,6 56:10 112:22 271:15 catastrophic 28:17 catchment 264:4 caught 123:21 223:2 cause 14:12 120:24 121:9	137:13 187:15 225:8 276:21 302:10 325:3 caused 300:10 causes 121:8 134:6 CBH 7:20 28:20 40:22 43:5,11 73:10,22 74:11 CBT 8:10 CCA 312:24 CDC 116:22 117:15 cease 94:9 celebrated 39:18 center 13:24 33:20 86:6 96:20 97:17 98:4,10 103:9 104:9,13,14 107:3 108:14,16 126:16,18 128:9 128:25 142:8,12 142:23,24 143:2 143:8,15 160:12 184:11,16 189:15,16 240:16 250:10 274:12 285:3 289:5 290:14,15 290:18 291:6 centered 314:10 centers 13:19 33:19 85:18,24 97:3 98:8 102:8 102:11,17 103:16 105:11 105:13 107:24 108:3,11 109:18 113:13 126:7 129:4 141:12,15 141:17,23 142:4 273:22 285:3 central 219:11 285:2 centralized 285:5 centrally 291:5	Century 83:21 certain 24:17 30:4 34:19 35:24 37:4,14 50:2,5 120:5 132:17 188:16 215:16 221:17 229:24 278:17 322:21 certainly 75:18 76:7 140:8,9 214:13 221:16 222:22 249:20 250:3 254:8 271:9 282:3 300:11,21,22 319:23 CERTIFICATE 335:11 certification 307:3 336:3 certified 6:10 161:23 202:8 307:2 CERTIFY 335:12 certifying 336:7 cetera 107:3 213:22 258:21 260:24 261:9 chain 85:12 Chair 23:4 32:6 47:6 53:21 62:9 73:7 89:16 95:18 101:17 102:5 132:14 135:9 138:7 143:16 158:25 202:12 215:5 250:22 252:21 258:8 260:19 264:18 293:23 303:6,9 309:7 chaired 191:21 Chairman 62:6 62:12 68:3 171:13 226:13 227:23 233:9 236:18 279:14	293:7 311:18 316:24 318:19 324:14 Chairperson 241:10 challenge 11:12 95:6 144:21 156:4 177:12 challenged 237:8 challenges 47:18 51:17 95:24 96:4 237:3 254:19 chance 47:8 242:17 319:24 chances 319:18 change 194:22 209:7 222:12 223:12 289:14 301:16 319:13 changed 48:7 96:7 294:25 changes 3:3 12:20 15:14 59:22 60:22 61:15,17 151:11 191:9 298:25 changing 33:18 84:8 charge 92:19 298:12 charges 304:3 charging 321:19 Charles 187:23 Charlotte 297:16 charts 73:24 chased 282:12 check 148:19,21 238:6 checking 194:19 checklist 238:5 checks 322:8 check-ins 206:7 cheek 154:13 Cherry 285:4 chief 92:18 149:10 219:20
---	--	--	---	--

child 10:9,16 42:24 46:24 121:5 130:16 159:9 165:10 166:21 172:15 174:6,8 175:10 178:21 179:3 185:7 188:9,11 189:22,23 191:17,19 196:24 197:11 197:13 203:7 205:20 238:7 245:10 246:16 248:2,11 252:9 255:10 257:13 257:17 258:24 259:2	262:19 263:3,9 287:10 Children's 86:4 261:6,16 262:6 262:16 264:6 child's 121:8 choice 128:23 157:8 choices 78:22 84:15 107:14 choose 261:19 CHOP 192:3 chosen 251:22 Christian 192:3 Christopher's 192:4 chronic 12:11 15:2 Chuck 243:13 chugging 301:19 churches 291:15 CINDY 1:9 circle 313:6 circumstance 290:7 circumstances 152:16 216:10 cite 44:10,18 45:6 45:16 52:19 cited 246:24 247:2 cities 66:8 67:8 95:10 105:10 267:21 284:8 296:24 citing 44:7 45:9 54:9 citizens 13:5 144:18 178:12 city 1:1,4 2:22,24 3:13 13:17 14:8 29:8 30:21 32:25 41:20 42:2,4,8,12 43:8 43:10,13,17 44:8,9,19 45:2 64:25 65:7,13	65:15 66:3 67:6 67:7 75:7 76:10 78:20 81:3 85:25 86:10 97:15 98:7 100:17,20 101:14 103:13 103:18 107:25 109:17 110:19 114:23 116:18 121:21 128:13 129:19 136:22 140:21 142:3,17 144:9 145:8,18 145:22 146:19 149:21 158:3,8 159:6 161:13 183:23 213:10 214:4 215:12,13 217:22 218:5 219:12,15,25,25 220:10,13 222:11 231:9 234:14 243:16 263:13,17 266:8 272:22 275:7 276:8,19 283:12 285:22 291:6 292:13 293:15 293:23 298:22 299:7,9,10,13 303:13 304:12 304:25 308:14 310:22 312:20 320:24 323:17 326:8 333:12 Citywide 134:7 City's 108:8 114:24 144:17 326:3 civic 315:17 civil 40:17 41:9 99:3,22 100:3,4 100:6,9,12 101:4,5,9 144:23 145:5 146:2,21 149:16	149:19 235:6 294:5 296:10 304:5 310:9 clap 88:22 clarification 181:18 clarifying 165:17 194:2 clarity 153:6 194:11 Clark 223:22 Clarke 1:8 2:2 3:15,22 13:11 13:14 16:18 19:25 23:3 32:2 39:2 47:12 48:9 50:14 51:11,13 53:18 62:8 68:4 73:6 74:23 79:9 79:13,17,21 87:5,16,19 88:19 89:3,6,15 95:17 238:16 Clarke's 299:13 class 4:18,19,20 4:21,22 80:16 80:16,17,18,19 80:19 160:15,16 160:16,17,18 266:16,16,17,18 266:19,19 269:22 classes 201:15 classifications 225:7 classified 81:23 309:8,16 classify 309:10 classroom 241:5,7 clean 53:12 cleaner 85:5 cleaning 53:4 120:20,21 clear 39:14 86:22 194:2 289:23 317:8,10 318:9 clearly 167:7	clergy 291:14 clerk 305:20 clients 68:13,16 70:19 195:21 196:4 clinic 43:2 48:19 59:2 clinical 9:19 clinicians 68:11 68:13 close 38:2 41:18 68:10 78:24 95:22 110:23 131:23 268:23 276:18 285:23 292:16,19 297:11 309:13 closed 129:25 closes 189:17 closing 142:14 269:24 closure 131:25 coalition 18:23 coalitions 18:23 cocaine 25:11 code 49:16 196:2 292:11 Cognitive 8:9 cold 273:9 collaboration 76:10 131:9 330:23 colleague 305:10 colleagues 58:15 220:23 225:24 276:13 collect 69:12 106:6 collecting 292:22 332:11 collection 322:6 Collectively 12:14 college 315:4 colonoscopy 108:19,24 combination 40:18,20 70:6
---	--	---	---	---

combined 268:24	commentary	151:7 204:15	comparisons	complied 103:4
come 13:23 14:25	304:22	communities	259:7	comply 146:14
15:7,21 19:4,23	Commerce 92:17	19:19,21 22:19	compensated	component 24:7,8
24:13 34:2,5	150:15 151:2	45:7,12,18 46:2	311:21	205:19 248:24
46:14 52:2 54:9	commercial 152:5	46:18 49:17,20	compensates	253:23 281:12
63:7 65:12 66:3	152:22	50:5,6,7,9 51:10	107:15	312:14
67:8,15 71:6	commission 100:5	53:6,14 58:20	compensation	components 24:9
73:4,10,18	235:6 309:9	111:16 116:8	104:19	24:10 167:2
108:18,25	310:9 313:14	203:13 232:2	compete 62:3	183:15 230:5
126:12 132:2	Commissioner	254:18	competitive 10:21	280:5
145:25 178:17	3:24 62:13	community 9:12	60:9 133:16	comprise 162:4
186:19 187:17	79:23,24 147:2	18:13,22,23	competitively	comprised 167:14
187:20 189:6,9	158:13 159:2,7	19:3,5,8 26:19	268:11	compromise
189:14 190:7	168:6,18 186:6	43:2 46:12 51:3	compile 322:24	220:19
200:23 215:19	187:3 212:22	52:9,11,12,20	complainant	compromised
216:23 220:18	217:15 229:18	67:24 86:6	139:16	122:10
222:24 240:23	229:21 234:22	115:3,7,11,14	complained	conceivable 63:18
256:23 285:16	245:21 264:24	116:3 122:5	222:16	concentrate 117:3
285:19 286:3,10	Commissioners	142:10 166:21	complaining	conceptualizing
289:3,5 304:2	111:3,12,15	193:5,21 203:13	238:20	72:10
315:17 318:24	293:16,24 294:4	205:8,14,15,18	complaint 138:22	concern 11:16
320:15 324:19	304:12,25	205:21,23 206:9	139:4,5,7	45:21 65:2
comes 34:22	318:20 319:6	206:14,17,18,25	complaints 140:3	200:10 207:10
41:17 52:25	334:4	207:4,9,15	140:20	214:14 284:5
63:9 91:23	Commissioner's	208:20 209:12	complement	concerned 27:14
138:24 139:15	149:23 207:6,8	209:16 210:14	256:7	54:20 55:13,14
152:12 174:8	commitment	234:5,19 243:19	complete 82:21	56:8 59:8 88:3
192:12 198:23	125:13	251:7,11,16	226:4	211:11
268:22 284:6,18	committed 5:22	253:14 255:3	completed 181:15	concerns 95:3
284:22 291:23	82:10 161:10	256:5 257:18,23	181:17 182:19	195:19 196:19
coming 30:13	269:12	260:10 267:3	195:25	329:23 330:3
59:9 60:22	committee 1:2 2:4	299:4,6 310:19	completely 152:3	concludes 74:21
61:23 67:23	110:11 111:11	community-bas...	154:22 232:3	conclusion 245:16
72:16 102:6	183:7 242:22	167:20 169:20	242:11	concrete 26:13
131:17 132:3,16	252:15 311:20	178:23 193:4	completion	condition 24:6
173:14 179:2	311:22 318:10	206:3 208:19	225:14	151:21 195:23
184:19 185:4	318:12,14,25	210:24 212:2	complex 24:5	conditions 9:14
188:22 226:3	319:5 323:7,16	companies 36:9	complexity 43:24	11:11 15:3
237:18 239:23	324:2 334:9,9	127:15,20	112:5,10	44:14 90:17
251:19 281:18	Commonwealth	company 150:23	compliance 73:21	conducted 164:21
289:21 300:17	159:10	comparable	83:19,24 85:13	conducting 39:10
331:8	communicate	144:25 146:9,20	155:23 156:21	164:11
commend 33:2	331:9	compare 296:21	156:22 227:7	confident 133:20
181:2	communication	296:23 313:22	complicated	conflict 153:14
comment 52:8	71:10 165:17	313:23	107:8 222:20	congratulate
130:15,20	319:20	compared 127:25	223:19 317:11	276:8 333:20
191:14	communications	255:20 258:18	317:13	congratulations

94:3 321:3 333:22 Congress 88:17 conjunction 267:16 connect 15:23 240:3 280:18 connected 18:14 70:8 222:6 Connecticut 67:13 connecting 239:25 connection 119:17 connections 39:15 174:3 connotation 280:3 conscience 28:6 consensus 66:15 consequences 303:18 consider 152:14 235:20 323:7 considerable 197:23 consideration 216:5 219:4 Considering 110:24 consistency 164:17 322:8 consistent 16:7 158:17 267:22 consistently 164:10 168:17 229:14 consolidation 141:22 consolidations 141:14 constant 207:23 constantly 223:5 constituencies 86:16 223:20 constituency	208:10 constituent 90:11 195:15 295:15 327:21 328:8 constitutes 91:10 306:2 construction 104:14 139:8,9 consultant 253:21 consultation 170:20,24 consumed 174:23 consumer 115:13 consumers 93:2 278:2 280:15 contact 117:21 contacted 129:21 contained 329:12 containment 60:2 contaminants 119:23 contaminated 120:7 context 84:8 248:18 314:11 continuation 2:3 continue 8:7 9:23 10:3 11:12 12:20 20:7 31:10 80:7 97:9 120:4 121:20 136:18 150:5 165:22 177:13 178:18 183:13 185:16,18 189:15 195:9 202:3 207:7 209:8,9,15 211:12 241:2 244:13 255:12 301:13 312:15 324:23 continued 28:23 88:25 99:18 113:15 120:2,3 132:2 135:4 229:19 293:5	continues 5:21 9:16 165:13 184:17 240:17 268:6 continuing 100:12 133:14 136:11,16,20 156:2,3 239:3 continuity 312:24 continuum 17:20 268:12 contract 6:18,25 7:23 43:15 78:21 82:14,22 98:16 99:16,18 99:20 100:19 101:6 144:8,13 144:22 146:12 146:21 161:16 162:8 170:13,18 172:10,11 212:5 228:14 230:11 232:20 251:7 275:12,16 281:8 281:9 291:19 301:12,15 contracted 83:6 83:14,20 98:19 145:23 164:23 245:3 280:8 contracting 82:10 161:14 228:24 233:7 251:13 259:21 contractor 6:19 6:21 165:3,19 166:24 277:11 contractors 6:8 83:23 162:10 contracts 6:16,16 6:20,22 7:11,12 7:15 82:6,18 101:2,11 103:18 103:25 161:19 162:18,24 228:8 228:10,16,22 232:10 251:12	256:17 267:4 contractual 30:4 30:6 76:2 78:11 contribute 249:22 control 85:24 118:20 336:6 controlled 329:13 convenience 13:10 168:4 convening 250:8 Convention 250:10 conversation 72:12 105:5 222:23 conversations 122:7 199:15 204:15 256:4 328:3 convinces 220:6 cookies 154:14 cooperation 3:7,9 261:17 coordinate 265:20 COO-ah 205:5 COO-ahs 205:2 copy 202:6 317:7 core 80:9 167:2 corner 84:17 136:9 Corps 119:8 120:9 correct 138:15 147:21 177:7 231:2 254:22 264:2 294:20 335:16 corrective 163:19 cost 26:23 56:20 59:25 66:4 78:16 107:17 108:8 143:9,19 146:18,19 171:24 172:3,14 307:25 costs 26:8,8 37:10	66:7 76:25 108:7 135:2 298:13 cost-based 102:19 107:10,20 cost-effective 117:17 cost-of-living 71:17 council 1:1,8 2:2 2:22 3:11,15,23 13:3,11,14 16:18 19:25 23:3 32:2 39:2 44:4 45:22 47:12,25 48:9 50:14,16 51:11 53:18 54:6 62:8 68:4 73:6 74:23 79:9,13,17,22 87:5,16,19 88:19 89:3,6,15 95:17 99:6 125:20 135:6 140:15 159:6 163:8 167:23 168:3,8 206:20 238:16 243:16 266:8 293:25 297:19 304:23 315:8 319:8,11 Councilman 1:10 1:11,11,12,13 32:3,5 33:9 34:10 37:25 38:23 39:8 51:13,16 62:10 62:11,15 64:7 67:25 68:5,6 69:24 70:12 71:21 72:15 73:3 74:25 75:2 76:9,14 77:6,16 78:4 79:4 95:19 95:20 96:11 98:13,22,25 100:14 101:12
--	---	---	---	--

102:3,4 104:4	284:3 293:8,17	121:25 122:15	245:15 250:25	168:6 171:20
104:16 105:2,15	295:2 299:23	122:17 123:16	253:7 262:11,12	180:13 183:20
105:21 106:5	302:9,25 306:12	124:7,9,11,15	262:13 270:23	187:16 201:10
109:9 124:21	311:8 316:25	125:16 126:22	270:24 271:9,11	207:25 258:2
132:12,13	317:21 318:3,17	127:3,7 128:20	273:4,7 275:19	301:9
133:19 134:9,10	318:18,22 320:5	129:12 130:6,12	276:11 278:23	coupled 168:11
135:12,15,21	320:18,25	132:9,11 134:8	279:5,12 284:12	course 56:13 94:6
136:2 137:4	322:14 323:6,18	134:11 135:10	284:13,16	153:16,16
138:6,12,17	324:13,15,18,20	135:13 146:24	287:16 289:19	185:16 221:15
139:23 140:7	326:16 330:10	147:22 148:16	290:22 291:11	241:22 287:17
141:4,9 142:11	330:12,13	148:23 149:12	292:8,15,25	court 47:24 48:3
143:13,22,24	331:16,20,24	149:15,25	293:6,9 303:4,5	170:15 174:2
146:22 147:5	332:15 333:8,17	151:13,17	304:17,20	188:3 189:25
158:24 159:5	333:24 334:3,7	153:15,23	305:14 306:9	237:22 282:13
168:5 169:17	Councilmember	154:12,18	307:7 308:17	courts 188:3
171:6,11,12,16	13:6 40:6	155:16 156:23	309:5 310:3	189:25 203:15
172:6,22 173:4	Councilmembers	157:13,23	311:9,9,11,15	237:14 239:15
173:10 174:17	13:9 74:20	158:11,19	312:25 313:5	325:4
175:16 176:16	301:10	180:17,19,23	314:8 315:14	courtyard 183:24
177:3,14,21	Councils 153:22	181:7 182:24	316:13,19 317:2	290:4
179:5,17,21	153:25 155:7	183:19 185:2,14	318:7,9 324:16	Covenant 189:20
180:12,16,17	Councilwoman	185:25 186:13	324:21,22	cover 26:23 36:2
186:22 187:5	1:9,9,10,12,13	186:20 187:7	325:22 326:12	37:10,15 78:16
199:7 212:16	23:5,6,10,13,25	188:19 189:12	326:18 327:9	291:24
220:25 224:9	25:14 28:18	190:19,23,24	328:10,20,24	coverage 113:10
226:14 227:20	29:14 31:24	191:13 193:2	329:14 330:4,12	116:17 278:3
227:21,22 228:3	32:3,8 33:13	195:12 198:3,16	331:4	covered 113:4
228:6 230:15	39:3,4,7 40:23	198:20 199:4,8	Council's 12:22	covering 2:25
231:3,7 232:8	41:3,16,17 43:4	199:9,13 201:8	295:18	co-chaired 187:22
233:8,10,14,17	44:20 45:19	202:5,14,16	counselors 236:10	247:20
236:19 241:11	47:4,13 49:6	204:25 205:6	counties 75:6	co-chairs 186:7
245:18,19,20,23	52:6 53:19,20	206:13 207:18	112:9	co-location 182:4
245:24 246:9	56:25 57:19	209:19 211:4	counting 304:14	create 17:20
249:14 250:14	62:5,9 73:7,9,15	212:3,9,14,19	country 15:4	38:14 43:10
250:18,19,20,21	74:14 85:15	212:20,25	35:12 46:6 67:6	86:5 123:10
251:9 252:17,25	89:17,18,22	214:19 217:4,11	70:22 88:18	166:22 194:13
253:10 254:14	91:6,25 93:4,19	219:17 220:21	95:11 123:8	243:11 248:7
255:15 256:18	93:23 94:2,12	221:2,3,12,25	262:25 296:25	268:9 272:20
257:24 259:19	94:17 95:14	223:21 224:3,4	counts 227:18	309:18 310:9,10
260:16 262:24	101:18,19,20,24	224:7,10,11,14	county 36:22 37:2	310:23 329:21
263:22 264:3,12	101:25 109:12	226:16,17,19	37:13 65:18,21	created 60:17
264:19,20,23	109:21,25 110:3	233:11,12,19,22	111:3,11,15	153:21 164:6
265:4,9 269:18	110:4,8 113:14	235:4,21 236:17	257:15	231:15 238:5
270:10,16,20	114:12 115:10	236:20,20,22	couple 13:15	240:17
271:8 279:11,12	116:5,11,19	238:24 239:19	68:20 71:14	creates 150:22
279:13 280:22	117:6 118:21	241:8,14 242:25	87:6 110:8	creating 109:8
281:20 283:24	120:8 121:22,24	243:17 244:17	124:16 134:4	150:25 167:9

235:12 237:13 creation 225:9 235:7 credentials 222:9 crime 280:24 criminal 21:24 77:21 303:22 crisis 12:9,18 142:3 criteria 221:20 critical 170:12 202:3 204:18 206:8 240:15 critically 155:3 crossed 88:21,24 cross-analysis 144:7 CUA 203:23 204:10 205:22 205:24 207:5 208:17 209:4 210:11,17 230:12 251:4,8 251:10,22 254:4 255:18,19 256:14 257:9 CUAs 202:19,24 204:16 205:13 205:20 211:22 cued 275:4 cultural 60:5 208:11 246:19 culturally-appr... 210:25 culture 60:12 curious 62:19 93:9 237:4 256:19 current 11:10 30:17 72:6 77:12 106:22 110:15 155:9 167:5 189:7 194:4 212:10,12 214:13 273:13 277:20 283:7 289:22 296:23	currently 10:24 11:25 26:25 71:14 82:17 83:22 160:19 161:15 178:11 245:7 254:12 305:11 325:3 328:25 custody 190:3 customer 326:4 cut 20:20 21:12 22:11 26:15 27:20 28:2,6,9 55:11 56:14,16 56:22 62:17 110:13 111:18 112:2 113:5 142:5 149:22,22 170:10 201:5 cuts 10:18 21:3,17 22:16,23 25:18 25:19 26:6 27:9 28:12,17 31:9 54:21,24 55:8,9 55:15 57:21 65:6 78:2 113:2 114:3,4 168:12 170:5 199:16 200:4,11 237:23 271:14 cutting 21:8 279:3 cycling 58:6 D DA 303:25 310:14 Daddy 247:19 250:15 daily 162:19 198:7 285:8 307:24 308:8 Dainette 265:17 damage 121:10 damaged 23:2 Danial 175:12 191:5,8,18,23 192:24 193:8 Darrell 1:8	299:13 data 32:18 33:4 44:25 52:10 54:7 57:21 58:14 62:19 65:4 69:12,14 69:22 70:24 75:15 82:21 88:7 94:13 117:14,14 136:3 176:12 210:12 244:19 262:23 298:21 308:24 313:20 314:19 315:8,9 320:9 320:20,21 322:6 322:9 325:25 329:20 332:12 database 285:9 data-driven 39:16 49:3 date 92:12 267:10 268:14 299:12 315:5 dates 299:9 DAVID 1:12 day 13:17 196:11 196:13 210:19 285:18 287:25 290:21 293:15 315:21 316:3,23 days 124:23 316:7 323:9 day-to-day 197:20 200:18 206:6 DBH 231:15 DBHIBS 4:5,11 5:16,21,25 6:13 6:17 deaf 44:12 deal 26:2 156:13 182:11 197:19 198:6,15 200:18 223:7 251:20 263:2 301:6 dealing 50:16	247:6 dealt 182:23 death 130:18 132:7 175:12 191:18,23 192:11,15,20,25 deaths 85:4 debt 160:11 decade 301:21 decades 311:23 December 92:13 165:2 166:12 274:11 decide 109:4 188:13 decided 78:20 303:13 decides 57:11 218:6 decision 75:16 99:14 103:11,12 142:6 146:5,6 181:24 decisions 32:17 33:5 39:17 113:23 declared 100:5 decline 132:7 decrease 165:23 decreased 165:23 166:14 dedicated 60:19 74:12 deep 192:13 deeper 28:12 179:12 deeply 55:13 defiant 304:25 deficiencies 322:20 deficit 78:17 define 137:8 225:7 defining 18:25 167:8 definite 197:21 definitely 234:17	235:2,20 311:24 327:5 degree 213:8,9,12 213:13,15,21 214:2,23 215:2 215:14,16 216:2 216:21,25 217:14,17,19 218:7,20 220:2 221:9,13 225:14 225:16 227:14 degrees 217:18 263:16 Delaware 65:21 delay 27:6,7 delays 10:8 150:22 delegated 204:12 delegation 105:16 deliberate 203:10 delighted 131:3 132:3 delineated 83:16 delinquency 159:14 delinquent 162:21 166:13 288:24 deliver 167:19 delivery 53:25 131:14,23 159:24 167:4 194:18 255:10 276:15 demand 27:4 267:23 demographic 65:25 Demographics 83:16 demolished 119:4 demolition 90:12 120:4 demolitions 91:2 demonstrated 147:7 demonstrates
--	--	---	---	--

32:15	dependent 165:24	devalue 226:12	DHS's 160:4	168:25
demonstration	166:2 219:4	devalued 225:22	170:25 185:24	direct 193:22
321:25	depending 88:20	devastating	188:14 198:24	194:7 251:12
department 3:25	139:6 169:9	200:15 201:7	254:21	263:5 336:6
5:3 6:5 7:9	254:3 278:14	271:25 272:21	diabetes 15:12	direction 131:6
11:22,25 14:19	325:12	develop 50:10	dictated 221:21	195:6 260:12
20:14 32:11,24	depends 305:16	63:8 66:20	325:8	283:7,10
33:17 39:11,18	deposit 289:12	136:10 163:11	difference 60:6	directions 86:21
43:21 45:20	deputies 40:21	215:6 326:24	101:7 103:10,11	directives 267:17
48:16 57:24	149:8,14 294:5	329:21	112:16 129:10	directly 70:2
60:19 61:5	312:7	developed 17:25	131:20 147:7	107:15 108:2
73:21 80:3,8	deputy 79:24	124:6 280:2	295:3,5 317:4	director 149:7
82:9 83:13,18	149:7,20 186:5	285:6 327:2,3	differences	153:3 265:18
87:10,13 90:7	187:3	developing 18:3	102:25 189:3	directors 7:4 61:2
92:9,17 95:23	descent 161:4	development	different 33:20	83:15
99:11 106:18	describe 228:13	10:12 111:25	36:19 48:4	dirt 120:19
112:4 119:15	described 106:7	163:12 182:9	75:17 79:3	disabilities 4:16
125:13 140:2,12	185:7	developmental	102:9 106:20	5:12 10:3 12:8
140:17 141:6	describes 83:10	10:8,14	107:4 117:4,5	12:13 46:9
149:2 150:15	describing 186:4	DHS 39:23 57:25	117:12 125:2	disability 4:2 5:6
155:22 158:4,15	description 34:4	75:12,13 160:6	138:2 151:20	11:15,20
158:25 159:8	deserve 297:22	161:9,19 162:10	170:14 191:5	disabled 7:8 8:2
169:10 180:8	323:2	162:22 163:11	192:24 194:19	82:11 83:11
188:8 192:2	deserves 138:2	163:21 164:15	196:12 213:2	162:3,9,17
193:16 200:13	design 126:15	164:22 165:6,12	214:17 223:20	163:3 265:25
215:6 219:12	designation 33:19	166:18,25 167:8	226:21 231:12	267:9
221:22 223:6	designed 70:17	167:10,25	231:12,14 254:2	disabled-owned
233:6 234:11	desire 230:18	170:16,22	254:3,24 255:2	5:24 6:2 161:12
235:9 236:3	despite 131:24	175:21 176:2,8	264:17 306:7	disadvantage
249:2 265:5	161:22 175:5	181:19 185:18	307:14 308:2	61:22
271:2 273:23	236:2	192:9 195:2,16	317:23 325:11	discharge 15:8
275:22 293:14	detail 32:14 87:7	195:18,20,24	327:24 333:13	188:11 189:23
329:5	170:2 180:25	196:20,22 200:2	differently 103:4	discharges 188:10
departmental	203:3 229:13	200:11 201:4	329:16	discontent 93:7
138:19	269:20	202:4 204:16	difficult 26:5 44:7	discount 304:13
departments	details 89:7	205:25 209:3,9	45:8 46:20	discounted
21:22 40:3	134:15,19,20	211:3 212:7	56:11 101:10	235:10
41:12 75:7 76:6	143:14 230:4	213:10 215:13	112:6 246:21	discouraging
151:7 231:13	258:6 260:18	216:17 219:9,25	300:4	308:18
233:24 235:24	determinations	220:15 222:22	difficulties 282:9	discovered
274:21 276:6,22	289:6	228:22 233:25	difficulty 281:22	225:24
310:17,18	determine 328:5	239:11 240:8	digging 179:12	discretion 304:18
327:12	determined 71:24	245:12 246:24	dignity 227:13	discretionary
Department's	72:2 140:15	247:21 259:11	digs 192:13	162:23 298:17
80:14 81:18	determines 63:3	261:23 262:7	diligently 237:10	discriminatory
82:22 90:23	detoxification	263:20 275:21	diminish 227:13	217:24
depend 56:4	12:5	289:25	diminished	discuss 23:15

151:8 210:18 discussing 275:20 discussion 13:7 22:7 28:25 113:15,18 119:17 158:2 167:24 195:4 207:23 226:15 discussions 93:21 119:15 226:20 308:12 Disease 85:24 disenfranchise 324:6 disobeys 304:10 disparities 49:25 disparity 84:24 disproportionat... 65:5 distinct 81:15 82:6 166:23 267:5 distinction 154:21 distributed 7:14 distributions 253:2 district 47:7 51:15 58:3 96:6 99:5,20 183:6 183:12 192:8 202:8 203:16 237:2,12,14,16 238:13 240:13 240:18 248:5 258:20 districts 167:15 183:2,3 District's 237:24 diverse 161:2 181:3 210:24 234:3 Diversion 11:3 diversity 43:24 82:25 83:9,17 147:14 148:8,9 148:11 159:19 162:7,11 163:13	233:25 276:5 division 164:4 187:4 247:23 249:6 300:4 304:13 305:18 divisions 85:21 Doctor 23:4 doctors 126:9 doctor's 15:16 documented 164:24 doing 18:9 36:9 36:16 55:2 59:11 60:2,11 70:17 71:9 73:2 75:11 117:17,23 122:24 139:10 148:14 155:8,23 171:9 173:13,19 174:16 179:15 179:16 182:21 204:4 225:18 228:20,23 231:16 234:15 250:9 251:25 275:24 276:16 291:22 299:17 312:18 323:11 326:2,9 327:7 dollar 134:20 228:16 dollars 20:8 27:2 27:25 28:2,14 29:2 31:15,19 43:19,20 81:3 82:22 86:10 88:10 94:8,11 96:3 97:19 102:23 106:11 107:12 108:2 111:19 116:20 118:10 133:12 133:14,17,25 135:11 136:25 144:10,10,14 162:13 189:11 190:16 201:9	202:10 244:20 282:21 297:20 327:23 dollarwise 249:22 domains 24:13,15 domestic 169:24 170:3 280:24 281:11 282:4 284:6 domino 150:23 Donald 79:22 door 26:21 doors 330:9 dopamine 23:18 double 225:16 307:16 DPH 80:4 82:5,13 83:6 Dr 3:21,23 13:13 14:22 17:10 20:18 23:9,12 23:21 24:2 26:4 29:6,16 33:7 34:8,13 38:8 39:6 40:19,25 41:15 42:9 43:14 44:24 45:24 47:11 48:6,22 51:6 52:4,16 55:5 59:15 62:14,25 67:2 68:17 70:5 71:2 72:2,8,22 73:14,17 75:13 75:23 76:12,20 77:9 78:3,8 79:7 79:16,18,20 87:14,18,22 88:23 89:10,21 90:25 91:8 92:14,19 93:18 93:22,25 94:10 94:16,21 96:9 96:14 98:20,24 99:4 100:23 101:22 102:14 104:8,22 105:4	105:18,24 106:7 107:6 109:16,23 110:6 111:7,17 112:10 113:17 115:6,12 116:9 116:15,21 117:11 119:24 120:12 122:14 122:19 123:3,17 124:13 125:12 125:18 126:25 127:4,19 128:22 130:3,9 131:2 132:22 133:22 135:18 136:5 137:10 138:10 138:16,21 140:4 140:14 141:7,16 142:15 143:20 144:20 147:20 147:25 148:18 149:10,14,18 150:24 151:15 152:25 153:17 153:24 154:16 154:22 155:25 156:25 157:15 158:9,16 192:2 192:3 231:11,14 243:13 244:7 248:17 draft 156:11 187:24 draw 140:11 drive 56:23 75:15 driven 115:19 drives 39:17 drug 23:15 24:23 25:5 49:12 64:15 200:14 201:16,18 drugs 12:6 25:10 25:12 242:3,7 dry 320:10 dual 103:22 194:6 due 43:23 132:20 160:10 168:22	269:23 dust 90:18 91:13 91:14,18 120:19 120:22 duty 315:17 dying 45:4 E earlier 7:16 20:11 22:8 55:16 129:16 143:23 180:3 248:18 early 4:16 10:6 94:13 173:14 225:20 286:7 ears 150:10 easier 322:7 eastern 167:12 easy 36:4 98:3 eating 153:13 ebb 127:8 echo 39:8 311:17 ECMS 174:24 175:19,22 176:4 176:20 economic 11:11 58:8 82:16 163:10 257:19 economy 125:2 Ed 191:22 edge 8:19 18:3 educate 111:15 121:17 148:8 298:10 313:15 educated 92:22 92:25 93:2 105:19 118:3 educating 156:18 312:9 education 93:17 114:4 183:17 185:17 221:22 221:23 240:16 258:3 312:14 313:2 educational 154:24 217:6
--	---	---	---	---

240:11 259:4,16 261:5 262:20 298:9 333:11 effect 25:7 28:9 55:11 150:23 271:23 289:13 effective 24:24 92:12 117:25 118:5 134:18 194:10 effectively 140:23 140:24 327:16 effectiveness 164:9 effects 24:17,25 200:16 efficacy 264:8 efficiencies 141:21 179:7 307:10 efficiency 163:24 efficient 149:24 194:10 efficiently 283:3 283:15 327:17 effort 102:9 140:19 158:8 163:5 236:13 240:14 249:23 300:24 efforts 11:13 12:23 68:8 83:10 94:7,14 111:2 136:23 159:15 163:25 165:8 178:25 209:10,13 210:4 210:8 236:25 238:4 246:11,12 247:4,13 248:10 293:13 eight 104:10 267:6 either 65:11 83:4 128:23 245:11 317:18 322:16 322:18 325:18	elderly 53:10 63:3 265:25 elected 303:17,19 321:2 election 294:8,9 295:20,21 303:16 304:7,11 304:16 305:9,11 306:2,6,25 315:21 316:3 318:11 320:14 322:8,9 328:12 elections 300:2 304:4 313:22 316:7 321:23 electronic 85:20 174:21 175:7 177:12,17 302:23 321:20 322:6 electronically 328:16 eligible 280:20 299:19 eliminated 272:11 elimination 272:4 elitist 222:8 emails 331:2 embarking 291:25 emergencies 49:12 287:9 emergency 21:22 86:2 127:13,23 128:24 129:11 196:4 197:15 267:14,23 268:3 279:16,17,23 280:4,23 281:13 283:4 284:25 287:13 emergent 115:18 emerging 60:9 249:24 emissions 91:19 emphasis 5:7,10 267:16	emphasizes 59:25 60:3,5 empirically-sup... 8:14 employee 296:3 299:10 employees 81:13 98:16,18 99:3 99:19,24 144:8 160:20,24 178:5 178:11 299:10 Employment 161:9 encourage 86:19 153:10,20 246:5 256:5 310:7,12 310:24 321:23 327:10 328:2 332:19,20 encouraged 50:9 118:10 encouraging 98:14 100:15 158:12 304:24 endeavorers 84:6 ends 274:11 energy 92:7 319:10 enforce 156:2 303:14 enforcement 140:16 enforcing 156:13 157:22 engage 13:6 24:20 25:2 167:24 185:11 207:22 242:6 246:5 249:18 275:16 engaged 151:23 185:16 198:13 207:11,16 247:5 251:11 291:16 323:14 engagement 206:9 209:13 210:14 238:4	246:15 249:13 engaging 205:8 205:11 206:15 206:22 237:17 240:7 246:20 Engineers 119:8 120:10 English 308:9 enhance 132:6 243:7 enhanced 102:19 133:25 163:22 244:12 enhancing 100:11 enjoy 242:14 330:9 enjoyed 321:14 enlighten 227:10 enormous 112:15 121:19,21 147:6 enormously 158:14 enriching 100:11 ensure 108:20 125:14 195:4 202:20 205:2 206:17,23 209:23 227:14 ensured 83:19 ensuring 8:20 117:25 enter 187:11 277:23 278:18 entered 277:9 entertain 278:20 entire 29:9 66:18 233:5 247:7 261:11 263:23 entities 14:4 43:16 82:6,9,24 83:7,14,20 107:12 136:8 267:5,7 entitled 20:24 21:2 67:22 280:21 entitlement 78:10	entity 7:21 102:8 103:22 164:23 entry 235:12 environment 60:10 154:5 155:9,15 173:22 Environmental 92:20 153:3 epic 209:5,14 epidemic 118:7 118:15,17 equal 84:2 159:19 161:8 209:6 equals 110:16 equipment 278:8 Equity 60:18 Erica 238:12 error 102:2 153:4 especially 175:18 297:24 essential 11:13 179:22,25 204:18 295:21 essentially 15:3 18:24 20:22 21:7 25:8 36:20 37:2 103:6 136:25 176:5 261:11 establish 83:8 206:21 establishing 234:11 establishment 137:9 establishments 137:8 138:11 estate 122:5 Estelle 52:14 estimate 110:15 175:2 297:6 estimated 81:6 160:9 266:22 et 107:3 213:22 258:21 260:24 261:8 evaluate 76:4
---	---	---	--	--

221:17 evaluating 164:8 evaluation 247:22 254:6 Evans 3:21,24 13:13 14:22 17:10 20:18 23:9,12,21 24:2 26:4 29:6,16 33:7 34:8,13 38:8 39:6 40:19 40:25 41:15 42:9 43:14 44:24 45:24 47:11 48:6,22 51:6 52:4,16 55:5 59:15 62:14,25 67:2 68:17 70:5 71:2 72:2,22 73:14 73:17 75:13 76:12,20 77:9 78:3,8 79:7,16 106:7 111:17 112:10 231:11 231:14 319:18 evening 13:18 129:20 event 250:10 301:5 eventually 27:13 Everett 213:4 everybody 33:11 114:7 128:15 148:14 208:14 226:10 264:25 ever-declining 85:3 evidence 32:17 134:17 316:6 335:13 evidence-based 8:7 60:4 68:9,24 95:4,8 172:15 exact 134:20 exactly 38:8 98:23 128:21 173:24	174:6 262:5 318:6 examine 164:16 examiner 191:21 examiners 126:18 examiner's 129:15 130:10 example 18:18 22:8 24:23 25:10 26:12,13 27:24 36:4 44:25 45:6 49:10 50:2 65:17 68:25 75:12,20 215:18 260:25 264:4,9 280:23 examples 10:22 11:9 exceed 71:23 78:14 excellent 14:23 exception 123:25 excessively 271:13 excited 70:14 86:8 167:18 exciting 110:2 157:5,14 319:13 excuse 41:6 156:2 executive 5:16 7:4 7:6,24 40:8,11 61:2 83:2 149:5 236:2 254:24 exempt 93:10 99:23 100:6 exercise 84:12 exist 182:25 256:22 257:2 301:2 existing 46:17 102:7 116:13 152:8 270:6 283:18 exists 109:14 261:15 exit 269:8 278:18	expand 9:16 46:20 68:9 126:17 273:13 277:24 287:25 expanded 273:21 expanding 69:25 70:15 expansion 77:7 143:6 276:25 expansive 203:2 expect 50:5 69:22 97:9 98:12 113:8 126:11 182:6,13 264:15 expectation 197:3 197:12 210:22 expectations 9:25 165:18 232:19 expend 37:17 expenditures 78:14 94:23 134:21 expensive 26:10 287:15 experience 213:22 215:17 216:9 218:22 219:6 221:18 223:14 224:19 226:2 227:2,18 230:16 277:6 291:21 303:2 experienced 267:22,25 319:11 experiences 185:22 288:12 experiencing 266:3 269:14 experimenting 263:12 experiments 23:17 expert 243:4 expertise 144:12 266:24 experts 57:3	expiration 299:9 299:12 315:4 explain 34:13 125:9 134:24 explore 244:5 248:14 309:22 327:6,7 explored 107:4 exploring 94:19 103:20,22 export 329:19 Exposure 8:11 express 64:10 147:3 expressed 332:13 expressing 93:7 extend 241:6 extended 232:4 extending 232:6 extension 185:12 extensive 72:7 224:18 extensively 71:5 extent 58:9 63:21 117:7 287:24 external 163:22 extra 114:6 318:2 extraordinary 194:25 extremely 327:19	facility 46:24 48:17 51:21 187:20 270:9 275:11,14,15,17 278:12 281:10 292:6 facing 151:22 237:4 fact 49:22 61:18 71:6 91:9 132:20 161:22 168:23 175:5 213:3 225:23 229:6 236:23 273:14 276:14 307:13 factors 125:3 facts 191:14 fads 61:19 fair 92:21 215:23 fairly 133:2 218:17 311:21 faith 155:6 faith-based 19:10 292:2 fall 160:13 298:2 familiar 24:3 25:6 47:21 70:21 families 10:10 27:17 57:18 121:4 159:25 164:25 167:22 174:8 179:2,14 182:12 194:8 196:21 197:19 198:15 200:16 200:25 201:21 204:24 208:22 211:3 237:18 239:3,7 261:21 262:19 263:3,7 263:8 266:3 267:24 269:6 277:8 280:11 281:10,17 283:16 284:24 285:6,19 286:3
--	--	--	---	---

286:10,14 287:8 288:11 290:16 family 63:14 129:17 130:16 163:9 166:18 169:6 171:23,24 172:3,11,14,18 172:20 173:15 173:16 174:9 204:3 228:24 229:17 238:8 246:22 247:4,8 253:20 254:20 261:11 263:8,23 277:16 281:13 284:18,22 285:13,14 286:21 287:9 290:3 fan 139:19 far 92:11 105:3 148:19,25 293:18 296:25 301:11 320:15 farmers 84:19 fashion 88:6 fast 145:3 fat 325:21 fatality 191:20,20 father 246:15 248:6,8 fatherhood 247:15,18 248:22 fathers 246:5,20 247:16,25 249:18 fault 284:9 favorably 296:13 FDA 156:9 157:20 fear 272:10 February 294:15 federal 11:6,12 21:16 33:18,21 34:3 57:6 88:11 93:11 96:16	97:17 103:23 104:3,17 105:14 115:19,21 133:12,13 156:5 156:8,12 172:25 268:11,19,25 288:23 325:9,14 325:21 federally 103:8,14 103:16 105:10 federally-qualif... 96:20 102:16 103:2,3 129:3 federally-reimb... 102:10 feedback 16:14 feel 71:7 94:24 133:19 240:19 272:24 273:2 319:17 feeling 125:10 175:6 fellow 243:11 248:22 294:4 felt 93:9 female 6:21 81:20 81:21 82:3 160:20 females 5:19,20 82:2 162:3 269:7 280:10 fewer 86:10 302:22 Feyler 92:18 fidelity 69:18 field 8:19 14:24 24:11 Fight 58:24 fighting 223:10 figure 41:11 97:10 105:8 172:5 249:8,12 255:7 figured 75:22 file 177:18 files 176:22 177:11	fill 20:15 101:10 176:18 filled 100:2 176:2 filter 150:10 final 72:13 113:19 113:24 156:7,12 157:21 293:14 finalized 270:12 finalizing 72:4 finally 11:10 86:14 126:10,15 157:25 163:16 166:17 175:4,6 182:5 310:4 finance 79:25 149:7 financial 2:24 19:16 37:9 38:17 142:2 269:3,8 Financially 189:10 find 26:2 67:7 92:5 95:11 118:11 119:12 121:18 139:16 139:22 152:23 157:17 278:21 284:10 314:17 finding 87:15 171:23,25 172:4 172:11,14 173:15 174:10 247:4 finds 131:12 fine 258:7 319:7 fingers 88:21,24 finish 225:21 finished 187:24 227:24 firm 170:25 first 14:9 30:3,5 32:7,10 39:8 47:15 53:22 63:11 68:19,20 69:14,22 72:10 77:10 89:23	95:22 96:5,25 102:2 124:6,17 141:19 150:13 155:21 167:11 167:16 168:18 172:10 174:8 177:15 180:23 181:25 204:7,7 204:20 207:21 208:13 238:6 252:7 256:10 263:13 289:13 290:7 299:24 303:7 305:5 313:3,10 first-time 125:4 fiscal 2:12,15,19 2:25 3:4 6:6 30:18 80:5,14 83:5,12 110:22 253:12 254:19 266:7,9,20,22 267:7 277:20 295:6 fiscally 98:3 fit 279:16 315:8 fits 140:12 262:14 five 85:9 114:25 177:10,19 215:19 218:11 226:24 231:18 282:20 Five-Year 2:23 fix 198:12 fixed 15:9 197:14 flaking 121:13,18 flat 76:25 fleet 196:6 198:17 198:17,19 flexibility 143:5 flight 85:17 Florida 210:7 297:17 Florida's 210:3 flour 154:15 flow 127:8 fluency 81:15	focus 48:21 246:3 259:16 focused 55:10 69:16 84:7 174:2 folk 25:20 folks 43:12 54:6 58:4 118:19 123:10 128:17 128:18 131:12 131:13 145:21 146:6 214:20 271:16 277:4 280:18 283:4 287:20 291:4,6 307:14 328:17 330:17 follow 32:7,25 63:4 74:5 103:7 143:23 221:8 250:24 303:21 followed 192:19 192:19 following 51:17 64:8 75:4 107:8 follows 6:17 160:15 266:16 follow-up 122:16 330:22 food 84:14 137:15 137:21 138:2,5 151:5 152:4,4 156:18 157:8 272:14 278:7 foods 137:12 152:7 154:3 food-related 151:8 footnote 188:20 force 46:10 81:18 82:25 100:13 103:18,25 181:3 234:13 forced 273:11 foregoing 335:15 336:3 forensic 30:13
--	---	---	---	--

forget 316:2	228:24 229:17	169:14 194:17	funny 145:14	113:6 133:10
forgive 101:25	229:22 230:3	fund 4:7,8,10,12	furniture 198:10	148:6 160:6,14
297:8	232:5 243:20	4:13,23 17:23	further 13:7	266:12,15
form 106:19	258:14	37:11 80:22,23	44:22 83:12	269:22 304:2
248:4 256:5	fostering 174:3	80:25 81:4,9,9	146:23 149:4	320:13
257:12 280:16	found 8:17 90:6	81:11 87:24	167:24 219:18	generally 64:16
282:21 321:20	93:10 241:24	88:11 114:7	313:17 333:23	64:21,22 89:13
330:22	302:11	116:25 123:11	333:25 334:8	113:12 146:13
formal 14:20	Foundation	133:10,21,22	future 50:15	146:16 169:12
308:14	243:11 254:20	134:2 160:5,7	66:14 226:9	General/Grants
formality 14:5	four 5:18 43:6	160:14 197:16	321:9	160:5
former 243:20	97:2 114:25	198:7,9 269:22	FY11 82:20	generate 31:12
forms 176:19	126:17 137:24	315:9	FY12 4:25 81:5	37:22
280:18 317:22	143:3,7 200:21	fundamental	82:15,17 160:8	genetic 24:6
332:8	255:2 294:11	154:19 217:2	162:9,15	geography 208:9
formula 199:21	313:23 317:19	funded 28:11	FY13 4:5,11 80:6	geomapping 49:5
forth 105:7	325:18	117:3 132:21	80:20 81:3	getting 8:21 16:24
131:18 252:19	four-month 27:11	209:8 283:23	87:10 159:18	22:2 55:19 58:2
fortunate 125:19	137:6	funding 11:19	160:4,6,14	60:24 172:7
133:15 200:3	four-year 10:23	12:24 17:18	162:12	200:25 238:20
fortunately 59:17	frankly 17:15,25	20:6 22:23	FY2012 6:13	291:7 298:11
273:8	22:10 44:16	34:14,15 62:16	FY2013 4:4 11:17	300:20 301:20
forum 165:14	61:12,22	62:18 66:2,17		315:11,13
327:21	fraud 73:12,12,22	66:24 77:23	G	321:15 322:21
forums 333:14	74:2	87:12 89:8	GA 55:15 56:12	Gillison 213:4
forward 13:2 47:6	free 283:17	99:10,13,14,23	gains 8:3 15:25	GIS 256:19
95:2 101:15	307:17 328:22	111:25 116:22	game 145:14	give 20:10 26:12
113:20 123:18	freeze 145:7	116:24 132:15	gap 20:15	27:2,24 36:13
126:9 135:25	free-flaking 121:6	133:5,8 135:4	gaps 256:22 257:2	38:7 44:24 54:6
153:4 157:12	frequent 225:15	136:12 170:10	gardening 119:20	68:12 75:19
163:15 181:23	frequently 137:25	172:25 173:8	Garrett 186:5	148:22 172:9
182:5 183:13	291:2	185:18 268:25	187:2	181:13 189:19
204:14 211:5	Friday 110:18	273:17 275:14	gastroenterolog...	190:14 236:24
214:15 238:10	192:12 214:9	275:14,15	108:23 109:6	269:25 305:4
244:10 248:24	289:21	282:18 283:8,11	gastroenterolog...	309:2 323:4
260:10 309:20	friendly 330:17	291:24 300:12	109:3	324:11
319:14 330:24	friends 14:6,13	fundings 111:6	gathering 70:24	given 41:8 78:13
for-profit 6:4,15	front 174:10	funds 78:5 88:2,5	gauged 20:9	96:18 106:21
6:16 7:7,12 82:7	180:6 201:20	102:13,13	gear-up 134:25	125:20 152:15
82:13,18 83:7	230:18	197:25 262:7	135:11	196:11,13
86:12 136:8	fruit 332:22	263:20 266:12	gear-ups 133:2	197:21 215:24
148:5 161:18	full 60:20 81:12	266:13,16	gender 83:4,17	227:5 280:7
162:14,18,24	103:8 104:2	272:19 283:11	general 4:7,12,23	282:8 285:18
267:6,8	260:18	295:11 309:19	37:11 66:15	287:25 290:21
for-profits 147:16	fully 126:10	323:17	80:22 81:4,9	giving 19:22
foster 173:17	full-time 81:8	fund-raisers	88:4 112:12,20	251:17
184:7 211:25	functions 167:10	153:12	112:21,23 113:3	glad 55:5 70:15

174:20 257:24 313:17 gloves 292:23 go 21:21 25:20,21 31:6 37:18 42:22,25 48:3 56:7 65:12 67:5 72:6 73:23 74:24 77:2 78:15 100:3 105:6 119:8 121:8 123:13 129:10 130:10 137:17,24 139:4 139:5,11,20 145:3 149:4 157:25 171:19 184:4,8 189:18 199:23 200:19 203:3 208:23 215:19 217:20 219:13 250:16 251:7 264:17 281:25 284:25 286:17 290:11 290:17 291:4 302:19 303:10 313:17 314:2,6 315:11 325:4 329:10 goal 5:12,25 12:25 32:22 63:11 82:15 161:11 162:11 236:8 266:2 267:10,11 310:15 311:2,5 328:15 goals 5:14,23 9:19 10:14 32:18 71:22,24 161:9 229:24 230:17 230:22 232:12 234:12 259:22 328:17,19 God 190:10 goes 45:22 56:6	56:10 88:24 91:3 131:11 138:25 139:15 204:20 292:16 295:7 going 17:17 23:7 23:20 25:23 31:3 33:17 38:14,15,16 49:19 54:25 55:12 57:17 58:4,7,21 59:7 59:10 61:21 62:2,3 72:5 76:7 76:25 78:6,21 96:12,21 97:15 98:11 106:16 112:18 113:11 121:7,20 128:19 134:12 135:6 137:2 139:14 145:11 156:16 157:4,5,9,16 171:4 173:6 176:25 187:13 187:25 190:12 196:20 199:22 200:15 201:6 202:20,23 204:18 205:10 206:2,7 207:19 208:11,18,24 212:4 225:13 230:21 233:2 236:11 239:8 248:23 249:4 252:19 254:2 255:13 256:17 257:22 261:14 270:6 271:17 275:25 279:7 301:13,23 302:8 303:8 307:9 309:20 310:4 312:8,16 314:5 314:19,22 317:22 320:10	320:12 323:10 326:5,20 327:18 327:22 328:15 333:12 good 3:21 13:12 13:13 14:13 17:11 19:19,23 25:12 28:6 52:15 53:9,16 53:21 55:18 62:12,14 63:8 67:17 79:5,18 79:20 88:7 89:16,19 97:14 101:20,22 102:5 110:4,6 117:13 124:11,13 129:13 141:2 155:5,12 159:4 171:13,14 178:3 179:18 180:19 180:21 185:22 186:22,25 187:7 187:9 191:18 199:9,11 212:21 212:23 215:10 220:3 231:4,23 231:24 248:16 265:9,16 284:14 284:15 293:21 302:20 303:3,6 311:11,13 313:2 318:19 331:8 333:19 Goode 40:6 147:5 242:20,21 243:21 gotten 50:18 233:3 308:4 government 11:6 17:12,16 33:21 34:3 35:23 36:6 38:3 103:23 115:20 140:22 147:18 150:2 231:9 289:22 government-fu...	22:17 government-sp... 16:23 Governor 20:19 21:7 25:19 Governor's 11:17 110:14 114:3 grades 258:16 grads 312:3 314:14,16 graduate 224:15 grandfather 214:13 grant 10:23 11:5 26:23 73:11,14 77:23 96:17 99:10,12,23 111:24 112:6 218:7 221:14 266:13 268:24 288:23 granted 221:13 granting 111:19 221:9 grants 4:8,13 10:22 18:24 21:17 22:12 26:14 34:17 55:11 78:2 80:23 81:9 87:24 89:9,11 96:18 217:18 graph 309:4 grass 206:2 gratifying 136:6 great 33:11 59:16 102:15 131:10 156:13 174:18 203:3 211:8 250:5,17 272:10 279:4 281:2,22 greater 33:22 91:11 104:20 117:9 266:4 289:17 greatest 11:16 288:19	greatly 11:23 163:21 Green 1:10 32:4,5 33:9 34:10 37:25 38:23 68:5,6 69:24 70:12 71:21 72:15 73:3 74:25 75:2 76:9 76:14 77:6,16 78:4 79:4 102:3 102:4 104:4,16 105:2,15,21 106:5 109:9 134:9,10 135:12 136:2 171:11,12 171:16 172:6,22 173:4,10 174:17 175:16 176:16 177:3,14,21 179:5,17,21 180:12 227:21 227:22 228:6 230:15 231:3,7 232:8 233:8,14 233:17 250:20 250:21 251:9 252:17,25 253:10 254:14 255:15 256:18 257:24 259:19 260:16 262:24 263:22 264:3,12 310:13 Greenlee 1:11 95:19,20 96:11 98:13,22,25 100:14 101:12 124:21 143:24 158:24 159:5 168:5 169:17 171:6 180:16 186:22 187:5 190:22 199:7 212:16 220:25 224:9 226:14 227:20 228:3
---	---	--	---	--

233:10 236:19 241:11 245:18 250:19 264:19 264:23 265:4,9 269:18 270:10 270:16,20 271:8 279:11 284:3 293:8,17 295:2 299:23 302:9,25 306:12 311:8 316:25 317:21 318:3 324:15,20 330:10 333:24 334:3,7 Green's 39:8 Greg 333:22 GREs 224:16 ground 90:6 92:5 119:21,23 152:23 205:9 314:7 group 13:21 52:23,24,25 115:13,14 149:24 151:5 163:8 186:8 187:22 208:11 214:14 230:8 247:18 248:16 249:5 groups 16:4,11 17:2,15 46:13 50:2 52:20 59:12 60:6 116:13 193:12 193:13 209:6,8 211:13 234:2 247:15 312:16 312:22 grow 97:9,10 growing 131:5 growth 142:18 273:16,20 guarantee 135:3 guess 13:25 88:21 95:21 144:2 150:13 168:11	249:17 257:2 320:8 322:23 333:9 guidelines 63:4 221:17 Gujarati 81:17 guys 57:2 58:10 95:25 201:11 308:4 H hair 300:6 half 102:24 113:4 176:3 297:9,11 Hall 1:4 110:20 183:23 handicapped 316:9 handle 41:21 67:21 204:10 211:24 279:17 handled 140:16 246:2 handling 140:2 hands 120:17 Hanna 183:10 HAPCO 93:20 happen 51:5 53:6 58:5 130:21 171:5 193:7 238:15 276:2 328:3 happened 35:9,12 35:14 37:12 53:2 99:11 103:5 130:4 131:7 225:20 happening 59:22 97:4 130:22 178:13,14 193:10 239:9,10 313:25 314:7 happens 15:11,15 27:15,16 35:20 38:13 55:21 63:21 127:10 136:21 140:21	140:23 201:4 211:7 277:25 happy 13:9 82:12 87:3 90:5 109:24 130:7 142:21 157:4 168:2 203:2 220:8 223:17 269:16 326:24 hard 54:15 61:24 62:25 121:16 125:14 144:24 145:5,8,12 146:3,8 171:4 296:20 327:19 327:22 329:19 harder 235:3 236:12,12 hard-to-place 54:10 hard-to-serve 58:19 Harlem 261:3,6 261:16 262:5,16 264:6 Harley 186:5,25 187:2,9 188:23 189:2,13 215:10 217:9 218:16 221:11 harmed 114:5 Harrisburg 58:12 111:13 185:5 329:11 haven 67:13 268:15 head 252:11 headed 260:12 health 3:19 4:2,10 4:18 5:3,5,9 9:4 9:13 11:14,19 12:3,9 26:15,18 26:20 33:16,19 33:20 36:23,25 43:7 44:14 47:20 48:16 57:24,24 60:17	60:18 63:23 64:14 78:22 79:22 80:10,12 84:7,21 85:18 86:2,5 87:2 89:2 90:23 96:20 97:3,16 98:4,8,9 98:21 102:7,10 102:17 103:8,16 104:5,13,14 105:11,13 106:18 107:3,13 107:14,23 108:3 108:14,16 109:18 110:11 111:20 112:4 113:13 126:16 126:18 128:9,25 129:3 130:16 141:12,15,17,23 142:3,8,12,23 142:24 143:2,8 143:15 153:3 155:11 157:10 157:20 158:4,18 183:17 192:6 200:14 201:16 203:17 213:7 257:19 275:21 healthcare 19:11 35:22 49:25 59:15,23,24 60:10 61:4 85:18 88:16 97:21 98:2 106:22 145:2,17 156:5 HealthChoices 4:9 29:7 35:13 35:15 healthier 86:24 154:16 healthy 84:10,14 131:11 151:4 153:12 154:3 200:5 Health's 80:3,8	hear 47:21 122:10 124:9 150:9 174:20 209:4 300:22 heard 47:15 52:2 94:9 151:15 175:23 186:3 304:22 309:25 hearing 2:4 57:20 110:12 239:25 264:24 290:8 heart 206:4 heating 198:12 held 110:19 163:14 165:11 282:18 Hello 245:20,22 318:21 help 15:24 18:19 42:5 44:4,22 53:10 66:23 86:23 88:5,10 90:22 101:11 111:13 117:13 118:11,20,25 149:4 170:19 188:14 189:7 197:9 212:7 253:22 277:19 288:23 289:10 296:10 323:21 helped 84:19 90:7 136:10 197:6 209:11 210:13 215:6 helpful 14:15,17 47:6 185:5 202:9 204:2 247:9 315:15 helping 16:6 24:25 58:20 59:14 120:15 147:15 158:5 244:24 helps 15:14 115:8 172:16,19 280:17
--	---	---	--	--

Henon 1:11 132:12,13 133:19 135:15 135:21 137:4 138:6,12,17 139:23 140:7 141:4,9 142:11 143:13,22 146:22 318:17 318:18,22 320:5 320:18,25 322:14 323:6,18 324:13,18 326:16 330:12 330:13 331:16 331:20,24 332:15 333:8,17 heroin 25:2 45:4 high 25:5 45:3 114:16 120:13 120:25 131:17 132:5 134:3 137:7,8,15,25 146:3 169:6 239:22 312:3 314:14,16 higher 93:13 114:4 169:16 221:22 highest 5:14 49:9 hire 146:6 219:16 hired 99:15,16 169:2 hiring 126:9,23 235:17 236:10 Hispanic 234:4 309:14 historical 12:22 historically 30:8 34:23 35:6,9 99:12 266:24 history 84:23 105:11 223:25 229:11 hit 150:16 242:4 HIV 85:4 114:14 114:15,24	115:21 117:18 117:20,21 118:2 118:20 122:18 Hmong 81:17 hoc 111:10 hold 184:12 230:18 holding 165:18 holds 152:10 holiday 292:21 home 12:9 65:18 90:16 121:7 153:7 189:6 196:21,25 197:6 197:9 230:8 231:25 239:10 265:22,23 281:25 282:13 289:2 homeless 11:5 21:23 25:22 28:8 30:11 55:25 266:25 267:14,17,24 268:12,17,20,21 269:5,9 272:3 272:16 282:4 283:9 288:18,22 291:16 homelessness 12:16 56:22 265:21 266:4 269:4,15 281:6 homes 65:12 66:8 121:2,14 152:7 165:3 188:22 195:25 honor 315:16 honoring 155:20 hope 66:14 142:7 171:2 220:22 296:12 297:7 315:8 321:14 323:15 330:19 331:9 hoped 136:17 hopeful 113:25	157:20 186:14 188:10 305:3 hopefully 35:3 176:25 188:4 hoping 97:12 100:7 114:6 126:19 133:6 143:11 190:16 214:9 HOPWA 92:3 hospital 12:17 21:21 43:2 59:3 80:24 81:10 86:4 131:23 192:4 hospitals 25:21 43:5 85:22 127:15 131:16 hosted 241:19 hotel 287:12,14 287:22 hotels 287:19 288:3 hotline 245:4,12 245:12 hour 297:10,11 hours 150:19 285:25 286:4 290:14 house 90:17 120:18 189:20 319:21 household 288:20 households 268:8 269:2,5 houses 54:22 119:5,6 housing 17:5 48:18 56:3,5 185:19 198:14 200:13 257:18 265:6,19,24 266:6,25 267:14 267:15,19,23 268:4,7,9,16,18 269:10,11 272:13,16	279:20,23 280:4 280:6,9,19,23 281:13 282:12 282:22 283:5,6 283:9,13,17 285:2,13 289:16 291:16,20 HPRP 268:22 HSDF 170:9 HUD 268:13 283:7 huge 113:11 198:14 202:17 202:23 242:23 316:17 hugely 260:14 Hughes 110:18 human 110:11 111:10,20,25 114:10 159:2,8 180:9 193:16 213:8,13 214:2 219:14 249:2 hundred 187:16 Hunting 114:22 hurdles 150:5,11 hurt 210:14 I ID 297:25 298:6 298:11,19 299:13,20 300:23 301:3 303:14 312:4,13 314:11,13,18 315:2,3,4,18,25 316:5,6,11 317:15,18 319:17 320:17 331:6 idea 15:6 23:19 64:22 246:2 318:16 320:14 ideal 274:9 ideally 178:18 identical 262:15 identified 95:3	134:6 286:7,9 identify 18:5 129:23 159:3 171:7 172:17,19 183:11 186:23 230:14 237:20 265:14 270:5 285:17 293:20 identifying 135:22 IDs 298:23 299:10 303:9 312:23 315:5,11,13 IG 74:8 illegal 242:7 illness 12:12 15:2 28:4 imagine 329:9 immediate 11:16 197:11 immediately 196:23 245:13 272:24 immigrants 312:21 impact 10:11 12:15 27:23 55:2 57:17 58:8 87:11,20 111:23 114:9,16 117:9 134:3 157:6 170:10 171:3 201:3,7 240:10 249:19 253:13 253:25 254:17 272:22 314:13 impacted 31:23 279:8 impacting 136:24 impacts 271:14 implement 69:6 123:11 124:4 310:4 implementation 8:25 92:10 182:18 implemented
---	--	---	--	--

8:15 167:16 221:5 implementing 10:24 181:12 importance 121:3 121:12 157:17 276:15 important 16:5 16:15 22:15 54:4 57:23 58:13 93:17 102:15 118:16 119:25 120:23 130:25 134:5,6 140:22 150:2 155:4 157:8 158:14 204:17 224:12 227:17 236:5 237:2 244:12 259:18 260:15 292:17 293:4 306:10 307:8 310:16 311:7 313:13 316:17 322:15 331:25 impression 64:13 90:15 improve 5:3 9:3 9:10,18 50:12 151:6 159:15 163:25 improved 68:16 70:19 improvement 130:18 147:10 164:7,14,20 improvements 197:4 330:6 improving 159:23 160:2 164:12 165:16 166:20 174:12 181:21 183:7 193:24 230:9 240:7 251:6 inability 225:21	incarceration 12:17 56:21 incentive 9:7 38:5 incentives 77:5 incentivize 8:24 incentivized 77:3 include 119:14 167:2 220:10,11 229:22 260:4 included 260:2,3 308:24 includes 5:17 191:22,24 192:2 192:5,7 262:21 266:11 273:22 280:9 325:9 including 8:9 12:2 114:4 157:7 176:13 183:16 203:15 268:17 316:15 inclusion 252:5 inclusive 2:13 income 112:13 265:24 272:9 inconsistencies 322:19 incorporated 259:3 incorporating 3:2 increase 9:2 10:4 76:21 81:5 83:10 98:12 145:6,9,12,19 148:3 160:10 163:5,20 266:21 267:22 269:21 269:23 270:3 271:25 274:17 278:10 282:10 283:22 295:6 296:16 increased 56:21 125:5 168:24 296:19 increases 9:18 12:16 71:20	124:24 increasing 112:19 118:7,17 143:6 168:13 increasingly 121:16 incredibly 259:18 incremental 272:25 incumbent 290:23 indemnity 34:24 indemnity-type 36:7 independence 184:10,16,23 189:15 independent 164:23 304:24 independently 230:23 303:16 303:19 indicated 94:8 110:20 132:15 137:5 290:2 331:5 indicating 172:4 indigenous 18:16 indirectly 111:24 individual 131:8 216:13 243:25 284:25 individuals 5:11 5:13 6:9 9:9,11 10:25 13:21 14:13,16 17:3 18:14 26:16 29:22 30:12 31:11,13 47:18 49:19 56:3 63:6 81:25 225:19 266:2 infant 84:22,25 131:25 287:11 infants 10:5 130:19 infected 118:2	infection 114:24 137:14 infectivity 118:4 influenced 116:2 inform 285:9 informal 13:15 14:21 15:23 16:21 18:12,16 19:8 22:19 information 32:11 39:16 54:7 60:25 66:21 74:17 86:22 97:24 98:17 100:21 130:8 134:12,13 148:24 176:14 192:16 195:24 221:2 227:25 233:15 241:13 251:17 252:6 259:7 313:16 316:14 320:9 321:20,22 322:24 326:17 326:19 informational 105:23 informed 105:19 158:21 ingress 278:17 inherited 54:16 initially 53:8 initiated 28:20 initiative 9:17 11:4 68:21 160:2 166:19 167:12 173:25 181:22 207:17 230:10 274:10 initiatives 77:24 94:23 134:4 135:24 169:25 321:3 injunction 320:3 injury 317:12 inner 62:20	innovate 72:20 innovations 72:18 innovative 8:24 167:19 inpatient 12:19 input 116:4 inputting 176:12 Inquirer 307:24 308:8 inside 120:18 insidious 55:8,8 56:16 insight 191:4 insisted 113:2 inspect 138:20 139:2 inspecting 153:6 inspection 137:6 138:3 156:17,18 inspections 137:23 138:14 inspector 305:20 305:23 inspectors 305:25 instance 107:24 136:9 137:14 139:19 194:21 222:11 257:11 312:23 instances 53:12 53:13 216:3 286:13 287:7 instantly 28:7 instituted 322:5 institution 217:18 225:4 institutional 166:11 institutions 43:12 86:12 109:15 158:3,6 218:7 instructive 124:8 instrumental 285:12 insult 317:12 insurance 26:17 97:7,8,24
--	--	--	---	--

142:20 insure 73:25 137:19 155:23 310:21 313:6 insured 143:17,18 insuring 278:8 intake 169:11 173:13 180:2 285:3,5,20,21 285:25 290:9,11 290:12,18,19 291:7,7 intellectual 4:2,15 5:5,11 10:2 11:15,20 12:8 12:13 intend 170:23 270:4 intended 270:2 intensified 99:7 intensive 96:24 257:6 intention 323:3 intentional 15:22 intentionally 211:21 interaction 14:20 33:15 interest 64:8 65:25 66:2 94:6 242:12 247:14 332:13 interested 66:19 106:4 130:5 141:20 177:23 214:12 220:23 245:25 249:16 interesting 25:17 47:14 48:10 100:22 101:16 interface 310:18 Intergovernme... 3:6,9 interim 27:15 internal 74:11 76:10 163:22 187:12 253:18	260:6 internally 72:14 interpreter 306:23 309:21 interpreters 306:5,20 interval 137:7,23 138:3 intervene 24:14 intervention 4:16 10:6 17:16 263:6 interventions 95:5,8 123:12 123:22 interview 66:22 intimate 39:23 intoxications 49:13 intuitive 246:17 invest 178:23 197:22 231:25 invested 136:6 283:13 investigate 74:9 investigation 74:7 investigations 73:13 180:2 investigative 169:14 investing 283:10 investment 133:3 172:12 200:4,7 240:25 243:5,8 244:11,20,21 292:12 investments 170:11,24 178:22 254:11 254:12 invitation 250:13 invite 250:7 involve 239:21 involved 14:7 17:13 105:16 164:11 174:14 183:10 193:18	195:2 223:20 240:12,14 241:24 246:6 247:17 248:7 259:11 295:20 331:3 involvement 178:20 involves 11:16 in-home 204:7,9 258:12,13 in-house 109:7 207:21 208:6 327:7 IOC 182:14 183:15 203:5 206:12 256:11 257:5 262:10,14 IQ 326:11 Ironically 38:11 irregularities 330:19,21 Irv 333:20 issue 26:3 45:23 46:10 47:20,21 60:20 61:6 65:16 67:4 91:13 93:16 100:25 120:15 121:19,21 122:11,21 144:25 152:2,19 154:24 186:10 196:18 198:14 218:3,10 219:10 219:10,22,23 220:24 222:2,20 223:4,8,18 224:6,13 245:10 246:14 249:17 273:18 277:23 282:15 283:19 286:5 287:21 291:9 303:12 308:11 323:24 issued 188:9 issues 15:13 16:13	17:12 47:10 51:8 100:16 151:9 215:3,8 215:13 218:2 246:21 248:22 278:16,19 292:10 303:11 315:12 I-wish-I-could-... 316:22 i.e 47:17 J jackhammering 139:10 Jacksonville 297:17 Jail 11:3 James 199:3 JANNIE 1:9 January 3:12 165:25 166:5,12 167:17 182:2 332:6 Jemmott 122:20 Jemmotts 123:4,5 Jersey 65:20 job 26:18 33:11 72:10 79:6 141:18 174:13 213:21 215:18 222:12 227:16 235:8 257:20 295:17,18 323:12 jobs 43:9,10 211:14 225:5 Joe 247:19 250:9 join 220:24 226:20 joining 287:2 294:4 journey 90:2 147:23 Jr 3:24 judge 187:22 304:3,9 305:18	306:24 judges 303:16 307:15 judging 217:6 judgment 304:15 judiciously 288:9 juggle 22:23 July 164:25 203:20 jump 168:21 June 8:23 94:11 164:22 250:11 jurisdiction 90:22 189:24 jurisdictions 123:7 210:2 justice 77:21 275:25 K K 1:11 239:5 keep 43:9 53:11 109:6 130:21 144:24 176:17 177:9 194:8 250:4 295:16,23 301:22 302:2,3 302:4,7 324:5,7 325:17 keeping 313:20 315:12 keeps 239:11 Kelly 191:6,8 193:8 Kelly's 175:12 191:18,23 192:25 kept 177:5 key 126:7 Khalil 191:3,11 193:8 Khalil's 192:10 kidding 233:18 kids 152:21 187:16 229:8,24 231:23 kid-by-kid 240:20
--	--	---	---	---

kin 166:10	75:13 77:20	322:9,23 323:8	245:2 315:15	293:5
kind 15:6 20:13	90:20 92:2 93:4	323:9,9 324:24	late 173:12	leading 8:19 18:2
25:7,23 27:6,21	93:7 95:7,24	326:6 327:20	latest 29:17	92:3 195:3
31:9 33:20	97:14 100:24	328:13 330:16	Latino 160:22	lead-based 91:19
36:19 42:10	106:3,8 116:17	330:25 331:4	234:18	120:2
44:16 46:25	117:13 118:6	333:10	lauded 85:23	learn 54:15
53:5 62:16 63:9	119:2 120:16	knowing 284:20	Laughter 48:5	150:20 204:19
64:9,21,21	124:19 127:17	knowledge 23:8	89:5 135:20	244:13
65:25 72:24	127:18 128:5	291:8	188:25 228:2	learned 76:8
75:18 98:6	130:3,20,22	known 14:2 95:4	233:16,21	184:6 192:22
100:21 128:14	136:23 141:7,11	123:4,23 259:10	launched 8:23	learning 204:21
137:25 203:9	145:2 148:20	knows 308:9	law 106:22 155:24	289:20
206:7 212:17	151:21 152:17		186:15,18 189:7	lease 275:6
213:2,2 219:7	153:21 156:4,22	L	189:22 215:6	leave 15:15 55:22
239:12 249:25	168:7 169:23	LA 67:10	297:25 298:6,8	83:25 127:2
253:4 261:23	172:2,9 181:8	labeling 85:14	298:19 301:2	190:9 247:7
262:4 263:10	183:3 188:15,17	155:24 156:8	303:14,21	leaves 208:7
322:13 327:2	191:13 198:8	157:6,7,18	304:10 305:2,12	Lee 333:22
333:11	199:18 202:15	lack 194:11 252:5	305:18,20,21	left 126:4,7
kinds 8:16 16:4	202:17 206:19	277:7 282:7,16	306:3 312:13	184:14 211:18
17:16 18:16	207:22,24	283:14,20 292:3	315:23 316:4	218:5 226:22
19:9 22:11,14	209:16 213:16	322:24	317:10 319:18	300:24 321:13
22:18 25:3,11	213:17 218:6	lacking 300:25	319:24 320:4	330:11
28:16 30:16	220:18 226:9	ladies 183:21	325:9,14,21	leg 313:2
34:19 74:9,12	228:5 234:10,22	185:6	laws 127:18	legal 177:9 308:4
102:10 137:12	236:7,25 237:3	lag 325:14	lawsuit 306:21	legally 303:13
153:11 197:18	237:4 239:7	laid 50:25	320:2,6 324:25	325:2,6
238:21 274:22	244:23 249:21	landlords 92:15	lawsuits 305:3	legislation 92:8
292:10 302:23	250:4,9 251:20	92:24	layoffs 178:3	151:10 174:4
303:18 315:3	251:20,21 255:6	lands 91:15	lead 6:9 42:3 90:3	185:4
kitchen 152:22	255:17 256:7,19	language 307:15	90:18 91:9,9,11	legislative 122:3
kitchens 152:5	258:5,6,10	languages 81:16	91:13,16,18,22	242:19 319:9
153:7	259:25 260:22	86:23	119:3,18,22	legislature 113:22
knock 330:9	264:13 265:10	lap 313:3	120:2,5,13,22	Lemmo 79:24
know 14:4,12	271:12 273:8,21	large 118:15	120:25,25 121:8	leniency 152:15
16:20 18:11	278:25 279:6	123:22 273:14	121:11 146:4	Leon 214:8
19:19 22:20	281:15,21 285:7	287:10 296:14	208:5 209:9	lesser 152:11
31:4 33:16	289:25 297:9	297:21	leaders 39:12	lessons 192:22
40:15 41:13	300:2,8,10,11	largely 160:11	247:21	letter 216:12
44:25 46:15	301:8 302:5,12	larger 65:10	leadership 7:25	242:18
48:3,11 49:6,7,8	304:21 306:10	117:7 193:5,11	39:22 41:10	letting 251:20
50:6 51:18 53:4	306:21 307:5	193:21 296:6	44:17 45:15	let's 27:6 36:5
57:9,19 58:4,10	308:6 310:15	largest 84:17	46:13 89:24	40:21 64:25
58:24 59:17,24	311:6 312:10,12	85:25 108:10	110:2 181:9	122:6 171:9
61:25 63:5,6,20	315:24 317:4,12	159:9 268:14	183:12 213:10	184:4 206:14
63:22 64:10	318:24 319:3,4	283:8 296:15	214:23 237:12	level 14:4 16:25
65:17 67:4	319:5,8,15	Lastly 155:17	238:12 252:13	22:2 50:19 77:4

84:23 93:15 121:8 149:3,6 152:15 160:9 165:20 167:5 168:13 170:15 183:18 194:23 216:25 235:12 241:3 242:15 257:23 282:18 levels 11:12 75:24 77:10,11 120:25 121:11 168:24 232:6,23 leverage 97:19 211:16 Lewis 2:7,10 3:16 liability 202:22 liaison 61:5 192:5 liberty 242:10 licensed 222:17 265:23 licensees 150:21 licensing 224:13 lies 267:2 Lieutenant 191:24 life 5:15 194:20 271:5 lifestyle 15:17 lifted 40:4 light 191:6 199:19 liked 233:4 likelihood 14:10 limit 38:15,16 limitations 30:20 278:13 limited 121:16 178:20 278:22 287:12,20 288:2 288:4,6 limiting 38:18 Lincoln 213:6,17 214:21 215:14 217:7 218:13 220:2 221:4,7,7 221:15 225:15 225:25	line 112:22,24 113:4,6 128:11 128:15 143:14 202:15 218:2 284:2 299:7 324:23 link 150:14 237:2 linkages 122:23 182:25 linked 85:21 118:3 list 141:24 142:4 150:16 287:5 288:11 297:2 314:24 315:6 324:10 325:17 328:13,14 329:2 329:2,7,25 listen 39:11 92:4 listing 96:7 lists 322:12 323:25 324:7 325:20 328:16 329:24 330:8 literally 282:20 289:7 literature 16:8 68:23,25 69:4 little 19:22 22:8 29:4 41:23 48:4 58:17,18 67:11 149:4 169:12,16 170:2 179:12 211:16 235:25 238:17,18 247:17 249:13 250:25 269:25 275:23 279:15 293:18,19 295:3 295:4 302:8 320:11 329:9 live 52:9 65:14,20 67:12 100:19 112:17 122:9 190:11 289:7 330:2 lived 64:3	lives 64:4 86:25 225:21 292:18 living 12:9 84:10 196:24 289:8 306:15 load 168:10,16,25 169:8 loads 169:11,16 lobbying 58:11 local 93:15 163:7 182:8,9 183:3 252:13 257:11 locate 47:16 48:17 48:18 51:20 located 43:7 51:14 285:4 291:5 location 48:11,21 260:24 263:24 284:20 locations 13:20 50:17 269:23 lone 272:9 282:17 long 54:9 105:12 109:18 112:7 143:18 184:11 184:25 190:5 217:16 224:22 231:16 241:12 250:2 282:3 297:18 300:2 323:8 325:13 longer 10:15 147:17 188:14 longest 142:16 long-term 266:5 267:18 268:6 269:11 283:6,13 283:17 285:13 look 13:2 24:12 36:10 40:8,12 40:13 41:12 46:8 49:10,11 49:13,14,14 59:23 66:10 67:3,19 73:24 92:11 95:5	96:23,25 108:7 130:10 146:17 185:13 202:9 207:13 211:5 224:21 226:5 234:8 240:25 248:2 253:11,22 253:24 255:13 257:6,10,23 259:9 261:2 262:3 264:10,16 296:12,21 307:4 307:9 313:10 314:4 looked 68:24 99:2 100:20 119:19 168:14 216:13 230:6 235:9 254:20 332:16 looking 22:5 24:16 39:24 40:7 68:21 69:17 74:12 75:5,15 77:22 77:24 106:16 113:20 126:8 132:5 175:12 182:20 186:12 230:7 234:11 260:5,17 301:24 309:10 312:2 319:14 322:17 323:23 332:7 looks 73:22 124:22 126:17 130:17 149:2,6 181:2 217:24 look-alike 102:16 104:17 look-alikes 103:3 103:14 looming 20:4,4 loop 38:2 Loretta 122:20 lose 26:17 94:25 272:13,13 losing 97:6	loss 87:24 112:13 132:17 271:15 lost 26:17 89:8,12 99:9 172:20 223:16 lot 14:6,12 22:22 27:19 33:10 51:14 53:5 54:21 57:21 58:10 60:7,23 69:2 71:2 75:14 75:15,16 91:22 96:3 105:5 115:15 119:5 121:14 131:8,9 131:22 136:7,25 142:19 143:4 146:9 155:6 169:23 170:14 171:18 200:19 200:20 209:12 211:7 223:3 225:25 226:2,21 251:14,23 252:18 256:16 281:22 284:4,8 294:13 298:14 300:10 319:16 320:8 321:12 327:13 lots 69:3 125:24 222:20 223:19 246:18,20 321:11 loud 139:11,12,18 love 51:6 250:16 low 108:7 127:13 128:2 234:6 265:24 lower 121:11 169:12 lowered 186:15 lowering 184:18 lowers 126:20 lowest 84:23 85:6 low-hanging 332:22
---	---	--	--	--

lunch 134:13 158:23 Lynch 222:5 248:17 LYNDA 335:23 L&I 90:20,21 91:2,7 150:15 150:25 196:18 197:17	92:21 103:11,12 204:9 209:3 322:3 male 6:19 males 5:18,21 82:2,3 269:7 280:10 290:17 manage 36:14,15 36:24 37:5 98:8 108:16 198:17 268:5 283:2,14 managed 35:10 35:18 36:8 103:13,15 106:16 107:2 108:5 329:4 management 5:17 11:5,8 36:17 40:8,11 160:25 161:3 164:5 166:22 167:6 174:21 175:8 193:23 194:5,6 194:14,16 195:9 198:19 234:7 239:12 249:7 278:4 280:17 295:15 325:25 327:21 328:9,14 manager 216:19 222:14 manages 7:21 328:25 mandate 245:14 295:12 mandated 199:24 245:3,8 298:7,8 mandatory 295:5 manner 39:9 Mansion 114:21 map 49:7 mapping 47:7 256:19 257:6 marathon 313:3 March 110:10 156:10 274:11 Margaret 252:13	MARIAN 1:13 Marie 159:7 MARK 1:13 market 145:4,11 184:11 markets 84:19 Marlene 244:7 Martinez 229:18 234:22 massive 211:15 Master 213:7,8 213:13 master's 213:21 213:25 215:20 216:24 217:14 217:19 221:14 221:19 226:24 maternal 130:16 matter 173:7 191:6,9 218:17 335:15 matters 13:8 167:25 168:2 181:4 206:5 maximize 268:6 maximum 288:13 Mayor 3:5,11 242:18,20,21 Mayor's 236:2 McCann 191:22 McColgan 192:3 mean 22:9 24:4 26:4,6 27:9 28:8 46:3 56:12 58:7 104:5 172:24 177:4 178:17 217:5 224:14 250:2 251:13,21 256:3 291:14 306:12 323:13 329:8 means 28:11 73:20 76:24 102:17 148:17 170:3 178:4 188:12 200:20 327:14 336:5	meant 103:4 measurable 230:17 259:21 measure 32:20 72:11 75:17 76:4 91:3 218:22 230:23 249:4,21 measured 260:19 325:19 measurements 260:7 measures 69:15 69:17 72:4 122:3 165:14 230:13 258:12 258:23,25 260:13 measuring 313:19 media 321:5 Medicaid 7:21 20:24 21:3 29:8 29:10,19 30:19 31:16,17 33:24 34:12,22,25 35:4,7,10 78:9 102:20 107:11 107:21 113:3 127:20 medical 29:11 49:11 112:23 113:7,10 129:15 130:10 158:2 191:21 Medicare 33:23 34:12 102:21 107:11,22 medications 24:22 25:6 meet 13:9,23 30:6 32:19 151:5 168:3 292:11 meeting 110:19 220:9 238:7 252:16 meetings 16:20 17:8 165:11	219:18 250:8 252:8 255:2 259:3,5 meets 315:24 member 29:13,18 63:14 122:6 167:23 173:16 205:14 206:19 207:10 243:19 286:21 members 3:22 40:22 45:22 79:10,21 92:16 93:20 150:4 159:6 162:2 168:3,8 171:10 172:18,20 204:3 207:15 254:25 254:25 318:12 319:10,12 membership 162:5 Memphis 297:3 men 118:7,8,12 118:12 123:20 161:6,7 mental 11:19 12:2 12:9,12 15:2 26:15,18,20 28:4 mention 8:5 85:15 149:6 mentioned 7:13 7:16 58:17 99:6 111:17 123:2 126:14 143:25 169:22 228:7 248:17 322:15 mentoring 241:25 242:8,24 243:4 243:12,22,23 244:15 mentors 243:25 menu 85:14 155:18,24 156:8 157:18 merging 176:15
---	--	--	--	---

message 322:21	267:8 305:19	moms 201:17	41:9 71:16	national 67:4,16
met 163:16 214:6	Mintz 265:16,17	Monday 1:5	94:25 97:21	75:24 114:14
214:7,20,22	269:19 270:4,14	money 26:7 31:6	100:9 119:11	115:2 117:14
217:3 219:20	270:19,22	34:2,4,7 37:4	123:17 171:10	137:11 157:19
241:5 244:7	271:21 273:6,19	57:6,7 58:6 59:9	183:13 187:10	210:12 222:4,15
254:23 262:10	276:10 277:5	78:23 134:21	195:13 204:14	243:4 244:14
267:11	279:9,19 281:4	135:2,7 144:17	214:15 244:9	246:14,15
methadone 46:23	282:15 284:9,15	152:21 153:19	248:24 253:17	248:19 267:17
48:19	284:24 287:18	154:10 173:2	263:11 268:7	nationally 86:13
methamphetamine...	290:10,25	201:12,14	269:10 275:5	133:16 157:19
25:11	291:18 292:9,24	209:21,22	283:4 287:22	267:21 268:11
methods 299:5	293:3,11	211:16,16	moved 115:22	nationwide
metropolitan	Minutes 23:11	230:20 254:10	118:10 238:10	157:10
67:5	mission 5:2 80:9	284:11 295:14	260:9 324:9	nation's 84:16
midday 286:8	159:10 265:19	307:17 325:24	movement 202:18	natural 18:6
middle 90:6 92:5	mistake 294:20	326:13 327:13	movements	nature 64:11
152:23 223:2	mitigate 22:6,24	327:24	199:19	132:20 139:6,17
MillCreek-Par...	27:23 28:16	monitor 91:3,14	moving 28:13	near 191:20
114:20	mitigating 38:21	136:20 139:13	35:10 40:2 97:7	necessarily 197:8
million 4:6,7,8,9	mittens 292:22	182:20	135:25 142:14	necessary 144:12
4:14,19,23,24	model 15:5,10	monitoring	163:15 181:23	need 5:4 17:3
7:10,11,16	32:24 69:18	163:12 164:7	182:5 195:5	18:17 19:20
10:23 11:21	71:8,11 75:5,8	194:17 195:10	202:19 227:24	20:6 21:15 22:3
34:18 36:6,11	76:16 106:9,17	209:2	258:13 283:15	26:18 31:20
36:12,12,14,16	106:20 114:15	monitors 139:11	330:24	40:4,15 41:13
77:25 80:17,18	115:23,24	month 27:7 29:13	MPH 213:12	44:22 47:17
80:18,19,20,21	166:23 194:14	29:18 112:15	MSW 220:16	48:14 50:21
80:22,23 81:2,5	229:16 251:12	151:6 165:12,12	221:7	51:20 55:16
87:9,21 110:17	253:17 255:9	190:9 289:13	much-needed	57:3,10 58:4
110:22,23 198:8	260:25 261:16	months 49:23	330:15	60:8 64:19
200:6 266:21	262:25 263:10	65:23 126:6	multiple 43:16	66:25 70:7
268:24 269:21	264:5,17	137:24 204:8	multitude 259:13	74:19 90:8
327:23 328:7	modeled 257:14	274:3,4,6	municipalities	96:23,24 97:2,8
million-plus	modeling 261:14	294:11	47:23	97:10 108:19
297:20	models 106:23	morning 3:21	murder 49:13	115:18 116:18
mind 16:20	244:14	13:12,13 53:21	murdered 129:18	119:14 120:9,16
mine 279:7	modern 295:22	62:13,14 79:18	myth 146:10	122:13 129:10
minimal 28:15	321:18	79:20 89:19		138:8 142:9,23
274:16	modernization	139:9 286:7	N	142:24 150:13
Minimum 83:21	299:16	mortality 84:22	naltrexone 24:24	150:17 189:5
minority 5:23,25	modernize 295:13	84:25 131:25	name 3:23 224:24	200:23 201:2
6:9,19,21,23 7:4	296:9,11	mother 247:6	265:17 293:22	204:19 224:5
7:8,18,25 81:19	modifying 167:5	motions 187:14	named 116:6	226:5 229:9
81:22,24 82:11	mom 226:9	motivated 100:10	names 325:5	235:2 255:7
83:11 147:8	287:11	MOU 248:7	330:2	257:8,21 259:25
161:12 162:3,8	moment 31:20	mouths 150:9	Nan 92:18	268:5 271:5
162:16 163:3,6	momentum 94:24	move 27:22 31:16	Nancy 73:18	272:18 275:6,7

275:9,10,13 278:3 281:24 282:2,11 283:2 283:22 288:17 289:16 291:12 292:11 295:22 296:4,9,11 299:18,20 301:22 308:13 312:11,22 315:25 316:5 326:25 330:17 330:23 needed 98:9 191:10 197:5 226:11 237:21 257:5 300:12,12 needing 10:15 needs 40:13 42:13 43:25 49:9,18 60:14 98:2 118:18 120:19 182:11 200:19 224:2 241:4 261:10 269:13 291:23 292:7,12 323:20 negative 51:8 117:19 280:2 neglect 159:14 negotiate 108:10 287:19 negotiating 232:24 negotiation 203:22 210:16 232:17 Neighbor 52:15 neighborhood 52:20 53:11,17 128:10 136:22 167:4,21 182:13 193:12 263:25 neighborhoods 84:16 140:9 256:21,24 257:3 257:7 261:20	279:7 322:22 333:13 neighborhood-... 208:21 neighbors 53:9 nervousness 251:15,24 252:4 253:5 net 20:21,21 21:4 21:8,12 22:25 25:22,24 27:20 80:12 81:2 172:19 189:5 network 84:17 85:7 276:24 277:2 326:21 never 37:18 50:18 52:2 142:6,7 216:25 303:24 332:16 new 50:10,11 54:5 61:22 65:20 67:10,12 72:20 84:18 86:3,5 96:19 97:16 98:4,9 99:8,12 103:5 104:14 106:21 107:3 114:15 115:22 116:24 126:17 126:20 132:6 134:4 150:5,6 160:11 175:6 185:4 186:15 189:22 193:3 196:7 209:24 227:11 237:13 254:10 255:9 261:13 263:17 264:9 268:17 270:8 316:14 319:9,10 321:17 332:16 333:20 news 96:22 157:6 307:24 308:9 nice 317:11 Nicetown 114:21	NIDA 23:23,24 night 23:11,19 129:24 189:17 280:8 285:15 286:16 nineties 35:8 36:10 nitty-gritty 215:3 noise 138:20,23 139:12,14,22 140:2,5 noise-related 138:14 noncompliant 305:6 nondiscretionary 162:19 nonexistent 234:7 nonmandated 200:8 nonprofit 82:8,23 82:24 83:8 86:11 136:8 148:3 161:17,20 161:22,25 162:4 162:6 163:7 267:3,7 291:15 nonprofits 152:12 nonsupervisory 309:11 Nora 23:22,24 norm 227:11 normally 127:9 norming 76:2 north 167:13 297:16 Northeast 93:8 97:3,5,22 98:4 98:10 104:19 Nos 1:17 2:5 notably 280:15 note 6:7 102:7 127:12 noted 7:14 288:12 334:12 notes 176:13,18 335:14	notice 307:20 308:24 309:11 326:4 noticed 125:6 234:3 notified 83:18 91:5,7 notifying 83:23 notwithstanding 202:22 not-for-profit 6:15,25 not-for-profits 147:15 November 299:21 312:5 314:12 319:25 320:13 number 10:4 21:25 31:5 40:16 42:6 43:23 61:7 62:20 64:15 65:10 100:25 105:6 113:8 125:2 126:2,6 145:25 150:21 166:3,4 207:3 241:15 272:2 278:9,11,15,17 283:20 285:16 287:10,19 288:2 288:4,6 297:21 302:12 313:11 313:11,13 317:18,20 322:12 numbers 29:17 36:5 45:3 69:19 111:2 112:19 113:23 123:22 147:10 148:19 148:21,21,22 157:2 165:22 234:6,25 236:15 273:14 276:4 313:7 numerous 191:7	nurses 126:11 O oatmeal 154:14 obese 85:9 obesity 85:10 88:2 94:7 95:6 132:24 133:17 133:21,23 135:25 136:21 137:2 153:13 objections 335:13 obligation 160:9 310:21 obligations 81:6 266:23 observation 39:9 observe 156:3 observed 150:12 obviously 31:7 100:15 115:15 130:24 225:11 287:15 306:15 occasion 53:2 Occasionally 123:18 occasions 74:3 occur 188:11 190:6 occurred 165:4 October 74:15 OEO 161:21,23 OESS 183:25 offer 18:15 65:7 185:20 226:19 239:6 266:6 offered 11:6 offering 206:2 office 15:16 33:3 53:24 54:8 60:17 82:16 90:10 115:15 122:7 129:15 130:11 149:23 151:2 163:10 188:2 200:12 207:7,9 241:18
--	---	---	---	---

248:5 265:5,18 276:16 279:20 290:6 292:21 293:15 295:12 295:13 296:9 319:7 321:2 326:9,14,14,17 326:19 327:25 officer 155:18 offices 182:8,9 183:4,18 257:12 329:10 official 81:24 84:3 322:4 officials 303:17 303:20 offline 299:4 off-the-shelf 301:23 Oh 1:12 62:10,11 62:15 64:7 67:25 89:16 190:10 245:19 245:20,24 246:9 249:14 250:14 250:18 279:12 279:13 280:22 281:20 283:24 OHS 267:4,7 OIT 326:16,24 327:8 329:21 okay 20:2 23:9 43:4 50:15 52:6 69:24 70:12 73:3 74:14 94:2 100:14 122:15 127:3,10 129:12 130:12 132:9 135:13 141:9 148:24,24 149:15 158:11 174:17 177:21 179:20 180:12 195:12 211:5 212:17 224:9 233:8 236:18 241:14 250:17	256:18 264:12 270:21 316:16 325:23 328:21 328:25 329:15 333:17 old 34:24 91:9,9 91:19,23 177:8 301:20 312:21 318:25 older 172:17 174:2 188:13 189:9 243:12,23 244:15 old-time 146:10 once 104:10 128:7 165:11,12 209:21 314:22 314:23 onerous 122:4 175:14 ones 61:11 62:22 253:6 294:18 326:22 ongoing 62:17 68:23 88:6 113:18 133:8 297:20 online 299:6 onset 262:21 open 86:15 98:3 150:6 160:13 180:8 194:9 285:20,22 297:10 opening 84:18 150:18 operate 122:9 275:11,17 281:9 operated 7:17 285:22 operating 2:18 80:4 102:22 152:18 284:17 309:19 operation 29:3 130:11 193:4 operators 59:10	285:8 opinion 109:3 301:2,4 308:4 308:14 320:7 opinions 222:21 opportunities 59:7 84:11 88:12,15 99:8 148:4 240:22 268:7 opportunity 24:19 80:2 82:16 100:8 157:9,18 159:20 161:9 163:10 167:19 185:9 211:22 243:24 257:20 293:25 opposed 106:14 218:23 opposite 227:3 opposition 53:8 opt 154:13 185:9 188:18 189:8 option 226:4 302:2 307:11 328:5 optional 147:17 227:8 options 17:21 21:13 107:4 order 37:15 51:18 60:8,14 118:20 133:3 137:19 143:9 164:16 220:14 222:9 226:16 236:2 278:4,5 282:22 283:2 ordinance 2:11,15 2:17 3:10 84:2 85:14,16 ordinarily 188:12 organization 19:10,11 193:6 208:5 292:2 organizational	163:24 organizations 117:8 136:15 207:20 209:22 312:19 320:23 organizers 324:3 324:11 originally 62:21 238:10 originate 64:18 originators 70:9 OSH 265:19 266:2,7,9 267:10,13,25 268:5 269:12 ought 71:8 outcome 90:4 outcomes 9:3,19 68:16 69:12 70:19 159:15 160:3 163:25 166:20 174:12 181:21 183:8 193:25 228:12 228:25 229:10 230:5,9 231:4 240:7 251:6 259:4,16 261:5 262:20 outgoing 169:15 outlines 84:4 outpatient 9:4,6 26:16 outreach 130:23 174:7 247:25 outside 41:19,25 42:8,16 43:8,12 43:17 101:14 175:24 199:23 232:10 241:6 291:12 326:21 Outstanding 151:14 out-of-home 204:13 overall 7:7 66:11 281:5,17	overdoses 45:5 49:11 overdue 297:18 overhead 211:15 291:24 overseeing 98:2 194:18 oversight 195:10 205:10,17 209:2 242:22 243:19 279:22 overwhelming 43:18 46:16 63:25 owned 7:17 43:6
P				
Pachelbel 92:19 pad 208:13 page 87:8,15,17 89:7 294:21 295:7 296:22 paid 36:6,10 41:18 78:25 144:22 painful 267:25 pains 307:22 308:20 paint 91:9,16,23 119:19 120:25 121:6,13,18 panel 127:22,24 175:10 191:17 252:10 257:14 paper 177:5,16 184:13 308:11 paperless 176:25 papers 308:20 paperwork 174:24 175:13 175:25 176:6,7 176:18 178:9,12 179:9 228:11 paradigm 90:3 paragraph 99:21 parent 238:6 parental 194:23				

parenting 201:14	particular 16:19	312:13	PennDOT 298:12	146:12,16,20
parents 151:24	32:21 51:3	passing 92:7	314:18 315:2,6	150:8 154:10,25
152:6,20 154:7	85:16 88:8	191:2,10	317:18	178:8 184:12
154:20 200:17	90:14 95:3	path 263:12	Pennsylvania 1:4	188:16,21
200:24	118:13 130:23	patience 265:2	3:6 11:2 69:11	207:24 213:11
Parks 273:24	155:19 175:19	334:5	111:4 163:8	213:16,20,24
Park-Fairhill	208:9,10,10	patient 108:25	188:2	214:14 215:15
114:22	259:15 278:11	126:21	Pennsylvanians	216:6,7,22
part 21:8,12	284:22 305:2	patients 42:7	272:7	218:4 219:21
22:13 27:19	323:23	102:21 104:20	people 7:3 8:20	222:7 226:2
28:25 42:14,17	particularly	125:4 127:14,22	12:11 13:25	227:15 228:12
60:11,15 90:21	53:25 54:5,24	129:2,5	15:7,12,12,14	232:12 241:24
93:20 96:22	84:13,15 86:8	pattern 42:3	15:15,18,23	251:18 264:5
100:24 101:8	87:25 97:5 99:5	pay 9:15,22 35:23	16:5,12,17,25	271:5,6 272:12
118:15 128:4	121:5 128:17	36:11 104:21	17:7,22 18:6,17	280:6 288:24
129:8 135:16	134:2 145:3,6	108:3,8,13,20	19:4,12,23	291:17 295:19
143:8 144:25	148:2 150:17	144:22 146:10	20:23,23,25	298:22 300:17
146:14 148:6	200:2 234:18,21	155:18 194:7	21:5,13,19	300:20 306:15
154:24 163:24	235:11 244:15	248:9 259:15	22:18 24:4,18	309:13 310:2
168:22 174:11	284:5 310:17	296:16,19,23	25:2 26:10,11	312:9,20,21
175:14 202:18	328:3	298:3 300:6	26:20 27:4,12	313:12,21
209:3 219:14	parties 111:5	305:10 306:14	27:15 28:3,8	314:12 315:10
225:20 236:8	222:24	306:15 309:25	29:11,15 30:14	318:12,14
245:13 246:22	partner 12:24	323:16 331:15	31:20 34:20	321:14,24
247:13 252:14	170:12 273:25	331:17,19	45:12,17 46:6,7	322:10,10,11
252:22 253:14	288:3 292:14	332:21	46:8 47:22 48:2	323:7,11,14,17
256:10,11 257:4	partnered 163:6	paying 61:12	48:24 50:20	324:2,8 328:21
257:13 258:24	partnering 86:10	241:15 279:6	51:2,20,22 52:9	330:7 331:6,13
259:20 288:8	158:3,7	299:16 318:8,10	55:16,19,21,24	332:9,13,20,23
292:12 302:13	partners 59:13	318:11,14	56:10,12 57:16	333:3
304:4,5,6,8	148:3 155:6,13	payment 29:9,18	58:2,23 59:8	people's 112:16
306:6,21 312:19	156:19 158:10	payor 35:21,23	60:19 61:14	114:10 129:10
participate	209:7 240:14	36:2	62:20 63:24,25	153:7 330:2
109:20 207:12	320:23	pays 172:13	64:18,24 65:10	percent 4:15 6:3,6
participating	partnership 86:3	pay-for-perfor...	66:3,13 67:7,8	6:12 7:24 8:3
111:9,10	136:7 204:17	70:16 71:4,19	67:14,22 69:19	30:22 41:24
participation 6:3	242:13 243:10	75:5,8 76:15	74:4 92:22 97:6	43:19,20 55:10
6:4,6 7:9 82:17	291:25 292:20	77:15	97:7 100:9,17	77:13 81:14,19
83:12 89:24	partnerships	pediatric 125:8	101:2 106:11,17	81:20,21,22,24
108:12 115:3	167:3 201:15	pediatricians	106:24,25	82:4,7,8,15,19
147:9,24 148:4	203:12 208:20	125:21	107:19 112:19	82:21,24 83:2,3
159:20 161:13	248:4 256:6	peer 206:25	113:4,8 117:18	85:10,12 98:18
163:6,18,20	parts 46:5 301:22	peers 41:5	118:2 120:16,18	107:23 110:16
235:25 267:9,12	301:23	penalties 303:23	121:17 127:2,5	111:18 112:2,3
participatory	party 327:4	pendency 189:25	131:5 133:4	147:24 156:20
151:24	part-time 81:12	pending 305:4	136:10 142:20	156:24 160:20
particle 85:6	passed 116:23	Penn 122:20	143:10 145:25	160:21,21,22,23

161:2,4,5,6,6,11 161:16,18,24 162:4,10,12,15 163:2 165:25 166:9,11,15 172:13 210:10 231:19,21 232:9 242:2,3,4,6 266:13,14 267:10,12 288:14 percentage 6:11 174:22 228:15 228:22 256:23 percentages 309:2 perform 76:23 77:3 259:23 performance 9:15 9:22,25 71:20 71:23 88:7 164:4 165:8,14 192:14 230:13 249:6 258:23 259:22 260:6 performance-b... 32:16 228:8,10 228:14,17,23 230:11 233:7 258:11 259:20 performed 259:12 period 203:22 210:16 231:16 321:7 permanencies 229:2 permanency 159:12 permanent 101:3 267:15 268:16 268:17 persistent 45:21 person 29:19 50:16 63:19 93:6 106:10 112:15 157:11	196:22 213:14 217:13,19 221:18 311:22 318:25 319:5 personally 111:9 313:16 personnel 145:17 215:12 219:11 219:25 220:10 223:6 236:9 240:18 persons 12:5,7 265:25 272:2 278:11,15 283:16 311:20 318:11 perspective 20:8 88:20 170:25 191:3 237:25 240:6 254:21 persuasive 244:19 petroleum 91:20 120:3 PFM 253:21 ph 191:25 PHA 93:10 pharmacies 144:2 pharmacist 144:15 pharmacists 144:3 pharmacological 25:13 phase 167:11,17 182:2 230:7 phases 167:16 phenomenal 33:6 77:17 143:9 Philadelphia 1:1 1:4 2:23,25 3:25 8:21 13:18 14:9 18:2 29:11 35:11 40:10,12 41:12 42:15,16 43:22 44:6 55:17 57:18 62:22 63:7	66:12,17 84:11 85:22 86:5,7,24 87:3 91:10 92:15 96:19 110:12 113:12 114:11 121:15 129:19 136:14 145:4 167:13,22 181:5 192:8 214:5 219:13 237:15 245:5 267:20 268:13 268:23 297:13 Philadelphian 299:19 Philadelphians 5:4 12:15 63:12 64:2,23 80:11 84:9 269:14 272:7 305:6 314:24 Philadelphia's 164:2 265:20 phila.gov/health 86:19 Philly 58:24,25 151:4 Phoenix 297:14 phone 109:5 287:2 phones 129:6 photo 297:25 298:6,11,23 299:19 312:23 315:25 316:6 317:15 phrase 256:21 physical 107:13 physicians 101:3 101:5 126:6 pick 109:4 238:18 picture 47:9 piece 212:5 249:10 307:12 333:6 pieces 88:8 92:23 326:5	pilot 99:22 249:11 pinpoint 131:6 Pittsburgh 257:16 260:25 place 13:17 56:7 63:17 182:7 184:8 189:18 192:11 201:23 218:18 227:15 236:5 280:7 281:24 285:6 286:3 287:6,8 287:20 306:13 315:20 placed 166:8,10 166:11 196:3 287:4 placement 165:22 165:24 166:3,5 166:13 190:15 200:24 204:13 229:15 231:20 231:22 281:19 286:9,11 288:14 placements 162:21 287:13 287:14 places 21:20 28:12 71:3 189:21 208:23 248:4 261:2,3 315:10 placing 278:2 285:12 plan 2:24 34:24 96:19 97:14 106:15 108:5 115:22 116:16 177:22 203:2 209:17 265:20 315:19,24 316:3 321:9 planned 77:8 238:11 planning 45:20,23 69:25 96:17,18 96:21,23 203:5	203:7,17 246:23 plans 107:13 136:10 159:23 162:7,11 163:13 164:18 play 90:7 239:24 played 174:4 players 208:7 please 2:8 3:17,19 41:22 47:6 92:9 121:25 124:9 134:14 135:8 159:2 179:19 186:21,23 224:10 265:14 293:16,20 pleased 159:17 161:24 164:19 165:21 266:6 plethora 260:23 plus 104:13 PMA 164:10 182:22 Poconos 65:19 point 18:20 19:18 47:9 61:4 66:14 67:17 125:25 134:11,13 177:6 220:25 227:25 233:14 241:12 255:24 274:18 295:9 324:12 points 194:19 police 155:18 167:15 191:25 309:24,25 policy 31:8 39:17 53:17 151:11 195:16 215:7 267:17 283:7 political 44:17 45:14 46:13 politician 300:19 poll 294:7 295:19 296:16,20 297:22 299:17 304:10 322:25
--	---	--	---	---

324:5	303:22	president 1:8 2:2	price 291:23	67:16 98:11
polls 299:14	pot 327:24	3:15,22 13:11	primarily 34:20	113:11,13 134:7
315:16 332:10	potential 20:4	13:14 16:18	162:2	140:8 141:18
332:14,25 333:5	37:16 38:19	19:25 23:3 32:2	primary 48:21	183:9 216:21
pollution 85:7	87:11,20 114:11	39:2,5 47:12	127:25 280:5	225:6,11 244:2
pools 34:7	261:15	48:2,9 50:14	320:7	246:16 253:9
poor 195:22	potentially	51:11 53:18	principles 8:25	331:12
197:20 201:22	106:25 277:3	62:8 68:4,7 73:6	print 329:15	problems 13:22
poorer 84:15	283:21	74:22,23 75:3	printed 329:2	19:20 151:8
128:18	Powers 247:23	79:9,13,17,21	prior 150:18	225:9 300:9
Poplar-Temple	practice 68:23,25	87:5,16,19	174:24	302:15,22
114:21	124:2,3,4 128:7	88:19 89:3,6,15	priorities 115:8	procedure 284:17
population 7:22	129:9 164:12	89:19 95:17,21	240:3	284:23 289:24
29:10 36:3	172:15	101:15 214:7,22	prioritize 201:9	procedures
51:16 97:25	practices 8:8,8	219:21 238:16	206:11	152:18 298:11
118:14,16	9:2,9 60:4 68:9	press 93:6	prioritized 202:2	proceed 3:20
122:25 142:18	70:6,10 123:9	pretty 44:15	260:14	79:19 265:15
165:24 166:14	123:10 167:6	50:22 55:18	priority 63:11	293:20
populations	preaching 310:6	76:22 77:2,13	116:25 125:17	proceeding
123:19 124:5	predict 127:2,5,5	96:24 140:20	125:18 238:2	102:12
portion 44:9	128:18 171:4	145:3 146:8,19	239:2,22	proceedings
position 61:8	predictors 16:9	148:14 157:3	prison 55:24	311:16 335:13
100:5 111:14	preempted 156:5	190:18 203:2	privacy 127:18	process 16:24
122:18 196:7	156:6,14	224:17 236:15	329:22 330:3	18:19 31:2 51:5
213:24 255:8	preferencing	259:10 294:10	private 35:18	54:13 66:22
305:15 309:21	233:2	296:25 301:19	38:13 65:8	72:7,13 83:23
333:21	prenatal 131:13	301:21 302:10	135:23 136:23	90:24 93:17
positions 4:12	preparation 86:2	302:17,19,21	136:25 181:20	97:13 115:4
81:8 99:25	251:24 277:3	312:8	194:15 241:23	126:15 138:18
101:10 149:17	312:5	prevailing 297:12	privatization	150:25 151:12
179:23,25	prepare 271:20	prevent 178:25	210:3,5	196:16 203:5
216:19 235:12	271:24 320:13	269:3 288:21	privatized 210:5	206:17,21,25
235:13 305:11	prepared 59:5,21	prevention 58:25	proactively 55:3	211:6,11,19
309:8,18 310:10	88:22 137:12	85:25 115:22,25	probably 14:17	224:18 232:6
310:11,23	152:5 204:10	116:10,12	23:22 55:7	237:13 238:22
positive 117:20,22	271:18	117:10,18,23	56:23 64:5,17	240:19 255:24
positives 117:24	preparing 137:20	118:4 132:24	70:5 77:25	270:15 277:9
possibilities 277:2	137:21 271:15	153:13 169:21	104:11 115:23	295:20,22 325:8
possibility 262:15	present 1:8 4:3	199:23 200:5,7	117:16 131:19	325:12 328:4
309:23	80:2	202:10 239:13	140:22 141:2	processed 252:23
possible 5:15 8:22	presentation	240:9 268:21	203:20 224:2	processes 164:12
45:18 63:13	50:19	288:18 289:5	231:17,18	307:3
106:19 120:22	presentations	preventive 178:25	254:23 259:9,11	processing 317:25
207:15 220:20	165:10	previous 116:22	273:2 278:22	process-type
243:9 274:3	presented 165:15	237:11 313:22	288:13	69:16
294:8,9 332:25	206:5	previously 113:9	problem 19:2,13	product 327:3
possibly 51:4 55:3	preset 224:20	pre-K 262:21	20:5 46:19 64:5	products 91:20

120:3 professional 81:20 123:6 149:3 professionalism 33:3 professionals 41:8 89:25 profit 38:16 profits 36:19 program 2:12 8:24 9:7,16,22 16:23 28:22 29:4,7 35:15 36:7 37:18 44:10 46:23 52:15,19 70:16 74:2 78:24 83:9 88:3 99:17,22 107:2 130:23 131:11 133:21 133:23 135:3 147:14 148:8,11 156:15 173:5 216:23 217:8 221:5,16 224:15 224:21 241:22 242:8 268:13,22 272:5,10 274:10 programing 152:21 programming 178:24 programs 12:10 22:17 32:19,21 44:8,11,12,18 45:7,9,16 54:17 72:21 131:10,15 132:18,19,23,25 133:6,7 134:3 134:16,18 148:10 151:9 166:18 195:17 213:18,20 217:7 225:14,16 226:11 253:20 264:8 274:23	progress 54:22 181:11 200:21 202:4 237:6 project 130:24 177:25 246:7 247:13 249:9 projections 20:12 113:20 178:16 Prolonged 8:11 promising 95:5 169:19 promote 8:7 68:8 80:10 155:10 157:19 159:11 promoted 154:4 promoting 84:10 157:10 pronounced 44:15 property 90:13 proponent 242:23 proportion 49:18 49:20 67:21 276:18 proposal 116:3 propose 19:12,14 proposed 3:3 11:17 12:21 20:16 110:14 193:3 266:9 269:20 297:5 proposing 20:20 prosecutor 191:23 protect 80:9 protection 222:2 223:4 248:20 proud 8:18 84:5 157:16 294:11 321:12 proven 123:12 provide 10:9 11:7 11:13 16:16 19:15 21:5,15 21:18 25:23 26:15 28:23 29:21,24 31:10	34:18 45:11 66:4 80:11 100:8 102:12 114:18 116:7 125:22 127:21 134:14,19,19 135:9,19 138:7 143:16 153:5 157:2 159:11 170:2,19 191:4 194:7 195:10 202:11 218:8 229:12 232:13 251:3 255:12,20 258:8 260:18 269:2 270:7 272:14 275:8 280:11,16 281:23 282:21 282:22 287:3 288:20 289:12 290:20 316:5 317:7 328:16 provided 11:25 32:13 64:12 66:12 106:14 117:8 134:25 253:21 261:24 269:4 280:14 provider 9:17,24 19:7 35:2,6 42:11 60:13 70:18 79:3 165:13 166:24 167:8 176:10,17 194:15 195:7 203:12 216:18 230:19 245:7 247:22 251:10 251:15 252:12 253:4,14 254:18 256:4 260:10 267:3 275:10,16 276:23 285:24 286:2 providers 6:8 7:2 7:23 8:2 9:8	18:10 26:22 27:3,5 42:14 46:17 48:24 49:8 50:10 52:18 53:9,16 60:8,24 61:8,10 61:13,21,23 62:4 64:16 71:18 72:12 73:23 75:11 76:4,19,22 82:23 97:21 115:4 128:2 161:16,17,18,20 161:23,25 162:7 163:11,17 165:6 165:9,19 175:24 176:5,11,22 178:7 181:20 194:7 202:7 208:3 211:8 212:2 229:7 230:2 232:11,17 232:23 238:19 252:6,14,21 253:4 254:2,24 260:3 277:11,16 282:19 provides 98:7 107:25 116:20 172:24 173:8 261:7 265:24 267:13 330:15 providing 2:21 17:7 85:17 116:13 144:11 179:13 194:2 209:24 234:9 260:23 266:25 276:4 280:6 283:12 326:22 provision 263:4 267:18 provisionally 316:4 provisions 146:15 148:7	proviso 99:24 psychiatric 41:24 42:7,12 74:17 psychological 24:9 psychotherapy 25:3 public 2:4 20:22 35:20 65:8 80:3 80:8 86:22 87:2 110:10 112:4 138:4 144:7 158:17 188:8 241:23 261:18 272:4 278:18 304:22 321:22 323:21 333:14 335:24 publications 308:3 publicly 191:14 192:17 publicly-funded 8:17 public's 84:7 published 69:13 pull 133:11 pulled 208:2 248:15 punish 73:2 purchase 196:7 198:21 purchaser 35:21 purchasers 36:8 purge 325:3,6 purging 325:2 328:11 purpose 165:16 purposes 78:13 pursuant 3:8 pursue 12:25 pursuing 10:21 push 44:11 271:3 306:16 pushback 158:5 pushed 307:11 pushing 104:23
--	---	---	--	--

put 17:17 30:9,20 50:23 68:14 74:19 115:9 119:7 120:4 140:19 142:3 156:10 157:12 173:5,21 176:19 210:2,9 218:17 236:14 276:20 298:18,18 299:9 312:13 317:18 320:11 329:23 putting 201:11,14 302:3 308:2 PVC 229:16 p.m 334:12	195:13,14 213:3 215:22 217:16 227:6 231:8 241:10 245:25 249:3 255:4 257:25 264:14 284:14 289:23 291:9 301:8 304:7,9 309:6 311:4 314:9,10 questionable 140:6 questioning 32:9 74:22 202:16 324:24 questions 13:15 32:7 38:24 73:4 79:10 87:4,7 105:8 109:10 110:9 124:17 146:23,25 168:7 168:8 171:18 174:19 180:13 212:18 233:23 245:17 250:22 251:2 258:3 264:21 269:16 270:22 293:10 299:22 324:17 333:23,25 quick 124:16 168:7 quickly 54:19 121:9 140:20 145:9 190:18 287:23 309:2 314:6 QUINONES 1:12 quite 25:17 73:19 142:21 146:3 169:5 222:19 291:2 325:13,21 325:23 quota 38:15	racial 83:17 raise 9:24 152:20 153:19 154:10 289:22 297:5 323:2,4 raised 92:3 311:18 raisins 154:14 ran 290:3 range 66:13 ranging 81:16 rankings 232:22 232:25 ranks 40:24 41:2 Rapid 268:21 rarely 8:16 rate 14:11 49:14 50:4 84:23 114:24 127:21 130:18 146:2 297:15 rates 12:17 85:10 127:13 128:2 131:25 313:25 314:5 rating 96:6 ratio 169:5 rationale 223:25 reach 118:11,19 229:24 332:12 333:3 reached 90:11 267:11 277:10 reaches 10:16 reaching 10:14 312:2,18 320:22 read 2:8 241:17 242:17 294:23 308:9 322:17 readiness 256:11 257:21 reading 60:21 308:8 ready 60:15 314:12 real 122:5 157:7 194:11 208:20	208:25 218:9,9 262:14 306:10 reality 21:11 22:25 24:4 268:2 290:24 realize 57:17 184:21 190:10 247:3 297:21 315:18 realizing 5:13 reallocation 199:20 really 8:18 15:10 15:13 17:11 18:2,10 25:12 26:6 27:4 56:15 57:3 61:24 66:25 67:4 68:21 71:16 92:4 100:10 108:6 111:21 112:11,14 119:25 120:15 120:23,24 121:12 124:16 125:14 130:4,25 131:10,21 132:3 137:15 138:23 139:11 141:16 141:22 142:18 144:24 146:3 151:19,19 155:7 168:23 171:18 182:19 183:11 184:8 187:12 192:13 202:3 204:17 205:9 206:4,10 209:11 210:12,21 216:25 237:8,17 240:6,15 241:2 244:5 248:16 249:10 254:15 255:16 257:8 262:20 274:8 296:4 298:2 317:11 325:20	333:3 Realtors 93:8 real-world 69:7,9 reason 22:13 41:7 57:7 64:9 66:19 72:23 78:18,20 101:8 108:9 139:24 208:8 229:14 315:19 326:2,8,20 reasonable 47:2 70:20 297:13 307:13 reasoning 152:4 reasons 46:3 259:14 285:17 300:5 322:25 rec 13:19 receive 10:5 34:16 34:17 67:15 90:4 102:22 107:11,18 110:12 230:21 261:22 272:8 received 73:11 93:5 99:12 102:18 144:16 195:19,24 248:21 receives 29:8 receiving 9:12 10:19 65:15 96:16 recess 158:23 265:8 334:10 recession 97:6 143:3 149:21 recognize 14:25 15:21 72:17 122:8 276:14 recognized 33:21 recognizes 23:5 62:10 73:7 89:16 95:18 158:25 recommend 151:10 163:19
--	--	---	---	--

recommendation 252:10 257:14	166:16 175:13 231:19,22	registration 313:7 313:12 318:4 323:25 329:7 332:8	religiously 315:16	187:24,25 311:4
recommendatio... 175:11 182:16 188:5 192:13,18	reductions 11:18	regular 156:17	relocate 289:10	reporter 336:7
recommended 181:13	refer 106:25	regulation 156:11 156:12 169:4	rely 319:6	reporters 245:9
recommends 11:18	reference 20:3 141:11	regulations 106:21 180:4 214:25	relying 319:10	reporting 102:25 164:8
record 39:25 74:20 159:3 186:24 265:15 276:20 281:15 305:7 308:12,13 318:9,13	referenced 47:15	reimbursed 106:13 107:10 107:21	remain 24:19 137:22 170:25 195:2	reports 205:24
records 85:20	referral 42:2 108:18	reimbursement 33:23 34:6,11 102:20 106:20 198:25	remaining 146:25	represent 208:9
recovery 5:8 9:3 9:20 11:3 16:6 17:23 18:4 24:20 54:22 56:5 94:10 268:20,20,22 271:16 288:23	referrals 41:19 108:17 238:21	reinforce 9:19	remains 91:17 94:6 120:25 181:15,17 200:5 238:2,25 269:12	representation 276:19
recovery-related 87:25	referred 41:25	reinvest 37:6,24 38:10	remarkable 43:23 109:13 131:21 142:19 155:8	Representative 319:18
recreation 273:22 274:12,20	referring 42:6 43:11	reinvested 30:23	remarkably 108:7	represents 7:10 81:4 266:21
Recreations 273:24	refers 43:5	reinvestment 30:9,21	remember 100:24 107:22 114:2 117:19 119:25 131:22 149:21 193:24 221:25 239:4	reprieve 305:4
recruit 235:14 236:12	reflect 40:2	reiterate 272:23	removal 53:11	reprioritized 240:9
recruiting 234:20 331:13 333:6	reflected 236:7	related 49:12 113:7 175:19 214:24 246:21 258:3	remove 120:21 121:18 197:8	reproduction 336:4
recruitment 244:2	reflective 234:13 276:7 310:21	relates 87:24 234:4 306:19 308:22 312:4	removed 197:13 325:5	reproductive 84:21
redesigned 143:7	reflects 276:17	relating 50:20 62:19	renovate 275:15	request 4:6 74:16 80:4,15,21 116:2 133:10 159:18 160:5,7 160:15 194:22 268:3 294:2 321:21
redistribute 178:4	reform 59:4,16,23 59:24 60:18 61:4 88:16,25 156:5 199:18 202:18 236:9	relations 247:22	renovated 275:7	requested 133:9
reduce 11:23 143:11 236:9	regarding 2:5 13:7 74:17 83:20 90:2,12 122:18 141:11 180:25 196:18 205:25 241:21 311:18	relationship 109:13 291:13 295:15	renovation 104:15 292:7	requesting 235:7 290:18
reduced 84:22,24 175:21	regard 107:5 115:2 161:8 213:6 219:22	relationships 50:11 109:17	rent 288:24 289:9 289:13	requests 294:14 294:15
reducing 176:7 229:15	regards 147:8 311:20	relative 295:6	repair 198:11	require 133:8 162:6 180:4 214:25
reduction 85:10 87:9,21 94:7 110:16 137:3	region 66:16,18 169:15 255:18	relatively 16:21	repairs 196:14 197:5,7,10,23	required 83:6,13 147:19 175:25 176:4,17 177:5 180:9 216:17,20 224:16,19,23 298:10 303:20 305:12 317:15
	regional 66:2 239:14	relay 130:7	repealable 319:19	requirement 19:6 174:5,14 176:6 177:9 205:13 215:24 316:11
	register 312:11	released 6:14	repealed 319:25	requirements
	registered 128:8 314:17,25 325:11	reliant 184:24 relies 15:6	repeatedly 111:13 120:17	
			replacement 270:5,8	
			replacing 333:21	
			report 82:12 83:16 148:20 161:24 164:19	

83:25 215:12 216:16 217:3 220:12,13,14 221:9,21 298:9 308:6 requires 42:22 122:12 251:13 requiring 18:10 218:19 research 23:14 24:3,16 reserve 30:5,7 78:5 reserves 37:14,19 78:9,12,16,19 78:23 reside 45:13 residency 101:4 residential 12:10 28:3,10 42:25 55:20,22 residents 86:24 100:17 181:5 residing 43:3 resilience 9:20 resilience-focus... 5:8 resolution 2:6,9 2:21 222:25 resource 247:8 248:11 274:25 resources 13:4 51:9 65:8 67:9 86:21 97:16 121:17 125:20 135:23 189:16 219:14 271:24 277:24 279:3 282:16 283:20 289:18 292:4 respect 3:3 20:5 33:12 106:6 260:20 respectively 266:14 respond 21:10 41:23 140:20,24	333:3 responding 74:16 141:3 response 47:5 51:24 74:21 79:12 191:10 207:7,9 245:4 252:9 264:22 265:21 286:24 334:2 responsibilities 181:19 204:11 211:24 responsibility 193:9,14,23 195:8 202:17,21 202:24 237:17 310:20 responsible 138:13 193:17 194:4,12,16 247:10 279:21 responsive 86:15 rest 30:24 32:25 174:18 250:23 restaurant 137:7 150:8 156:17 restaurants 85:13 137:20 150:7,17 155:19 restore 111:5 restructured 238:17 result 72:19 78:7 132:17 191:8,16 201:4 230:21 267:24 272:3 277:7 320:3 resulted 6:14 resulting 10:13 results 246:12 retaining 234:20 retention 244:3 retired 296:4 retiring 127:6 retrieve 136:4 return 285:14	288:14 returning 28:21 201:18 reunification 229:3 247:14 revenue 4:8,10,13 8:3 9:17 20:16 29:22 30:24 71:19 76:24 78:15 106:6,24 110:21,25 113:19 114:7 Reverend 243:21 review 163:17 164:11,15 175:10 191:17 192:10 252:10 257:13 reviewed 165:15 reviewing 237:22 reviews 164:21 192:20 Revised 2:23 revitalization 119:13 reward 70:18 Reynolds 1:10 180:18 284:12 311:10 318:7 Reynolds-Brown 85:15 RFP 49:22 50:8 114:16,17 115:8 116:12,20 181:23 203:18 208:17 212:10 212:13 RFPs 6:14 RFQ 256:13 rich 40:10 Richman 52:14 Ridge 269:24 270:6 ridiculous 57:15 300:7 right 3:19 46:23 52:23 67:25	72:3 95:15 144:10 169:18 171:9 173:3,24 177:20 183:12 185:7 195:5 199:5 221:10 227:24 237:8 243:8 270:21 284:10 297:2 300:14 302:6 303:3 308:16 309:15 313:4 316:10 318:5 320:25 328:11 331:25 rightfully 136:3 rightly 55:10 rights 194:24 ripple 271:22 rise 313:8 risen 40:24,25 rising 314:2,5 risk 37:9 38:14,17 38:21 80:13 91:17 131:17 137:7,9,15,25 159:13 risks 86:3 Riverview 265:22 robust 208:2 302:21 role 48:4 90:7,23 239:24 313:15 roles 166:24 167:8 181:18 roll 174:12 room 1:4 127:13 127:23 128:24 129:11 227:9 273:15,20 280:12 rooms 131:23 143:7 roots 131:5 206:3 rose 314:3 round 95:16 180:15 190:21	200:3 204:20,21 rounds 171:20 routine 84:12 139:2 198:6 RPR-Notary 335:24 Rufus 222:5 248:17 rule 152:8 155:20 156:8 rules 103:5,7 104:2 153:2,5 157:21 214:16 218:18 run 108:3,8 134:12 184:17 320:10 running 190:18 runs 247:19,21
S				
sad 96:22				
safe 137:22 138:5 201:23 268:15				
safely 90:14 137:18				
safety 20:21,21 21:4,8,12 22:25 25:22,24 27:20 80:12 159:11 164:17 189:5 195:17 196:19 196:25 197:11 245:10 278:5,16 278:18				
salaries 144:4 145:2,6,9,13,19 146:8				
salary 145:7				
sales 151:25 153:8 153:9,19 154:6 154:11 155:14				
salvage 119:6				
samples 164:15				
San 297:4				
Sanchez 1:12 53:19,20 56:25				

62:5 199:8,9,13 201:8 202:5,14 204:25 205:6 206:13 207:18 209:19 211:4 212:3,9,14 224:10,11 233:11,12,19,22 235:4,21 236:17 250:25 253:7 262:13 271:10 271:11 273:4,7 275:19 276:11 278:23 303:4,5 304:17,20 305:14 306:9 307:7 308:17 309:5 310:3 324:16,21,22 325:22 326:12 326:18 327:9 328:10,20,24 329:14 330:4 Sanctuary 8:11 Sankofa 246:7 247:12 249:9 sat 150:3,7 Saturday 129:20 129:24 save 26:6 57:5 144:9 292:18 saved 29:3 177:24 178:2 309:19 savings 28:21 30:2 37:7 saw 23:11 273:14 saying 34:11 38:3 38:5 48:7 51:12 61:14 66:9 174:7 220:6 254:16 284:9 292:16,17 333:4 Saylor 187:23 says 108:23 139:7 210:13 218:13 220:2 scale 64:6 95:9	122:24 123:13 scanners 294:22 scarves 292:22 scenario 20:10 scheduled 160:12 school 10:16 154:4,5,9 182:25 183:2,6 183:12 192:7 201:21,24 203:16 225:22 237:2,11,14,15 237:19,24 238:13 239:8,21 240:13,18,24 241:7 242:4 258:16,17,18,20 258:23 259:23 261:18,25 262:7 263:9,19,19 264:4,6 314:14 314:16 schoolchildren 85:8 schooling 226:25 schools 151:21,22 153:8,11,18,22 154:11 155:2,10 260:20 261:8,12 261:19,22 263:5 263:6,7,17 312:3,9,16 school-by-school 241:3 Schwarz 79:18,20 79:22 87:14,18 87:22 88:23 89:10,21 90:25 91:8 92:14 93:18,22,25 94:10,16,21 96:9,14 98:20 98:24 99:4 100:23 101:22 102:14 104:8,22 105:4,18,24 107:6 109:16,23	110:6 111:7 113:17 115:6,12 116:9,15,21 117:11 119:24 120:12 122:14 123:3,17 124:13 125:12,18 126:25 127:4,19 128:22 130:3,9 131:2 132:22 133:22 135:18 136:5 137:10 138:10,16,21 140:4,14 141:7 141:16 142:15 143:20 144:20 147:20,25 148:18 149:10 149:14,18 150:24 151:15 152:25 153:17 153:24 154:16 154:22 155:25 156:25 157:15 158:9,16 science 123:20 scientific 16:8 68:22 scientifically 115:24 scores 258:17,19 se 76:13 season 327:11 Seattle 67:11 second 64:20 204:21 296:14 298:4 324:19 Secondly 122:16 182:3 section 87:8,17 89:7 164:16 sections 114:23 sector 20:22 35:19,20 38:13 163:4 security 278:6 289:12 317:20	see 23:18 26:22 27:3 40:21 41:13 47:8 59:8 67:20 68:14 70:15,15 71:19 86:20 87:23 88:17 95:12,15 103:23 104:24 109:2 112:18 123:16 141:20 143:10 145:24 154:21 155:21 168:13 170:6 171:22 184:4 189:12 190:20 197:16 236:6 242:12 245:9 253:2 292:15 307:23 308:20 313:24 314:7 319:12 320:12 329:25 330:20 seeing 75:10 115:17 175:4 334:4 seek 272:15 seeking 221:18 seen 22:9 35:4 53:6 122:12 128:10 130:17 243:14 302:10 sees 315:8 selected 48:12 205:15 254:7 selecting 115:4 selection 203:19 205:11 selective 206:24 self-appointed 155:17 self-determinat... 5:10 self-reporting 230:25 self-sufficiency 266:5 self-verified 6:24	sell 154:14 Senate 319:20 Senator 105:16 110:18 214:8 221:6 223:8 send 129:4 138:19 325:15 seniors 44:11 315:15,20 sense 58:9 68:12 141:3 sensitivities 46:22 sent 325:16 sentences 201:10 separate 34:7 205:23 September 299:2 series 255:2 serious 28:4 39:21 72:12 196:2 224:6 seriously 74:10 seriousness 140:18 serve 45:17 63:22 64:19 86:6 107:2 159:25 178:8 200:16 204:24 256:23 257:3 261:9,10 263:9 served 69:20 106:10 228:12 263:23 serves 211:3 service 37:7 40:17 41:9 42:17 59:21 64:16,25 66:25 70:18 75:11 76:19 77:14 99:3,23 100:3,4,6,10,12 101:4,6,9 116:16 144:11 144:23 145:5 146:2,21 149:17 149:19 160:11
---	---	--	--	--

164:18 167:4 169:15 178:7 180:8,10 194:8 194:23 202:7 229:9 230:19 232:10 235:6 239:3 246:23 256:20,22 257:2 276:15 294:6 296:10 310:10 326:5 services 4:3,17,18 5:6,9 8:22 9:5 10:6,7,9,10,15 11:8,13,20,24 12:3,5,7,10,19 17:4,21,24 18:4 21:5,15,16,19 22:3 26:16,19 26:20,24 27:13 28:3,7,10,23,24 29:24 30:12,12 30:14 31:10 34:19 35:5 36:3 43:22 45:12 46:17 47:17 50:11,21 53:25 54:2,10,11 56:14 58:21 63:3 64:11,13 65:15 66:11 67:15,23 80:7 84:21 86:17 88:6 92:20 106:14,18 110:11 111:11 111:21,25 114:10,18 116:8 116:14 117:4,8 117:9 144:8 159:2,8,24 161:19 162:25 163:9 164:9 167:15,17,21 169:21 170:19 179:13 180:9 193:16 194:18	200:7,9 201:19 201:20 206:3 207:21 209:24 210:11 213:7,8 213:13 214:2 222:14 232:2 239:6 240:10 249:2 251:3 255:10,12,19,20 255:21 257:17 258:12,14 260:23 261:7,22 263:5 267:2 280:14,19 282:14 330:16 service-providing 68:11 servicing 178:12 serving 137:22 142:9 181:4 204:3 session 241:19 set 6:3 69:22 72:14 82:15 115:8 207:5 214:16 220:9 296:13 310:15 311:2 sets 320:9 settings 69:7,9 seven 59:18 seventies 324:25 severe 12:11 severely 279:8 sex 118:8,12 123:20 shame 298:2 share 36:19 71:12 76:7 92:9 106:23 159:17 165:21 192:17 230:4 284:5 shared 57:22 224:2 227:5 239:4 241:20 Sharswood-Sta... 114:19	shelf 326:7 shelter 189:19 269:9,23,25 279:25 shelters 279:16,18 279:25 284:19 Sheriff 310:13 shift 26:7,8 178:11 251:11 shifted 263:4 shifting 56:20 90:2 shootings 49:14 Shor 329:5,13 short 22:20 321:7 shortage 42:4 281:2,5,7,15,16 shortfall 110:21 short-term 85:6 132:21 277:13 show 49:7 51:7,9 94:13 208:18 262:22 315:15 330:18,18 showing 264:8 shows 16:8 87:8 253:5 269:20 318:13 showtime 150:19 150:22 shrink 178:19 sick 83:25 128:19 side 38:12,22 78:10 111:20,21 247:7 324:2 sides 222:21 sidewalks 53:4 signed 322:12 significant 10:11 37:23 49:18 92:6 110:13 125:7 130:17 235:17 significantly 31:22 85:2 125:5 similar 13:25	35:17,19 54:16 262:4,8,17 similarities 75:19 Similarly 15:18 simple 86:21 302:19 331:21 331:23 simply 19:15 154:20 226:18 239:24 272:17 316:2 simultaneously 38:21 Singer 293:21,23 295:4 296:18 297:24 298:16 301:17 302:18 303:15 304:19 305:13,16 307:4 308:10 309:3,15 311:13 312:6 313:4,9 314:15 315:22 316:18 317:9,24 318:6 318:21 319:22 320:16,19 321:10 323:15 323:22 325:7 326:10,23 328:6 328:18,23 329:4 329:17 331:14 331:18,22 332:3 332:18 333:15 334:6 single 32:20 166:22 175:18 194:14 226:9 269:7,7 280:10 280:10 281:6 283:16 290:15 290:17 305:15 singles 277:21 sir 3:19 87:18 89:4 sister 200:12 Sisters 241:20,25 242:13 243:6	244:6 sit 13:24 203:23 205:15 218:3 230:3 240:2 300:13 site 86:18 139:8,9 195:16,25 243:23 321:6,25 322:4 sites 270:5,11 sits 183:6 sitting 85:4 183:23 290:3 327:14 situated 255:11 situation 26:5 56:3 129:16 183:20 197:25 225:3 226:21 227:3 293:12 situations 196:4 197:24 six 2:12 43:5 65:23 77:11 121:6 204:8 308:2 316:7 six-month 203:22 210:16 size 169:8 sizes 168:16,25 skinny 324:8 skip 242:3 slack 238:18 sleep 280:7 slowness 145:18 small 37:20,22 67:20 89:11 149:24 208:8 211:13 249:10 smaller 64:5 193:13 208:7 212:2 253:6 smooth 79:2 snow 53:10 sober 24:19 social 16:10,16 24:8 64:13
---	---	---	---	--

180:10 185:11 198:4 216:16,19 222:4,10,13,15 222:17,19 223:16 226:23 248:19 261:8 262:18 263:18 263:20 317:20 321:5 society 250:3 sodium 157:7 software 327:20 soil 91:12,18,21 91:23 120:13 sole 195:8 solely 194:15 Solicitor 308:15 solid 301:21 solution 19:14 46:14 119:12 226:7 solutions 19:3,24 somebody 48:13 50:23 139:7 177:18 218:6 317:6 someplace 65:14 somewhat 24:2 124:20 139:21 soon 85:19 94:9 157:21 233:3 312:12 322:2 sophistication 211:23 sorry 87:14 sort 60:11 106:7 106:15 122:24 135:5 136:2 172:18 200:8 208:25 215:2 216:19 219:2 220:19 222:25 232:24 246:14 246:17 253:3,15 253:22 255:21 256:12,13 261:4 263:14	sound 98:19 sounds 70:20 169:18 217:12 226:15 333:18 source 272:9 sources 91:11,21 South 86:7 southeastern 66:16 space 187:19 272:12 277:12 277:14,17 282:7 Spanish 81:16 307:23 322:3 Spanish-speaki... 308:3,19 spark 12:16 speak 43:11 147:5 147:6,12 152:13 181:10 242:15 307:14 speaking 34:17 253:7 306:6 333:13 speaks 110:2 special 120:20 216:9 specialized 162:20 specialty 42:10,22 108:4,13 specific 32:18 73:16 74:18 108:17 132:19 230:17 232:12 325:8 specifically 50:8 134:24 258:14 specifications 235:8 specifics 270:2 spectrum 223:9 spend 38:6 43:20 135:7 162:22 189:11 252:18 spending 92:21 179:14 295:5	298:7,17,19 spends 312:7 spent 39:21 43:21 68:19 134:22 162:16 163:2 179:8 202:10 sponsor 17:8 spread 118:20 spreads 172:18 spring 274:7 SQUILLA 1:13 St 192:4 stability 112:16 Stacy 258:25 staff 7:6 13:8 33:10 39:23 72:8 75:23 79:6 81:20,22 83:2 92:16,18 125:21 126:3 138:19 142:25,25 149:11 150:3 159:19 164:14 164:20 165:6,10 165:18 166:25 167:8 168:2,24 170:22 174:14 184:3 187:19 192:7,9 195:18 195:20,20,24 196:3,20,22 199:3 215:25 218:19 219:20 222:17 234:20 234:21 238:3 244:8 258:25 259:3 260:4,6 276:5,7 278:3,7 285:23 286:25 290:3 294:6 296:8,10 309:13 309:21 staffed 126:10 staffing 103:13 126:8 308:25 328:12 stage 105:23	173:15 203:19 316:22 stages 182:17 248:14 stakeholder 209:5 209:7 stakeholders 13:3 203:15 205:8 206:16,22 209:14 stalemate 311:19 stand 334:10 standard 152:11 152:18 284:17 292:6 standards 72:14 75:25 76:3 83:22 93:13 137:11 start 53:22 131:11 153:2,4 182:2 184:19 204:12 209:24 228:20 333:19 started 35:10 36:9 116:24 141:18 173:24 221:15 229:18,22 247:11,18 265:7 311:21 starting 47:9 169:2 204:6 starts 57:14 285:25 state 11:11 12:17 12:21 20:5,9,9 21:16 30:16,24 31:7 34:6 36:21 36:23 38:3,7 54:21 57:5,11 57:20 63:2,4 65:6 70:22 71:6 71:13 72:16 74:8 75:4 78:2 78:22 107:14 110:19,21 112:8 112:25 113:5	152:9,10,25 153:5 166:8 168:12 169:4 170:5,10 171:2 171:8 172:13,24 173:2,8 188:7 189:7 196:10 199:2,16,20,24 200:4 214:8,24 220:11,13 221:6 221:8,22 223:7 224:12 225:12 227:7,10 245:11 252:11 265:23 268:25 275:23 300:10 303:17 303:19,21 305:12 306:3 314:20 320:20 329:5,13 stated 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1
---	---	---	--	---

84:1 85:1 86:1	183:1 184:1	277:1 278:1	staying 286:21	streams 20:17
87:1 88:1 89:1	185:1 186:1	279:1 280:1	stays 12:18	street 277:4 285:4
90:1 91:1 92:1	187:1 188:1	281:1 282:1	steady 181:11	324:7,10 328:16
93:1 94:1 95:1	189:1 190:1	283:1 284:1	Steering 183:7	329:23
96:1 97:1 98:1	191:1 192:1	285:1 286:1	252:15	streets 271:6
99:1 100:1	193:1 194:1	287:1 288:1	stenographic	strengthening
101:1 102:1	195:1 196:1	289:1 290:1	335:14	167:3
103:1 104:1	197:1 198:1	291:1 292:1	step 153:4 290:7	strict 152:8
105:1 106:1	199:1 200:1	293:1 294:1	318:2	strictly 306:5
107:1 108:1	201:1 202:1	295:1 296:1	Stephanie 293:22	strings 17:13,17
109:1 110:1,9	203:1 204:1	297:1 298:1	steps 92:10	27:21
111:1 112:1	205:1 206:1	299:1 300:1	271:19 290:4	strong 53:15
113:1 114:1	207:1 208:1	301:1 302:1	321:8	95:25
115:1 116:1	209:1 210:1	303:1 304:1	stick 76:20,22	stronger 93:12
117:1 118:1	211:1 212:1	305:1 306:1	stickers 321:16	167:9
119:1 120:1	213:1 214:1	307:1 308:1	sticks 76:17,18	strongly 304:24
121:1 122:1	215:1 216:1	309:1 310:1	stigma 44:13	310:7,12,24
123:1 124:1	217:1 218:1	311:1 312:1	stimulus 132:21	327:10 328:2
125:1 126:1	219:1 220:1	313:1 314:1	134:21	structure 103:2
127:1 128:1	221:1 222:1	315:1 316:1	stipulated 94:4	structured 176:13
129:1 130:1	223:1 224:1	317:1 318:1	stipulations 93:12	struggles 16:14
131:1 132:1	225:1 226:1	319:1 320:1	Stoneleigh 243:10	struggling 201:22
133:1 134:1	227:1 228:1	321:1 322:1	248:21	234:19
135:1 136:1	229:1 230:1	323:1 324:1	stop 327:15	students 237:18
137:1 138:1	231:1 232:1	325:1 326:1	stopped 116:23	studied 75:7
139:1 140:1	233:1 234:1	327:1 328:1	321:19	studies 23:17 69:2
141:1 142:1	235:1 236:1	329:1 330:1	stops 58:6	69:3,8 134:15
143:1 144:1	237:1 238:1	331:1 332:1	Store 84:17	264:7
145:1 146:1	239:1 240:1	333:1 334:1	stored 177:16	study 67:20 119:9
147:1 148:1	241:1 242:1	335:1 336:1	stores 136:9	122:22 160:12
149:1 150:1	243:1 244:1	statement 111:14	137:21 154:5	241:23
151:1 152:1	245:1 246:1,3	130:14 173:6	stories 186:3	stuff 199:24
153:1 154:1	247:1 248:1	states 35:9	story 275:23	321:11
155:1 156:1	249:1 250:1	statewide 186:7	306:7 318:16	subcontracted
157:1 158:1	251:1 252:1	State's 28:25	straight 329:11	162:14
159:1 160:1	253:1 254:1	110:24 271:13	strangle 122:5	subcontracting
161:1 162:1	255:1 256:1	state-of-the-art	strategic 59:12	148:5 193:19
163:1 164:1	257:1 258:1	8:13 85:19	97:14	210:23
165:1 166:1	259:1 260:1	statistical 66:21	strategies 24:14	subcontractings
167:1 168:1	261:1 262:1	75:25	94:18	210:20
169:1 170:1	263:1 264:1	statistics 50:20	strategy 114:14	subcontractor
171:1 172:1	265:1 266:1	51:2 57:25	117:17,25 118:5	256:15
173:1 174:1	267:1 268:1	241:21	210:15 282:10	subcontractors
175:1 176:1	269:1 270:1	status 5:4	282:25 311:25	254:5
177:1 178:1	271:1 272:1	stay 76:25 189:24	Strawberry	subject 33:22
179:1 180:1	273:1 274:1	281:25 286:15	114:20	submit 83:14
181:1 182:1	275:1 276:1	286:23	streamline 151:12	148:10 171:21

250:23 252:20 309:7 316:20 317:16 submitted 3:5 162:10 subpopulation 281:6 282:23 subsequent 122:7 substance 13:22 47:19 51:18 substances 24:18 substantial 100:25 103:19 113:8 128:6 129:8 133:3 142:9 216:6,8 328:8 substantially 126:19 149:22 substantively 215:8 succeed 133:15 success 14:11 240:11 249:23 319:17 successful 96:16 165:7 203:23 204:22 208:17 229:5,10 261:5 sudden 218:4 sue 48:3 sued 46:6,9 47:24 sufficient 278:9 suggest 50:15 154:9 suggested 96:25 suggesting 323:16 323:19 326:11 suggestion 262:11 suited 255:9 summarize 265:12 summary 266:7 summer 268:23 274:7,23 298:25 supervision 193:5 193:13 336:6	supervisor 220:15 supplant 88:10 123:15 supplants 116:22 supplement 98:6 supplemental 102:19 294:2 Supplier 83:9 147:13 148:8,9 148:11 162:11 163:13 supplies 278:8 support 4:11 12:7 13:4 16:4,16,25 17:4,21,23,24 18:4 19:8,16,22 20:11 44:17 50:24 51:19,21 52:10 80:7 81:7 87:2 88:5,11 97:16 135:24 155:2 158:17 164:6 166:17 224:4,23 234:10 240:16 248:6,9 268:15 supported 81:2 82:23 supporters 53:15 supporting 5:22 84:6 136:19 161:10 supportive 200:13 265:6,18 267:2 279:20 280:13 supports 15:24 16:10 18:6,12 18:17 22:14,19 25:4 82:5 131:13 185:19 267:4 supposed 257:12 Supreme 174:2 188:3 sure 14:22 15:22 18:13,15 29:6	33:10 34:8 41:11 47:11 48:22 60:24 63:2,12 68:17 71:2 73:17,19 78:24 92:22 98:23 128:5 130:6 137:10 138:12 173:9 185:25 187:14 187:18 203:24 204:9,22 205:7 207:14,19 208:4 208:12 209:3 211:6,17 228:19 232:18 238:24 241:3,11 242:16 249:14,16 250:12 252:24 253:8,10 255:15 260:9 289:20,24 292:8 299:18 324:4 surplus 29:25 30:22 31:15,18 37:22,23 38:19 72:19,23 surpluses 31:13 surprised 154:19 252:3 surprising 98:14 282:6 surprisingly 91:22 survey 276:25 surveys 67:14 298:20 315:9 survive 114:11 135:4 sushi 137:14,15 137:17,17,22 suspect 14:15 50:25 147:4 sustain 211:10 234:25 289:9,15 sustainability 94:15 151:3	sustained 242:14 Sweet 122:20 switch 251:2 system 8:15,21 30:23 37:8,24 38:10 39:24 42:17,23 43:15 55:18 59:21 60:13 61:23 62:2,21 63:9,23 77:14 85:20 104:6 108:18 145:5 164:7,13 165:20 170:16 173:20 174:11 174:22 175:8 176:11 177:2,6 178:19,21 179:3 180:6,7 184:7 184:14,25 185:22 189:20 192:6 193:3 194:5,6 201:16 201:17 203:17 208:2 229:4 231:13,24 254:13 259:11 269:9 271:18 272:16 273:16 274:15 281:18 285:5,20,21 287:25 289:3 290:21 295:16 296:3 326:3,11 326:13,14 327:21 329:6,13 329:20,22 systematic 246:19 systemic 240:22 systems 8:17 30:14 46:4 71:8 71:13 163:23 167:7 176:15 201:5 203:8 261:18 system's 325:24 325:25	T table 3:18 144:19 226:3 tabulated 69:20 tack 46:11 tackling 323:24 tactically 94:22 take 28:11 30:2 30:25 45:14 58:22 69:5 74:10 120:10 122:3 123:14 182:7 190:13 208:14 211:15 216:4 224:16 226:18 232:16 253:11 258:9 282:24 292:13 320:10 321:9 taken 46:11 78:7 92:11 95:9 96:25 112:7 131:18 140:17 150:20 191:7 203:11 212:15 219:11 271:20 321:4,9 335:14 takes 13:16 232:20 297:9 talent 40:10 talk 13:24 14:9,14 14:18 16:13 20:6 52:19,24 55:23 58:14,16 67:3 87:10,20 122:13 138:18 186:19 220:17 240:23 242:20 279:14 283:25 301:15 319:16 talked 20:13 23:14 25:15,18 28:21 58:18 68:10 70:13 119:2,18 147:13 169:20 181:22 186:10 213:3
--	---	--	---	---

219:19 235:5 243:22 256:9 260:22 271:13 307:20 328:11 talking 19:9 22:15 23:22 25:9 31:9 33:17 55:16 56:19,21 62:18 175:20 235:23 262:9 270:17 318:10 talks 115:16 141:13,14 142:13 target 94:22 116:7 315:10 targeted 50:7 261:19,20 Tasco 1:13 23:5,6 23:10,13,25 25:14 28:18 29:14 31:24 33:13 41:17 52:6 57:19 101:19,20 110:3 110:4,8 113:14 114:12 115:10 116:5,11,19 117:6 118:21 120:8 121:22,25 190:23,24 193:2 195:12 198:3,16 198:20 199:4 202:16 221:2,3 221:12,25 223:21 224:3 262:12 Tasco's 32:8 122:17 task 316:16 tax 81:3 86:10 teaching 226:22 team 5:17 9:11 40:11 94:19 122:6 150:4 160:25 161:3 181:2 191:19,20	192:12 262:17 teaming 195:3,4 203:4 204:8 teamings 174:15 teams 40:8 312:24 technical 195:11 212:5 330:14 technically 190:2 329:19 technological 332:6 technology 295:25 321:5,19 323:20 326:15 326:17,19,25 327:15,23 330:25 331:10 telephone 291:3 tell 29:4 48:2 49:16 54:3 69:2 69:5 97:23 101:13 106:2 117:11 128:12 130:5 132:18 168:9 199:21 201:10 202:20 251:19 255:22 275:23 291:20 314:20 telling 48:20 225:4 Temple 114:5 temporarily 65:11 197:13 temporary 99:14 132:20 282:11 ten 84:18 131:24 142:15 163:17 tend 274:4 tending 60:5 Tennessee 297:3 tenuous 56:2 terminals 329:9 terminate 229:7 terminated 194:24 terminology	279:24 terms 8:20 15:16 16:5,12,15 18:3 20:2,15 31:5 36:5 45:15 54:23 64:5 65:8 76:8 91:4 113:4 119:12 157:17 171:23 218:23 219:15 228:16 230:20 251:2 259:22 276:23 278:14 321:18 terrible 128:15 terrific 154:2 182:4 237:12 238:12 territory 63:10 test 57:14 256:13 258:17,18 tested 327:4 testified 179:6 243:15 testimony 4:4 20:3 68:8,10 77:18 79:5 84:3 87:6 94:5 110:10 114:13 132:14 137:5 169:19 171:17 228:7 265:11 266:8 290:2 294:21 296:22 303:7 316:24 322:16 Texas 297:4 thank 3:16 13:10 13:12 20:2 23:4 25:15 31:24 32:3,5 33:6,7 38:23 39:3,4,6 41:15 47:10,13 52:5 53:19,21 62:6,9,11 68:2,2 68:5,6 73:5 74:15,15,24 75:2,23 77:17	79:4,7,14,16,25 86:25 87:6 89:21,23 92:9 95:16,18,20 101:16,17 102:4 102:6 109:9 111:7 121:22,24 122:14 124:8 132:10,13 135:14 146:23 147:2 151:17 157:23 158:13 158:16,22 168:6 169:17 171:9,12 180:16,24 187:5 190:19,22,24 199:5,6,7,14 212:15,17,21 220:22 224:8 226:12,17 227:20,22 233:9 233:13 236:18 236:19 250:14 250:18,19,21 264:17,19,25 265:3,7,13 269:15,18 270:21,25 271:6 271:12 276:3,10 276:13 278:24 279:10,11,13 284:2,11 293:4 293:6,7,9,10,13 293:24 294:3 299:24 303:3,6 311:8 314:9 316:18,23,24,25 318:18 330:11 333:23,24 334:4 334:6,11 thanking 53:23 292:19 thanks 95:22 theory 178:6 therapeutic 16:12 Therapy 8:10 thing 30:5 44:2	52:13 120:14 127:11 128:15 131:8 178:3 181:17 218:21 219:8 225:17 231:23,24 280:25 302:20 312:17 322:13 things 12:2 14:24 15:20 17:22 21:9,25 22:5 27:22 30:11,16 36:17 46:25 49:4,15,24 52:18 53:5 55:9 57:12 59:25 60:3,7,23 61:7 61:25 68:18 70:13 71:15 72:25 73:25 74:9 75:17,21 88:13 96:15 104:23 124:25 125:24 134:23 136:19 138:24 141:19 142:4 155:8 169:22 170:14 178:5 186:9 197:18 198:13 199:17 205:25 206:10 209:5,16 225:23 229:4 232:20,25 234:15 235:5 237:21 238:9,14 247:12 248:12 254:8 255:5 273:10 275:20 283:21 306:11 308:23 312:11 313:9,24 321:14 332:4 think 18:20 19:18 19:21 28:19 31:7 43:23 45:10,13 46:21 49:2 52:22 54:8
---	--	--	---	--

54:12 55:6	288:15 291:12	39:22 44:7,21	264:15 300:21	170:22 195:17
56:16 57:2,2,10	300:13,16	45:9 47:15	321:15 334:9	223:15 235:11
57:16 58:4,12	306:12 307:8	60:20 61:24	toddlers 10:5	296:8,11
59:6 61:8,20,22	310:16 311:6	62:6 66:6,15	told 93:11 129:22	trajectory 10:12
62:23 63:9	318:15 322:14	70:11 76:23	213:9 214:3	transcript 335:16
66:24 67:16	323:2,6 329:8	79:15 92:7,21	324:9	336:4
72:8 76:16 88:9	330:5,14 332:5	109:19 112:7	Tomas 183:10	transfer 202:23
88:13 100:21,24	thinking 143:5	120:7 124:18	tongue 154:13	transformation
105:24 112:7	184:18 185:12	125:3,7,15	tools 86:20	9:6 59:20
113:17,21	252:8 257:5	126:2,11,20,24	top 85:17 163:17	transformational
115:23 118:22	third 203:6 298:5	127:9 135:8	topsoil 119:10,24	51:4
119:14 120:14	327:4	139:15 143:12	120:6,11	transient 65:11
122:2 128:4,17	thirdly 40:5 182:8	146:14,15	torn 90:18	transition 79:2
129:9,19 131:2	thorn 323:25	174:23 176:6,8	total 7:10 80:20	104:7,9 204:23
131:4,18 132:4	thoroughly	177:24,25	80:25 87:9	transitional 48:18
133:25 134:5	301:25	178:14 179:8,9	270:17	186:8 187:21
138:23 139:25	thought 25:16	179:15,15 190:4	totaled 7:16	267:15 268:8,16
140:17,19,25	34:2 48:12	201:21 212:15	totaling 11:21	269:10 283:5
141:5 142:23	96:12 119:16	231:16 232:21	totally 63:17	transitioned
144:4 154:23	128:14 130:14	240:24 241:7	totals 4:6,19,20	203:25
155:3 157:15	190:12 196:24	248:8 250:2	4:21,21,22	translate 68:22
158:12 169:7	223:13	252:19 258:9	80:15	69:9
175:3 176:10,21	thoughtful 203:10	272:13 274:18	touch 312:20	translated 68:15
179:3,11 181:3	thoughts 94:18	279:25 292:22	tough 271:3	322:2
188:17 192:21	119:3 152:13	300:2 305:5	293:12 327:11	transportation
192:23 202:2,8	thousand 294:23	311:7,23,24	town 67:12	287:3
208:24 210:9	thousands 12:15	312:8 318:23	108:11 150:7	transporting
211:7,21 212:12	272:6,11	321:8 323:13	townships 66:8	195:21
214:21 215:7	threat 196:25	325:14 334:12	track 63:2 65:22	Trauma 11:3
220:10 223:5,8	197:11	timely 191:2	120:18 136:20	trauma-focused
223:18,24	three 5:17,19,20	times 46:3 114:25	295:16,23	8:10
224:12,21,24	7:2,3 10:7 27:7	139:17 142:2	298:21,24	tread 23:7
225:2 226:5,6	65:23 77:10	271:3 324:9	313:20	treat 9:8 15:8
231:8,11,11	108:24 149:13	tiny 112:14	tracked 62:23	26:10 31:20
234:17 236:3	177:15 218:12	Tioga 114:22	127:17	treatment 9:5,6
237:7 238:19	224:22 229:7	tips 74:4	traditional 299:5	9:10,12 12:4,19
239:4,14 240:5	230:2 277:15	title 222:2,12	traditionally	15:7,20 16:2
240:21 243:7,15	295:10 299:15	223:4,12 224:25	13:19 51:25	19:7 25:13 27:9
244:8,11,25	305:24	226:25 227:15	train 240:18	31:21 55:17,19
245:16 246:7	three-month	248:20	331:6	63:15,16,20
248:16 250:11	27:10	titles 2:8	trainees 236:11	64:14 65:9 66:5
253:25 256:15	three-year 99:24	tobacco 88:2	trainer-on-trai...	185:17 201:19
257:21,22 259:9	tied 23:16 88:15	132:24 133:18	70:3	229:22 230:2
260:2 262:3	ties 9:17 208:19	137:2	training 8:12	232:5
263:15,16	tight 302:14	today 35:16 57:14	54:23 68:15	treatments 8:14
264:13 265:10	tightened 302:13	79:23 102:6	69:18 70:2	8:16
275:24 282:17	time 10:16 38:25	179:10 190:9	151:9 163:11,14	tremendous

174:25 184:22 249:19 300:9 tremendously 44:7 trends 61:18 322:18,19 330:18,20 tricky 52:22 139:21 tried 17:19 18:19 45:6 46:12 47:16 49:2 71:16 92:5 125:23,24 140:24 206:11 256:3 287:8,12 trilingual 81:14 trouble 156:13 truancy 201:20 236:23,24 237:9 239:15,20 true 48:23 173:6 335:16 trust 208:22 try 18:5 22:24 27:22 28:16 45:25,25 46:19 61:14,16 63:19 66:10 67:20 72:20 77:3 88:5 99:22 105:8 109:6 123:14 124:2,3 131:16 132:6 139:15 143:9 144:24 145:12 155:10 175:2 178:17,18 189:19 207:13 207:20 220:18 222:24 223:17 238:17 249:8,12 251:4 261:15,16 271:4 272:20 278:21 283:2,17 289:2,13 331:6 trying 24:12 41:20 49:24	63:15 66:16 89:4 94:22 119:11 121:15 129:17 140:11 153:10,20 154:2 154:6 155:5,12 183:11 218:17 234:23 238:14 239:17 243:8 244:22 247:16 247:25 283:14 287:22 288:9 300:3,25 321:23 331:2,5 tube 86:6 Tuesday 334:10 tune 225:13 turn 21:19,23,24 27:16 66:9 102:9 185:20 209:21 312:3 turned 53:14 183:25 turning 225:18 turnover 146:2 turns 16:3 185:8 twelve 277:16 two 6:8 7:15 20:23 34:15 40:18,20,21 43:7 78:12 91:20 92:23 96:14 105:25 131:3 150:8 176:15 177:17 183:21 185:6 237:11 239:20 240:17 270:5,11 273:23 303:18 305:22,24 309:14 313:9 323:11 325:18 two-year 89:25 type 143:18 158:8 224:23 280:25 types 20:23 34:15 226:11 282:14	typical 295:17 typically 64:12 275:6 277:25 288:10 U ultimately 31:17 41:10 178:6 193:17 272:15 umbrella 193:21 251:8 unable 268:2 unacceptable 57:13 145:20 196:22 unburden 173:19 uncertainty 256:16 unchanged 4:24 undercut 200:22 underestimate 121:3 underinsured 11:2 12:4 21:14 underlying 216:20 217:2 underrepresent... 82:14 underspending 196:8 understand 18:11 19:20 33:14 34:9 42:5 44:23 46:21,22 90:22 112:9 113:19 144:13 147:16 149:5 152:3 154:3,23,25 155:14 158:6 219:24 220:4 232:18 254:15 281:21 283:25 300:16 301:7 309:23 314:3 understanding 114:17 152:10 155:13 213:5	228:9 278:12 280:25 understood 296:3 undertake 134:3 263:14 unfair 217:25 unfortunate 191:2 unfortunately 20:19 61:16 170:9 211:9 237:23 267:20 271:23 289:17 uniformity 109:22 152:19 uninsured 10:25 12:3 20:25 21:6 21:14 30:15 31:11 34:21 56:13,15 107:24 112:20 113:9 union 100:3 103:24 222:13 225:10 unionized 103:17 103:25 unions 225:6 unique 70:22 unit 10:3 74:11 units 165:12 268:15,18 university 43:6 69:11 213:6,17 214:7,21 217:7 218:13 220:3 221:7 247:20 250:15 unmanaged 106:15 unmet 200:20 unprecedented 109:15 upcoming 83:25 update 155:22 159:22 181:13 184:9 236:24 upgrade 296:5	330:14 upgraded 323:20 upside 38:20 upstairs 184:4 urban 117:14 use 12:18 25:4 26:14 28:2 33:4 34:20 41:6 43:16 45:5 72:20 75:24,25 76:2,16,18 78:11 86:16 113:22 120:2 123:14 124:2,3 127:13 128:3 170:23 175:7 189:16 190:15 204:21 208:12 270:2,6 274:12 279:24 288:9 299:11 310:24 315:3 326:11 327:15 332:20 useful 70:25 149:3 user 330:16 users 45:3 usual 139:17 usually 38:12 42:9 274:10 utilities 288:25 utilization 36:16 utilize 287:12 331:10 utilized 277:18 288:22 V vacancies 285:7 285:10,18 286:6 287:23 290:20 vacancy 287:6 vacant 268:9 vacuum 120:21 validates 286:25 value 158:6 229:4 Vanessa 186:4,19
--	--	--	---	---

varies 126:3 169:9	visited 86:18 165:3	waiting 88:16 124:18 126:20 128:11,14 141:24 143:12 278:24 288:11 320:19	wants 50:23 177:18 248:6	329:24
variety 8:8 22:5 30:15 49:15 73:24 75:24 170:13 198:13	visiting 196:20	waived 216:4,14 219:3	washed 120:17	week 93:5 169:2 219:23 239:23 244:8,9 289:20 304:23,23
various 24:13,15 142:2 169:24 170:19 182:17 203:14 312:10 315:5 320:22	visits 108:24 127:21,24 143:18 164:24 165:5 195:17,25	waivers 101:9 306:22	Washington 105:7 214:8 238:13	weeks 27:7 39:25 57:11 183:20 190:25 314:21
varying 263:16	vitality 293:3 316:17	walk 26:21 128:8 129:2 306:17,18	waste 73:22	week's 294:8
vehicle 154:2	voice 209:15	walk-in 128:7 129:8 290:13	watch 39:12 123:8	welcome 39:5 89:19 101:19 158:20 299:21 303:7 311:16
vehicles 195:16 195:22 196:8 199:2	Volkow 23:22,24	want 13:15 17:8 27:5 32:7,10 33:2 43:9 46:23 46:25 48:17,25 70:7 72:11 75:22 92:8 108:23 121:2 137:16 145:21 147:17 150:6 151:24 152:20 186:18 188:14 197:8 208:5 211:6,17 214:15 219:18 222:7 225:3,17 226:12 226:18 236:6,13 249:21 250:24 270:25 276:3,8 276:13,20 287:4 296:9 301:10 306:18 307:12 316:20 324:23 327:14 333:4,19 333:20	wave 226:8	welfare 159:9 166:21 172:16 174:6 175:10 178:21 179:3 188:8 191:17 203:7 205:21 246:16 248:2 252:10 255:10 257:13,17
vendors 162:14 327:4	voluntary 156:15	walk 26:21 128:8 129:2 306:17,18	way 14:21 17:6 26:2 28:5 35:7 35:17 39:23 40:3 47:16 49:3 51:24 54:9,15 68:14 75:11 98:3 101:13 103:21,24 104:24 107:9 114:23 121:18 122:4,22 139:2 140:25 172:21 189:10 203:25 209:17 217:12 227:9,12 230:23 240:10 244:24 250:16 251:3 255:16,23 257:25 275:8 276:24 284:7 295:22,24 300:18 313:13 325:2 329:3 331:8 333:18	well-being 159:12
ventilator 139:19	vote 299:20 312:12 313:12 313:21 314:25 315:21 316:4,10 331:8	walk-in 128:7 129:8 290:13	ways 16:24 26:14 48:7 55:14 69:8 77:23 99:8 117:4 153:18 154:9 169:24 192:24 205:17 207:3 222:6 223:2 288:16	well-defined 166:23
Ventures 241:23	voted 321:15 322:10,10	walk-in 128:7 129:8 290:13	weakness 248:25	well-resourced 253:3
verbatim 241:17	voter 297:25 298:6,19 300:22 301:3 303:8,14 312:4,13 314:11 314:13 315:18 318:4 319:16 320:17 323:24 325:10 329:7	walk-in 128:7 129:8 290:13	weather 323:10	went 176:7 215:11 234:23 285:15 319:12
verify 164:24 165:4 230:24	voters 298:10 313:11	walk-in 128:7 129:8 290:13	Web 86:18 176:11 321:6,25 322:4	weren't 124:5
verifying 148:17	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		wet-mopped 120:20
versus 126:4 154:15 228:17	voter 297:25 298:6,19 300:22 301:3 303:8,14 312:4,13 314:11 314:13 315:18 318:4 319:16 320:17 323:24 325:10 329:7	walk-in 128:7 129:8 290:13		We'll 283:25
Veterans 11:4	voters 298:10 313:11	walk-in 128:7 129:8 290:13		we're 43:8 94:21 109:23 131:3
VETTER 335:23	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		we've 63:8 301:6 306:17
vibrant 239:15	voters 298:10 313:11	walk-in 128:7 129:8 290:13		Wheeler 199:3
victim 129:23	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		white 5:19,21 84:25 154:15 160:22 161:5,7
victims 280:24 281:11	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		widely-known 14:3
view 32:23 129:17 222:8	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
viewed 256:12	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
vigilance 120:22	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
vigilant 208:25	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
violations 138:15 138:20 140:5 196:2,19 197:17	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
violence 169:25 170:4 281:11 282:4,5 284:7	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
virtue 223:14	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
visit 107:17,21 126:21 224:5	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		
visitation 165:4	voting 299:11,14 301:11 302:19 302:23 305:17 305:22,24 312:10 313:25 314:4 331:7	walk-in 128:7 129:8 290:13		

wider 172:19	332:24	148:2 190:5	111:22	127:9 129:16
wider-published	words 173:12,18	213:22,25	worry 61:10	156:9,10 157:3
14:3	179:8	215:18 237:10	121:13	168:21 172:10
WILLIAM 1:11	work 17:15 45:20	302:17	worse 96:10	175:18 176:3
Williams 243:14	45:25 46:12	worker 168:11	worst 20:10 27:23	182:7 203:6
244:7 310:14	53:23 54:17	175:14 216:16	worth 244:21	215:21 216:24
willing 12:24	58:11 66:14	222:10 226:23	wouldn't 14:17	218:11 229:6,25
219:16 222:22	75:14 77:20	296:16 304:10	232:9	237:6 239:4
327:6,7	81:18 82:25	workers 100:19	wraparound	246:4 266:7,10
willingness	84:7 90:25	165:9 169:3	261:7	266:20,22 267:8
292:14	100:13 103:18	175:5,21 180:11	write 216:11	268:10 274:19
Wimes 191:3	103:25 105:6,9	185:11 198:4	writing 134:25	277:9,20 295:6
window 190:4	106:12 122:19	222:5,16,18	140:5 171:21	296:4 297:20
windows 197:17	122:22,24	223:13,16	174:20 250:24	301:25 302:12
198:12	123:13,15,23	248:20 261:8	written 83:8	307:22 308:21
winter 273:3,5,6,9	125:14 136:11	263:18,21 294:7	294:21 296:22	308:21 309:18
273:12,20 274:2	136:16 144:23	295:19 296:20	written-in 295:25	309:20 311:3
274:4,6,8,9,19	145:21,22 146:3	297:8,22 299:17	wrong 220:7	323:23
275:2	146:14 154:7	300:3 322:25	wrote 216:12	years 2:13,25
wires 329:10	158:14 169:10	worker's 174:23	241:18 242:18	10:20 15:4 18:9
wish 13:6 73:16	181:3 184:22	working 13:2		18:21 22:10,12
153:8 167:24	186:7 187:21	58:23 59:3	X	29:23 34:25
witness 3:18	198:18,23 199:2	68:18 69:10	X 40:16 106:11	37:16 59:18,18
79:11	211:2 212:7	93:3 94:14	144:9,14 150:21	65:23 68:19,20
women 5:24 6:2,9	214:4 215:17	95:10 96:2	Y	85:9 131:24
6:23 7:8,25 82:4	216:7,8,19	97:20 145:17		143:3 147:11
83:11 131:17	217:22 218:22	151:5 156:15,19	yeah 23:25 43:14	177:10,15,17,19
161:3,4,5,12	219:5 222:14,19	170:21 183:15	52:16 72:25	200:22 207:25
162:3,8,16	223:18 226:10	196:10,17	135:12 144:20	210:6 211:9
163:3 170:11,16	234:12 235:2	209:17,18 218:5	168:15 172:8	214:3 215:19
170:20 192:8	236:5 237:9	219:7 232:16	186:18 211:20	216:7 218:11,12
267:8 281:8	239:18 241:2	240:20 257:9	232:8 234:16	218:23 221:5
290:15	243:9,12 244:14	299:25 320:21	235:22 252:2	224:19,22
women-operated	246:4 247:18	320:22 324:4,12	253:19 256:2	226:24 231:18
7:18	248:16,22 249:5	332:14	year 2:19 3:4 6:7	237:11 240:17
women-owned	252:22 256:11	Workplace 83:15	7:22 8:4,6 9:23	282:20 291:22
82:11 147:8	262:18 290:6	works 33:16	30:2,18,19	302:13 303:25
wonder 142:13	292:18 296:20	34:14 35:18,19	32:20 36:11,12	310:5 313:23,23
wondered 251:16	300:3 302:10	69:3,6 75:9	36:13 37:19,20	318:25 319:2
wonderful 72:9	319:7 326:24	115:15 123:14	63:24 69:14,21	325:18,19
158:10 273:25	331:14 332:10	138:18 164:6	70:14 72:6 77:8	York 67:10
294:7	332:25 333:5	251:10 320:2	77:10,11,12,24	263:17 264:9
wondering 125:9	workday 297:7	world 122:9	78:13,17 80:5	young 183:21
127:16 246:10	worked 35:7	worried 94:25	80:15 83:5,13	184:12 185:6
261:13	86:14 92:15	112:11,18 114:9	84:5 96:10 99:6	188:15,21
woodwork 52:25	95:12 99:5	171:8	102:24 104:9,12	241:24 287:11
word 41:6 222:8	123:4 146:7	worrisome	106:12 110:22	312:9,20 314:11
			113:24 126:2,24	

younger 239:6	268:14	10:20 1:5	100:1 101:1	194:1 195:1
youth 159:13,16	\$294,000 160:18	100 4:19 80:17	102:1 103:1	196:1 197:1
160:12 164:3	\$300 110:23	147:23 160:16	104:1 105:1	198:1 199:1
166:14,15	\$31,611,621	162:12 196:12	106:1 107:1	200:1 201:1
172:17 174:3	266:18	232:9 266:17	108:1 109:1	202:1 203:1
184:19,23 185:8	\$32,421 266:20	268:17 309:13	110:1 111:1	204:1 205:1
186:6,8 187:4	\$335 80:15	100-bed 281:10	112:1 113:1	206:1 207:1
187:21 243:13	\$39,640,736	11 81:10 83:6	114:1 115:1	208:1 209:1
243:20,23	266:11	115 82:6	116:1 117:1	210:1 211:1
244:16 259:17	\$40,492,000	12 81:11 83:13	118:1 119:1	212:1 213:1
331:3	160:16	169:7 266:22	120:1 121:1	214:1 215:1
Z	\$42 110:17	267:8 295:7	122:1 123:1	216:1 217:1
zip 49:16	\$49,588,030	120 36:12 160:24	124:1 125:1	218:1 219:1
Zone 261:3,6,16	266:12	120,000 63:24	126:1 127:1	220:1 221:1
262:6,16 264:7	\$500,000 172:12	120164 1:17 2:1,6	128:1 129:1	222:1 223:1
zoning 50:24	243:5	2:11 3:1 4:1 5:1	130:1 131:1	224:1 225:1
Zukowski 252:13	\$6,433,351 162:23	6:1 7:1 8:1 9:1	132:1 133:1	226:1 227:1
\$	\$64 4:14	10:1 11:1 12:1	134:1 135:1	228:1 229:1
\$1 198:8	\$655,811,840	13:1 14:1 15:1	136:1 137:1	230:1 231:1
\$1.1 4:17,20	160:6	16:1 17:1 18:1	138:1 139:1	232:1 233:1
\$1.2 4:6,14	\$685,000 295:7	19:1 20:1 21:1	140:1 141:1	234:1 235:1
\$1.3 4:22	\$69,343,000	22:1 23:1 24:1	142:1 143:1	236:1 237:1
\$1.5 294:23	160:17	25:1 26:1 27:1	144:1 145:1	238:1 239:1
\$100 34:18 36:6	\$7,652,567 266:17	28:1 29:1 30:1	146:1 147:1	240:1 241:1
36:11,16	\$70 200:6	31:1 32:1 33:1	148:1 149:1	242:1 243:1
\$11 10:23	\$700,000 104:12	34:1 35:1 36:1	150:1 151:1	244:1 245:1
\$110 36:12	\$718 110:22	37:1 38:1 39:1	152:1 153:1	246:1 247:1
\$110,108,000	\$89,228,766	40:1 41:1 42:1	154:1 155:1	248:1 249:1
160:10	266:10	43:1 44:1 45:1	156:1 157:1	250:1 251:1
\$111 80:21	\$90 36:13	46:1 47:1 48:1	158:1 159:1	252:1 253:1
\$111,037,535	\$900 4:9	49:1 50:1 51:1	160:1 161:1	254:1 255:1
160:7	\$906,000 160:17	52:1 53:1 54:1	162:1 163:1	256:1 257:1
\$13.5 87:8,21	\$929,439 160:8	55:1 56:1 57:1	164:1 165:1	258:1 259:1
\$135,950 266:19	1	58:1 59:1 60:1	166:1 167:1	260:1 261:1
\$14.3 4:6,24	1 6:18 82:3 295:8	61:1 62:1 63:1	168:1 169:1	262:1 263:1
\$15,000 294:24	1st 203:20 334:11	64:1 65:1 66:1	170:1 171:1	264:1 265:1
307:25	1,330 269:5	67:1 68:1 69:1	172:1 173:1	266:1 267:1
\$152 297:6	1-to-30 169:5	70:1 71:1 72:1	174:1 175:1	268:1 269:1
\$152,000 4:22	1.2 81:5 266:21	73:1 74:1 75:1	176:1 177:1	270:1 271:1
\$155,000 4:21	1.5 160:23 294:25	76:1 77:1 78:1	178:1 179:1	272:1 273:1
\$208,177 266:18	1.8 7:10	79:1 80:1 81:1	180:1 181:1	274:1 275:1
\$23.2 4:19	1.84 269:21	82:1 83:1 84:1	182:1 183:1	276:1 277:1
\$240,000 296:6	1:45 158:22	85:1 86:1 87:1	184:1 185:1	278:1 279:1
\$25,000 296:8	10 96:6 126:16,18	88:1 89:1 90:1	186:1 187:1	280:1 281:1
\$258 4:7	142:12 143:15	91:1 92:1 93:1	188:1 189:1	282:1 283:1
\$29,020,134	166:10 334:11	94:1 95:1 96:1	190:1 191:1	284:1 285:1
		97:1 98:1 99:1	192:1 193:1	286:1 287:1

288:1 289:1	16 160:21 184:19	321:4 334:11	31 165:25	98:1 99:1 100:1
290:1 291:1	1649 160:19	335:15	31st 166:5	101:1 102:1
292:1 293:1	166 165:3	2013 2:15,19 3:2	32 161:17 242:4	103:1 104:1
294:1 295:1	1706 166:14	80:5 167:18	33 11:21 77:25	105:1 106:1
296:1 297:1	18 81:13 161:5	176:24 178:7	191:19	107:1 108:1
298:1 299:1	183:22 185:8	182:2	35 7:24	109:1 110:1
300:1 301:1	188:12 189:8	2013-2018 2:13	36 98:17	111:1 112:1
302:1 303:1	312:3 318:25	2014 11:8	37 181:10,12	113:1 114:1
304:1 305:1	182 82:5	2017 3:2	38 162:15 231:21	115:1 116:1
306:1 307:1	19 168:19	207 7:23	39.7 80:25	117:1 118:1
308:1 309:1	1960s 296:2	21 161:5 183:22		119:1 120:1
310:1 311:1	197 161:15	185:20	4	121:1 122:1
312:1 313:1	1970s 296:2	21st 83:21	4 5:18 30:22	123:1 124:1
314:1 315:1	1992 3:12	215 81:9	4,865 269:2	125:1 126:1
316:1 317:1	1997 35:13,14	22 82:19	4.3 80:20	127:1 128:1
318:1 319:1	1999 296:19 298:3	22.6 166:15	4/30/12 2:1 3:1	129:1 130:1
320:1 321:1		223 81:12	4:1 5:1 6:1 7:1	131:1 132:1
322:1 323:1	2	23 166:7 268:24	8:1 9:1 10:1	133:1 134:1
324:1 325:1	2 7:15 82:2 139:9	23rd 156:10	11:1 12:1 13:1	135:1 136:1
326:1 327:1	285:22 294:21	24 7:12 150:19	14:1 15:1 16:1	137:1 138:1
328:1 329:1	2,564 268:15	24th 167:14	17:1 18:1 19:1	139:1 140:1
330:1 331:1	2.4 7:16	24-hour 245:4	20:1 21:1 22:1	141:1 142:1
332:1 333:1	2:00 285:21,23	24/7 130:11	23:1 24:1 25:1	143:1 144:1
334:1 335:1	20 4:12 34:25	25 6:5 161:11	26:1 27:1 28:1	145:1 146:1
336:1	55:10 65:17	267:10 288:13	29:1 30:1 31:1	147:1 148:1
120165 1:17 2:6	110:10,15	25th 167:14	32:1 33:1 34:1	149:1 150:1
2:14	111:18 112:2,3	250 270:19,20	35:1 36:1 37:1	151:1 152:1
120166 1:17 2:6	196:13 214:2	26th 167:14	38:1 39:1 40:1	153:1 154:1
2:17	216:7 319:3	260 80:17	41:1 42:1 43:1	155:1 156:1
120167 1:17 2:7	200 4:19 68:11	271 4:13	44:1 45:1 46:1	157:1 158:1
2:20	80:17 153:21	28.13 267:11	47:1 48:1 49:1	159:1 160:1
121 269:7	160:16 254:23	29 161:24	50:1 51:1 52:1	161:1 162:1
13 6:15 41:24	266:17 269:22	291 4:11	53:1 54:1 55:1	163:1 164:1
80:15 169:7	2003 228:25		56:1 57:1 58:1	165:1 166:1
266:7,20	2006 85:11	3	59:1 60:1 61:1	167:1 168:1
131 267:4	2008 108:10	3 3:12 5:17,19,21	62:1 63:1 64:1	169:1 170:1
1320 166:15	168:17	6:15,20 82:15	65:1 66:1 67:1	171:1 172:1
14 6:14 168:20	2009 164:6,22	87:8,17 239:5	68:1 69:1 70:1	173:1 174:1
184:20 186:16	2010 85:11 164:22	3-point 310:5	71:1 72:1 73:1	175:1 176:1
187:11	166:6	3.5 160:22	74:1 75:1 76:1	177:1 178:1
14-hour 297:7	2011 7:23 8:23	3:00 286:2	77:1 78:1 79:1	179:1 180:1
145 80:23	9:23 165:2,23	30 1:5 82:7	80:1 81:1 82:1	181:1 182:1
149 161:25	166:12,13	196:13 214:2	83:1 84:1 85:1	183:1 184:1
15 124:23 161:6	2012 1:5 3:4	216:7 291:22	86:1 87:1 88:1	185:1 186:1
210:6,10 294:24	81:12 92:13	335:15	89:1 90:1 91:1	187:1 188:1
152 297:12	160:13 163:14	300 4:20 80:18	92:1 93:1 94:1	189:1 190:1
1563-A 3:12	165:2,25 166:7	160:17 266:18	95:1 96:1 97:1	191:1 192:1

193:1 194:1	287:1 288:1	500 266:19	9 82:2
195:1 196:1	289:1 290:1	51 8:2	9:00 189:17
197:1 198:1	291:1 292:1	52 81:15 107:22	90 43:19 172:13
199:1 200:1	293:1 294:1	242:3	93 43:20
201:1 202:1	295:1 296:1	53 99:25 163:2	94.9 82:24
203:1 204:1	297:1 298:1	55.8 82:4	95 77:13 82:21
205:1 206:1	299:1 300:1	56 266:13 267:6	975 81:7
207:1 208:1	301:1 302:1	561 269:6	98 77:13
209:1 210:1	303:1 304:1	58.1 81:24	
211:1 212:1	305:1 306:1		
213:1 214:1	307:1 308:1	6	
215:1 216:1	309:1 310:1	6.7 80:18	
217:1 218:1	311:1 312:1	6.9 7:11	
219:1 220:1	313:1 314:1	60 6:11 23:11	
221:1 222:1	315:1 316:1	80:17	
223:1 224:1	317:1 318:1	600 104:12	
225:1 226:1	319:1 320:1	63 9:7	
227:1 228:1	321:1 322:1	63.3 81:21	
229:1 230:1	323:1 324:1	64 267:5	
231:1 232:1	325:1 326:1	64.6 81:21	
233:1 234:1	327:1 328:1	648 269:6	
235:1 236:1	329:1 330:1	65 316:8	
237:1 238:1	331:1 332:1	68 161:16	
239:1 240:1	333:1 334:1	68.3 83:3	
241:1 242:1	335:1 336:1	69.4 81:19	
243:1 244:1	4:47 334:12		
245:1 246:1	40 162:4	7	
247:1 248:1	400 1:4 4:21	7th 184:11	
249:1 250:1	80:19 160:18	70 8:3 82:8 242:6	
251:1 252:1	266:19	72.2 81:19	
253:1 254:1	41 161:2 166:9	73 7:23 8:2	
255:1 256:1	4163 166:2	73.7 160:20	
257:1 258:1	44 266:13	749 81:8	
259:1 260:1	45 87:8,17	776 166:3	
261:1 262:1	4500 164:21	78 160:21	
263:1 264:1	46 166:7 242:2	79 80:22	
265:1 266:1	47 99:6,20 100:2		
267:1 268:1	475,000 29:10,16	8	
269:1 270:1	106:10	8 6:3 285:20,22	
271:1 272:1	48 89:7	800 4:22 80:19	
273:1 274:1		81.4 83:2	
275:1 276:1	5	833 80:19	
277:1 278:1	5 6:22 81:25 85:9	86 85:12 156:20	
279:1 280:1	89:7 161:3	156:23	
281:1 282:1	165:25 166:10	89 162:9	
283:1 284:1	5.4 4:14	89.1 166:9	
285:1 286:1	50 231:19	9	