

COUNCIL OF THE CITY OF PHILADELPHIA
SPECIAL COMMITTEE ON KENSINGTON

Room 400, City Hall
Philadelphia, Pennsylvania 19106
Tuesday, September 16, 2025
2:10 p.m.

PRESENT:

COUNCILWOMAN QUETCY M. LOZADA, CHAIR
COUNCILMAN CURTIS JONES, JR., VICE-CHAIR
COUNCILWOMAN NINA AHMAD
COUNCILMAN MICHAEL DRISCOLL
COUNCILMAN JIM HARRITY
COUNCILMAN MARK SQUILLA

ALSO PRESENT:

COUNCILWOMAN CINDY BASS

RESOLUTION: 250502

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2 COUNCILWOMAN LOZADA:

3 Good afternoon, everyone. This is
4 the public hearing on the Special
5 Committee on Kensington regarding
6 Resolution 250502. I note for the
7 record that a quorum for this
8 committee is present. This hearing
9 is now called to order.

10 Before I ask for our
11 clerk Ms. Lee to read the title of
12 the resolution, I'd like to
13 acknowledge and welcome some of the
14 students who are here with us
15 today. We have students from
16 Visitation Catholic School. We
17 have students from Julia de Burgos
18 as well as students from Elkins
19 Elementary. Can we all welcome
20 them into our chamber?

21 (Applause.)

22 COUNCILWOMAN LOZADA:

23 Ms. Lee, will you please read the
24 title of the resolution for today.

1 THE CLERK: Resolution

2 No. 250502, authorizing the Special
3 Committee on Kensington to hold a
4 hearing to examine how chronic
5 trauma from exposure to the opioid
6 crisis impacts children, emotional,
7 mental and behavioral health in the
8 Kensington neighborhood of
9 Philadelphia, and to explore tools,
10 services and programs to support
11 these youth.

12 COUNCILWOMAN LOZADA:

13 Ms. Lee, will you please call the
14 roll.

15 THE CLERK: Chair

16 Lozada.

17 COUNCILWOMAN LOZADA:

18 Present.

19 THE CLERK:

20 Councilmember Jones.

21 COUNCILMAN JONES:

22 Present.

23 THE CLERK:

24 Councilmember Squilla.

1 COUNCILMAN SQUILLA:

2 Present.

3 THE CLERK:

4 Councilmember Driscoll.

5 COUNCILMAN DRISCOLL:

6 Present.

7 THE CLERK:

8 Councilmember Harrity.

9 COUNCILMAN HARRITY:

10 Present.

11 THE CLERK:

12 Councilmember Ahmad.

13 COUNCILWOMAN AHMAD:

14 Present.

15 COUNCILWOMAN LOZADA:

16 Thank you. Today's hearing is

17 about one thing, protecting our

18 children in the 7th Council

19 District and across our city. The

20 opioid crisis is not just a public

21 health crisis, it is a daily

22 reality to our kids who are

23 witnessing everything that is going

24 on up close. They see people using

1 drugs on sidewalks, in parks and
2 near schools.

3 Some live in homes where
4 addiction is present. These
5 experiences leave deep emotional
6 scars that can shape the rest of
7 their lives if we don't intervene.
8 Now, our children need safe spaces
9 to talk about what they're seeing.
10 They need access to professionals
11 who understand trauma and can help
12 them heal.

13 But right now too many
14 families are hitting walls when
15 trying to get the help they need.
16 Whether it's due to long waitlists,
17 lack of insurance, language
18 barriers or stigma, the path to
19 care is often out of reach for
20 those who need it most.

21 We hold this hearing to
22 shine the light on those barriers
23 and to commit as a city to doing
24 better the children of the 7th

1 Council District, and Philadelphia
2 deserve more than survival. They
3 deserve to grow up in communities
4 where their mental health is a
5 priority, where addiction doesn't
6 define their environment and where
7 the help they need is just not
8 available, but accessible.

9 This conversation is
10 long overdue, but it is happening
11 now and it's not too late. Thank
12 you all for being with us this
13 afternoon and thank you all to the
14 adults who brought the young people
15 to this chamber to share some of
16 their experiences with us. Often
17 times they are the last ones who
18 are brought to the table to share,
19 but they are the most impacted.

20 I'd like to open up the
21 floor for my colleagues if they
22 have opening statements. The Chair
23 recognizes Councilmember Harrity
24 and then Dr. Nina Ahmad.

1 COUNCILMAN HARRITY:

2 Thank you, Chairwoman.

3 I want to thank
4 everybody for coming out again
5 today. Those of you who know me
6 and know my platform, I've been
7 screaming about trauma since I got
8 here, not just the firsthand trauma
9 that we all know about but
10 secondhand trauma from what the
11 kids see just on their way to
12 school.

13 If you look on my
14 Facebook page, you'll see actual
15 stories from the kids from Memphis
16 Academy talking about what they
17 have to do just to get to school,
18 what they have to avoid, what they
19 see daily. It's not right and
20 something needs to be done with it.
21 That's why I'm glad that the
22 Kensington Committee is looking
23 into this, and I thank my
24 Chairwoman Quetcy Lozada for

1 thinking about her community.

2 You know, we live there.

3 We want these kids to succeed. I

4 talk to the kids on my block.

5 They're good kids. They're not

6 asking for anything extra. They

7 will amaze you if you give them the

8 same opportunities and the same

9 resources that are given to so many
10 kids in so many other places.

11 So again, I hope to get
12 to the bottom of this. I hope that
13 some of our experts will actually
14 talk about secondhand trauma and
15 explain to the other people here
16 what that actually entails. And
17 hopefully, we can make some
18 changes.

19 Thank you, Chairwoman.

20 COUNCILWOMAN AHMAD:

21 Thank you, Chairwoman Lozada.

22 I want to start by
23 saying thank you to you and I want
24 the children to know she's your

1 champion. She's the reason to use
2 the colloquial phrase a dog with a
3 bone. She's not going to let go
4 until your lives are better. And I
5 want to thank her for making us
6 stand up and participate with her.

7 It takes a leader to
8 really drive this conversation and
9 she has been persistent and kept at
10 it until we now have a special
11 committee. It started with the
12 Caucus. I want to thank all the
13 Caucus members who have welcomed
14 the two new Committee members,
15 myself and Councilmember Curtis
16 Jones as the Chair of the Public
17 Health and Human Services Committee
18 for Council.

19 This is of deep concern
20 to us. To me, it's not just
21 trauma. That is experienced in
22 realtime now. It is the impact of
23 trauma on how your brain develops
24 well past the time you actually

1 experience the trauma. So it is so
2 important for us to make sure we
3 are giving the resources, make sure
4 they're available, but always
5 remembering this is considered a
6 first world country. We should not
7 be even here because this should
8 not be a problem in our city. It
9 has been a problem that has been
10 overlooked for too many decades and
11 all of us are culpable for allowing
12 this to happen.

13 So I pledge to you,
14 Madam Chair, that we are going to
15 stay ten toes down to make sure we
16 get some answers and some solutions
17 that really impact our best, the
18 best and the brightest work who are
19 our leaders, who are going to lead
20 this city forward, and they need to
21 know we love you and love can come
22 when we make these changes. So
23 thank you very much.

24 COUNCILWOMAN LOZADA:

1 Will the Clerk please call the
2 first panel of witnesses to
3 testify.

4 THE CLERK: We have Tony
5 Valdes from Children's Crisis
6 Treatment Center and Hector Ayala
7 from Hispanic Community Counseling
8 Services.

9 (Witnesses approached
10 witness table.)

11 COUNCILWOMAN LOZADA:
12 Good afternoon. Thank you for
13 being with us today. Please state
14 your name for the record and begin
15 with your testimony.

16 MR. AYALA: Hector
17 Ayala.

18 MR. VALDES: Antonio
19 Valdes.

20 MR. AYALA: Good
21 afternoon, Councilwoman Lozada,
22 members of the Special Committee,
23 colleagues, neighbors and my
24 children of Kensington. My name is

1 Hector Ayala and I'm the president
2 and CEO for Hispanic Community
3 Counseling Services as well as the
4 Co-chair for the Latino Behavioral
5 Health Coalition.

6 For 24 years, HCCS has
7 stood with the city serving more
8 than 3500 families every year with
9 bilingual, culturally responsive
10 and trauma-informed care. We walk
11 with families through their hardest
12 moments. We have seen firsthand
13 the struggles and the strengths of
14 this community. And today I'm here
15 to speak to one clear truth: The
16 opioid crisis is not just about
17 addiction and overdoses. It's a
18 children's health emergency.

19 Every week we see
20 children carrying stories too heavy
21 for their age or burdens no child
22 should bear. An 8-year-old that
23 cannot sleep because sirens remind
24 him of overdoses or a 6-year-old

1 who draws an empty playground
2 because he knows it isn't safe to
3 go outside. These are not kids
4 with issues or behavioral problems
5 or people with even depression.
6 Their behavior is trauma, grief,
7 anxiety and fear carried in their
8 little bodies every single day.

9 They live surrounded by
10 open-drug market activities,
11 discarded needles and biohazards
12 like human waste outside their
13 schools and their homes. Families
14 are living in a neighborhood where
15 the civil rights of a few are
16 imposed over the human rights of a
17 whole community and the cost is
18 being paid by our children.

19 We also lost too many
20 fathers, too many brothers, too
21 many men in our community. Their
22 absence leaves households without
23 stability and children without role
24 models. And meanwhile, trauma

1 itself is being normalized.
2 Families adapting by adopting
3 cycles of despair, hypervigilance
4 or hopelessness. Trauma is being
5 passed down as a way of life. That
6 is the hidden cost of this
7 epidemic.

8 Councilmembers,
9 Kensington has endured riots, mass
10 incarcerations, COVID and now the
11 opioid epidemic. Each wave has
12 left scars, but families are still
13 there. Children are still here and
14 they are still asking us for
15 fairness, safety and hope.

16 Kids and families are
17 asking us with their behaviors and
18 with their silence, am I safe, am
19 I'm seen, do I matter? So the
20 question before us is not whether
21 we see the crisis. The question
22 is, what we will do for these
23 children.

24 So here's my ask: May

1 Kensington children, the front line
2 of this city's response, put their
3 safety, their healing and their
4 future at the very center, direct
5 opiate settlement funds towards
6 child and family center
7 interventions, establish a
8 Kensington school wellness package
9 with clinicians, grief groups, safe
10 hospitals and transportation
11 family centers, recovery programs
12 that keep parents and children
13 connected. Stylize the work with
14 targeted funding for bilingual,
15 trauma-informed clinicians and
16 assert that communities safety and
17 children's human rights are
18 non-negotiable priorities.

19 So this is not just
20 about one agency. City partners
21 can move this. We have the
22 Department of Behavioral Health.
23 We have Community Behavioral
24 Health. We have the Office of

1 Children and Family Services. We
2 have the Philadelphia Department of
3 Public Health. We have the Office
4 of Homelessness. And again, all
5 these agencies are providing great
6 services in our community.

7 Now is the time to
8 combine forces. Now is the time to
9 be strategic about what we would
10 like to see in our communities.
11 And because these children are not
12 defined by trauma, they are defined
13 by their resilience. These are the
14 next artists. These are the next
15 athletes. These are the leaders in
16 the making.

17 So if we have the
18 courage to act together, we will
19 not just fight an epidemic. We
20 will return to these children
21 something priceless, their
22 childhood. And with it, we will
23 secure the future of Philadelphia.
24 Thank you.

1 MR. VALDES: Good
2 afternoon. Good afternoon,
3 Councilmembers. My name is Tony
4 Valdes and I'm the Chief Executive
5 Officer at Children's Crisis
6 Treatment Center. I've served as
7 CEO at the organization for 28
8 years. CCTC's mission is to
9 passionately serve the mental and
10 behavioral health needs of children
11 and families, beginning in early
12 childhood.

13 We meet children where
14 they are, in their homes, schools
15 and communities and help them reach
16 their full potential regardless of
17 their challenges. Each year our
18 staff delivers trauma-informed care
19 to more than 3500 children and
20 families across the Philadelphia
21 region.

22 I want to thank you for
23 giving me the opportunity in a few
24 minutes to talk today about

1 something that matters deeply to
2 children, families and the future
3 of communities. I want to speak
4 about the concept of protective
5 factors and how they mitigate the
6 impact of adverse childhood
7 experiences and strengthen
8 resilience.

9 What helps kids bounce
10 back from challenges? A lot of
11 what we're talking about today is
12 really reactive and I'm going to
13 keep reframing that as much as
14 possible. We sometimes thinks of
15 resilience as something kids are
16 just born with, but research and
17 what we have experienced at CCTC
18 shows it's really built through
19 their surroundings, their families,
20 their schools, their neighborhoods
21 and opportunities we give them.
22 Protective factors are the building
23 blocks of resilience.

24 They are the conditions

1 in families, communities and
2 schools that help kids thrive and
3 reduce chances of negative
4 outcomes. The more protective
5 factors a child has, the better
6 their ability to manage adversity
7 and trauma and the greater their
8 chances of growing into healthy,
9 capable adults.

10 Some examples of
11 protective factors at the community
12 level include access to good
13 medical and mental health care that
14 meet children and families where
15 they are, safe stable housing,
16 affordable nurturing childcare and
17 preschool, safe engaging
18 afterschool programs, jobs for
19 parents with family-present
20 friendly policies, strong
21 partnerships between government,
22 local child/family-serving
23 organizations, physical health care
24 providers, mental health care

1 providers and neighborhoods and
2 communities where people know each
3 other and feel connected.

4 And on the personal
5 side, protective factors look like
6 kids being able to talk with family
7 about their feelings, knowing their
8 family is there during hard times,
9 having at least two caring adults
10 outside the home who are invested
11 in them, feeling safe at home,
12 supported by friends and like they
13 belong in school.

14 So what does this mean
15 for us? If we want resilient kids,
16 we need to make sure families and
17 communities have these protective
18 factors in place. This should not
19 be a matter of luck, where I'm born
20 or how I'm born into it. We should
21 institutionalize protective
22 factors. This means policies that
23 support stable housing, access to
24 quality child care in schools,

1 accessible and integrated
2 community-based mental health
3 services, family-friendly
4 workplaces and safe community
5 spaces where people can connect.

6 When we invest in
7 protective factors, we're not
8 reactively responding to problems
9 after they arise, which is how our
10 current policies address these
11 issues. We're strengthening whole
12 communities and creating the
13 conditions for children and
14 families to thrive even in the face
15 of adversity.

16 Resilient kids don't
17 happen by chance. They grow up in
18 strong communities. And when we
19 invest in the foundational building
20 blocks that create strong
21 communities, safe housing, quality
22 child care, good schools -- let me
23 say great schools -- and accessible
24 health care, we're not just helping

1 kids bounce back. We're creating
2 opportunities for them to succeed.
3 If we want healthy, capable adults
4 tomorrow, we must strengthen
5 communities today. This is not
6 just good policy. It's the
7 smartest investment we can make.

8 I want to thank you
9 again for your time today and
10 allowing me to give my testimony.
11 I look forward to continuing this
12 conversation and for CCTC to be a
13 resource for you on this topic in
14 the future.

15 COUNCILWOMAN LOZADA:
16 Thank you both for being with us
17 today and for your continued work
18 in our community. I've had the
19 honor of knowing both of you and
20 knowing your work and how much you
21 all care about the work that you
22 do, and very specifically about the
23 work that you do in the 7th Council
24 District, specifically in the

1 Kensington community. And for
2 that, I'm grateful.

3 I've met with both of
4 you various times and I think that
5 part of my frustration is that
6 there are many organizations in the
7 Kensington community that are there
8 to respond to some of the mental
9 health opioid crisis, addiction,
10 the substance abuse disorder that
11 we know is happening there, and yet
12 we find ourselves here, right. For
13 years, we've been having the same
14 conversations about what do we do
15 and how do we do it better, how do
16 we connect people to resources.

17 I believe, and I've said
18 this very publicly, that the reason
19 why we are the epicenter is because
20 government has allowed that to
21 happen. Government has inflicted
22 the trauma that our kids see there
23 every day. And as professionals,
24 we all know that if we don't

1 respond to what is happening there,
2 we are going to see the children
3 that are being raised in that
4 Kensington community become a part
5 of the systems that we say we don't
6 want them to be a part of.

7 Tony, you mentioned that
8 CCTC serves about 3500 children
9 across the city. Can you tell
10 us -- and, Hector, this question is
11 for you as well. Can you all tell
12 us very specifically of the
13 children that you serve? How many
14 of them actually come from the
15 Kensington/Harrowgate community?
16 And what are the challenges that
17 you experience when working with
18 government agencies? What are
19 those challenges that you
20 experience to be able to really
21 connect our kids to the services
22 that they need so that they don't
23 become the future of those systems?

24 MR. VALDES: So this is

1 a bit of an estimate, but I'll
2 start with I'd say about a sixth to
3 a seventh of the kids that we serve
4 come from that general area. About
5 40% come from Eastern North
6 Philadelphia. But as you know,
7 from that neighborhood people are
8 moving around the neighborhood all
9 the time. So who lives in which
10 zip code at any given time,
11 families are mixed across zip codes
12 in those neighborhoods. But I'd
13 say about 40% of our kids come from
14 that general area, I think.

15 And this is why I
16 focused on the protective factors
17 and talking about this. I think a
18 big challenge. This isn't just
19 about Kensington. Kensington is
20 the canary in the coal mine, right,
21 where it's gotten worse. But I
22 think there's a bigger issue of
23 coordination and how we think about
24 systems and the fact that we are

1 reactive in nature. And I think
2 both those things are powerful in
3 terms of the impact they have over
4 our ability as a system to make
5 real change happen.

6 So when I think about
7 the piece about reactivity, that
8 if you look at it is not just the
9 Philadelphia issue. That's a
10 national issue. Our model's for
11 providing social services. We wait
12 to provide housing until people
13 don't have housing. We wait to
14 provide job support until people
15 don't know how to get a job. We're
16 not really building systems or help
17 people when they're children or
18 young adults to be successful
19 before they're in trouble.

20 So I think our
21 strategies, if we could, as a city
22 become more strategic in nature and
23 how we think about those things,
24 could make sure that 15, 20 years

1 from now the conversations we're
2 having look very, very different
3 from today. So I think that's the
4 issue of us being too reactive.

5 In terms of
6 coordination -- and this is again
7 not a unique Philadelphia issue --
8 is that systems tend to be
9 functioning sometimes in silos.
10 And so, the money comes through
11 from wherever it's coming through,
12 whether it's local taxes, whether
13 it's federal or state money that's
14 coming through, and then each of
15 those systems is doing sometimes
16 their best to do what they can do
17 within that structure and they have
18 their own set of providers and
19 people that they contract with to
20 deliver services. And so, how
21 things are maybe done across the
22 system aren't as consistent as they
23 could be or more importantly, as
24 well coordinated as they could be.

1 I also think that that
2 concept of integration and
3 partnership is really important
4 because often what will happen, and
5 this is less now than it was
6 before, but often what would happen
7 is that the concept of integration
8 among systems is how the system is
9 working at the top and not
10 necessarily how it looks on the
11 ground.

12 So, for example, is it
13 more important for the behavioral
14 health system and the school
15 district to have a strong
16 relationship or is it more
17 important for them to make sure
18 that the provider and those that
19 may be assigned to those schools
20 have a strong relationship. So
21 systems in general could emphasize
22 more, making sure that those
23 relationships at the ground level
24 where the real impact happens is

1 certain kinds of behaviors that are
2 reinforced and rewarded.

3 Now, I think that's
4 probably if we looked across the
5 entire city we would see that no
6 matter what service we're looking
7 at and where it is, that's probably
8 a pattern that we could see in
9 housing and homeless services and
10 probably everywhere else. And
11 that's a guess because I'm not in
12 those spaces, but I'm going to
13 guess that that integration at the
14 ground level isn't anywhere near as
15 effective as it could be.

16 COUNCILWOMAN LOZADA:
17 Hector.

18 MR. AYALA: Well, I will
19 say that probably 85%, 90% of my
20 children are from the Kensington
21 area. My agencies or my sites are
22 located in the zip code 19134.
23 This is at the corners of
24 Kensington & Allegheny. I agree

1 with Tony. What we have seen is a
2 lot of reactive systems towards the
3 problems and issues that we have in
4 Kensington instead of actually
5 taking a more proactive approach to
6 what we do.

7 There is also a lot of
8 misconceptions about what trauma
9 is, how it looks like and how it's
10 affecting our communities. We have
11 a lot of externalization of
12 depression and anxiety that looks
13 like hyperactivity, oppositional or
14 defiant behaviors, when in reality
15 these are children who are crying
16 out for help. I think how agencies
17 programs work, I mean we all have
18 different goals. We all have
19 different objectives. And
20 sometimes this prevents from
21 agencies collaborating better or
22 creating a network of services that
23 will really make an impact on our
24 children's and our families.

1 We want a system that is
2 not just one provider. We want a
3 system in a way that we can measure
4 the progress of the family of these
5 children. It doesn't matter where
6 you come from to which agency or
7 what level of care. We all are
8 working together in making sure
9 that we accomplish those goals that
10 have to do with safety, has to do
11 with more preventive approaches
12 towards mental health, and number
13 three, how we create those safe
14 hubs, how we create those safe
15 corridors that will be conducive
16 for what we're looking for.

17 COUNCILWOMAN LOZADA:
18 Both of you have mentioned us being
19 reactive, right. How has your
20 individual organizations worked
21 towards being proactive, right?
22 You guys are the boots on the
23 ground. What have you all done to
24 be more proactive in the work?

1 Each of you or at least,
2 Hector, your organization is right
3 there in the center. And we have
4 multiple schools, some who are
5 represented here today, whose
6 facilities are within a walking
7 distance from your space.

8 MR. AYALA: That's
9 correct.

10 COUNCILWOMAN LOZADA:
11 How have you proactively worked to
12 be able to respond to some of the
13 trauma that our kids experience
14 just in their day to day and how do
15 you partner with some of those
16 schools in that footprint to be
17 able to ensure that our children
18 are receiving the resources that
19 they need?

20 MR. AYALA: Great
21 question. I mean, we started with
22 creating a safe corridor anti-
23 violence program, which has been
24 supported by the Department of

1 Behavioral Health and Intellectual
2 Disabilities. And what we had in
3 mind was create access to services.
4 We want these mothers, these
5 fathers, these families to be able
6 to bring their children after
7 4 o'clock during winter when it's
8 dark and they were afraid of
9 walking or coming to visit services
10 because of it.

11 So we started with
12 creating safe corridors. We
13 started to talk to the community.
14 We started to talk to the
15 neighbors. We started to talk to
16 those captains around the agency,
17 and we were very successful at
18 that.

19 I'm very proud to say
20 that last year my anti-violence
21 unit or program was able to reach
22 19,000 children here in
23 Philadelphia through their efforts,
24 through the work that they're

1 doing. So that's just one angle.

2 You have to make services

3 accessible. You have to go where

4 the need is.

5 For example, we provide

6 a lot of mobile therapy, and this

7 is not just limited to seniors. I

8 mean, these are for families and

9 children as well. We just started

10 a collaboration with the school

11 district and we will have onsite

12 trauma-informed clinicians working

13 at Elkins School. So we see that

14 these models -- again, it's about

15 keeping their children when they

16 feel safe. We want to cut on

17 children coming out of the school

18 to receive services. We want these

19 children to learn. We want these

20 children to be at school.

21 So we have been blessed

22 with the fact that the school

23 district has trusted us to start

24 this pilot program and to see what

1 are the goals and objectives that
2 we will be able to achieve. Again,
3 what I would like to see is
4 families eating together. What I
5 would like to see is this child
6 being able to finish his homework.
7 What I would like to see is this
8 child going to school without
9 fearing that something is going to
10 happen to him or her.

11 My tasks are very
12 simple. And again, it's about
13 being proactive about these things,
14 meeting the families, meeting these
15 children where they are. Going
16 outside the four walls of your
17 organization to make the
18 difference. Without those
19 conversations and that
20 collaboration, we won't be able to
21 be proactive and we won't be able
22 to understand a little bit better
23 what's going on.

24 And again, I mean I

1 think that a lot of homework needs
2 to be done and explaining people
3 what is trauma and how trauma has
4 affected all of us and how we are
5 carrying this through our
6 behaviors, our decisions, our
7 emotions and how that is being
8 transferred to our children.

9 COUNCILWOMAN LOZADA: My
10 final question before I turn it
11 over to my committee members: We
12 have talked a lot about the need
13 for mental health specialists to be
14 in some of these schools that are
15 within a walking distance from
16 ground zero. And I've heard some
17 frustration from some of our
18 schools that they don't have enough
19 mental health specialists or that
20 the process is not how and where it
21 needs to be.

22 Do your agencies serve
23 and work closely with the School
24 District of Philadelphia? How does

1 that process work and what can we
2 do better to make sure that our
3 children are receiving those
4 services?

5 MR. VALDES: So I don't
6 want to speak for CBH because
7 they're here and I'm sure they're
8 going to talk about this a little
9 bit, but there's a model in the
10 city of Philadelphia where school-
11 based services and community
12 services are assigned through a
13 regionalized contract. So there
14 are providers in different regions
15 responsible for different grouping
16 of schools, which are called
17 clusters.

18 And none of -- the area
19 we're speaking of today CCTC is not
20 the provider. And we're right up
21 the road. For example, we're at
22 Munoz Marin a few blocks away, but
23 not specifically there. So I think
24 the specific thing is that there

1 are providers assigned to each
2 school. And I think the issue of
3 individual performance or whether
4 that school is satisfied with the
5 way those services are being
6 delivered, I think that's really
7 about clarification around
8 expectations and what that school
9 is looking for and what that
10 provider is capable of providing or
11 not and of course including CBH in
12 that conversation so that those
13 expectations can be met. But I
14 would say that technically there is
15 someone assigned to every school in
16 the city so that you would think
17 that there should be some space for
18 open conversation about those
19 possibilities.

20 If I could, I wanted to
21 quickly just say one more thing
22 about if I could to your previous
23 question. One of the things that
24 we've had to work really hard to,

1 you'll hear this I think a lot
2 throughout the rest of the hearing,
3 is that certain dollars that the
4 city is getting can only be spent
5 in certain ways, and that's
6 especially true for like the CBH
7 dollars which are heavily
8 treatment-based.

9 So what we've done in
10 recent years is around two
11 particular things that are just
12 examples of how we can think about
13 this differently. One is to focus
14 on partnerships and looking for
15 private funders to support us
16 around funding integrated
17 partnerships within spaces such as
18 early childhood programs, rec
19 programs, things of that nature so
20 that we're reaching families and
21 kids in different ways and then
22 we're placing staff permanently
23 within those. And they don't only
24 provide services to the kids and

1 families. They do coaching for the
2 for the coaches, the teachers,
3 whatever the place is.

4 The other thing we've
5 invested in for a long time, again
6 had to find primarily private
7 funding, has been parenting
8 programs and really evidence-based
9 parenting programs that bring
10 trauma-informed concepts into the
11 conversation so that we're able to
12 work with parents in different
13 ways. And it's also not just great
14 because they learn how to interact
15 differently with their children,
16 but they also find each other and
17 they realize that they're not the
18 only person in the room that had a
19 kid with these kind of severe
20 behavioral challenges and then they
21 become a support system to each
22 other. And we found both of those
23 things as examples to be really
24 powerful things that create

1 community at the provider level in
2 one case and at the family level at
3 another.

4 COUNCILWOMAN LOZADA:

5 Thank you.

6 The Chair recognizes
7 Councilmember Curtis Jones.

8 COUNCILMAN JONES: Thank
9 you, Madam Chair. And thank you
10 for not being so frustrated that
11 you stopped leading us in this
12 direction. I am truly grateful for
13 your leadership in this regard.
14 I'm a firm believer that until
15 Kensington is free of some of these
16 problems, nowhere in the city is
17 free because all of us experience a
18 small version of Kensington
19 throughout the city.

20 In my old neighborhood
21 when I was coming up, the drug of
22 choice was crack cocaine. And it
23 wasn't as intense as Kensington is,
24 but it was there. And in my

1 travels and my responsibilities, I
2 came up with three groups of kids:
3 Sheep that are going to be all
4 right. They're going their own
5 way. They're in it, but not of it.
6 They're going to go away, get a
7 job, go get married, wind up in
8 somebody's college campus and do
9 well in life.

10 The second group were
11 wolves. And these were people in
12 the community, young people that
13 grew up to be predatory towards the
14 same young people that they grew up
15 with. It happened. And then there
16 was a third group that were
17 shepherds, guard dogs of the sheep
18 that came back into community,
19 similar to you, right, came back to
20 the community to protect the herd,
21 if you would. Jimmy is a shepherd.
22 He could have been a sheep. He
23 could have been a wolf. He chose
24 to be a shepherd.

1 So my question to you is
2 if we take the vast majority of
3 these young people that are going
4 to go right through Kensington and
5 go right onto a good life out of
6 the equation but focus on the
7 at-risk young people that can go
8 either way, how do you identify
9 them and how do you give them what
10 they need to become what they need
11 to become?

12 MR. AYALA: Thank you.
13 I'll take a stab at that one.
14 Without them we won't be able to
15 solve this problem. I think that
16 we have to recognize how these
17 different groups have been affected
18 by trauma. These individuals that
19 now are the predators probably they
20 were victims before, and that's the
21 cycle that we need to stop.

22 We have communities like
23 I mentioned before that adopted
24 these addictive behaviors, and not

1 necessarily they're using drugs,
2 but they adopt this way of life
3 that encourage and that motivates
4 individuals to go on in that line.
5 Rules and beliefs are created based
6 on those experiences. So there is
7 a cognitive factor also that
8 supports this type of mindset.

9 And again, at the end of
10 the day everyone is trying to
11 survive. At the end of the day it
12 doesn't matter that you are one end
13 or the other. We all become
14 victims of it. We all suffer by
15 it. Even when -- I mean, the
16 predators who are fathers, who are
17 brothers, who are sons as well, I
18 mean when you take them out of the
19 equation families suffer. So we
20 are not solving the problem. And
21 it's not about pointing fingers.
22 It's understanding that we are
23 dealing with multi-generational
24 trauma.

1 Treating this trauma,
2 addressing this type of issues
3 requires more than just a
4 psychiatric evaluation or
5 psychological evaluation or
6 medication. It takes for us to
7 understand what happened instead of
8 what's wrong. And I think that
9 when we ask the right question what
10 happened, how we got this, I think
11 it's easier to come up with
12 solutions. And it's easier not to
13 pass judgment on those individuals
14 that we know that they're victims
15 as well.

16 MR. VALDES: To sort of
17 get back on the what's happened
18 just for a second, so if we take --
19 just move forward with the concept
20 of what's happened instead of
21 what's wrong with the kid, and this
22 could be said of an adult or
23 anybody else, when terrible things
24 or difficult things happen to

1 people, they tend to be create
2 certain reactions, certain
3 behaviors which made a lot of sense
4 for the really ugly moment. They
5 were highly adaptive for the
6 difficult situation. The high
7 stress, the acute situation, is
8 removed.

9 But what tends to happen
10 with human beings is that they keep
11 doing the thing that they learned
12 even when it's no longer necessary.
13 That hyper-attentive kid who's like
14 now reacting to everything, getting
15 angry or ready to have a fight over
16 the smallest little thing because
17 he's still reacting to that drunk
18 boyfriend who used to beat up his
19 mom when he was 4 years old. And
20 then what ends up happening is that
21 kid ends up having in his own
22 family, his kids don't experience
23 the trauma that he experienced.
24 But the habits as to how to react

1 get passed on to his kids and how
2 to interact with a woman for
3 example, and those things start
4 moving along generationally.

5 And then you don't
6 understand where it began because
7 it didn't even begin in this
8 generation. And what you're
9 looking at has to do something with
10 Grandpa Joe. You barely remember
11 Grandpa Joe, but the inheritance is
12 pretty significant.

13 So thinking about that
14 that way you begin to understand
15 that families, communities,
16 neighborhoods, there's a certain
17 amount of pain that's going on that
18 relates to things that have
19 happened over time to them, that
20 they haven't ever stopped to heal
21 or recover from. Some kids,
22 amazing resiliency for all the
23 reasons I talked about earlier,
24 right, and they find a way. No

1 matter what, they find a way. But
2 for a lot of the kids, they ride
3 that horse. They keep going
4 forward and then another generation
5 lives the same experience again.

6 COUNCILMAN JONES: Now,
7 I know you know what you're talking
8 about. And the reason I say that
9 is because in my experience not
10 just as an elected official but as
11 a track coach, I go in some homes
12 and the athlete's parent was
13 addicted, they were self-medicating
14 on the couch. I'm getting them to
15 try to fill out forms to go on a
16 track meet. Yeah, whatever, I'm
17 not paying anything. I'm like, you
18 don't know me. You're letting your
19 child go away with me without
20 questioning me.

21 That kid I thought would
22 have no chance of normalcy,
23 sobriety, contact with -- they went
24 on and became a graduate of Penn

1 and in social work. So that's one
2 kid. Another kid, comes from a
3 middle-class working family, got
4 all of the cards lined up and they
5 wind up being a terror to the
6 neighborhood. So it's
7 counterintuitive sometimes. I
8 think, well, this person's got a
9 great -- so I don't know the
10 formula.

11 MR. VALDES: It's art,
12 not science let me be clear. But
13 you think of it as a scale. On one
14 side of the scale you have
15 adversity and trauma and the other
16 side of the scale you have
17 protective factors. And sometimes
18 you can't see it because families
19 have covered up the bad stuff
20 that's happened really well, but
21 the protective factors can outweigh
22 trauma.

23 So a kid who's
24 experienced a lot of bad stuff you

1 can see because they have such
2 strong protective factors on the
3 other side of the scale. You know,
4 grandma was like an amazing loving
5 support for that kid in early
6 childhood. And despite all the bad
7 stuff, grandma weighed down the
8 protective factor side so much that
9 it gave that kid so much
10 confidence, so much sense of self
11 that they were able to overcome a
12 lot of the bad stuff that happened
13 to them. So you can't look at this
14 formula without looking at both
15 sides of it and understand what has
16 happened to a child combined with
17 what are the protective factors
18 that child has experienced in their
19 lives. And we all know the
20 stories.

21 And you brought up
22 sports. Check out 30 for 30.
23 What's the one thing you're going
24 to see on almost every episode.

1 Suddenly some adult steps into that
2 kid's life and the story starts to
3 become about that adult that showed
4 that kid that he mattered almost
5 every single time.

6 COUNCILMAN JONES: Thank
7 you, Madam Chair.

8 COUNCILWOMAN LOZADA: I
9 think for me it's really
10 frustrating because you're right,
11 there are a lot of situations and
12 there are many families in our
13 communities that are experiencing
14 trauma behind the four walls of
15 their home and they're not
16 discussing it, right.

17 So to me it is important
18 that as a city, as a government, we
19 try to eliminate all of that
20 outside trauma that is occurring in
21 communities like mine to at least
22 give children an opportunity to be
23 successful in the future, right.
24 And so, when I fight and I complain

1 and I advocate for us removing all
2 of those things that are happening
3 on a child's way to school, on a
4 person's way to work, it is because
5 of that. It is because we don't
6 know what they're experiencing on
7 the inside. And I think that we
8 have a responsibility to try to
9 eliminate some of those traumatic
10 experiences that people witness
11 through the lens of their eyes just
12 in their day-to-day, right.

13 And so, I hope that as
14 part of this conversation we figure
15 out and that in five years from now
16 we're not having this very same
17 conversation about everything that
18 people go through, yes, in the city
19 of Philadelphia, but more so in a
20 space that we know is ground zero,
21 right.

22 We know that in our
23 day-to-day the children and
24 families that live in that

1 Kensington/Harrowgate community are
2 subjected to trauma that we've
3 allowed as a government to happen
4 there over the course of a few
5 years.

6 The Chair recognizes
7 Councilmember Dr. Nina Ahmad.

8 COUNCILWOMAN AHMAD:
9 Thank you, Madam Chair.

10 Just to piggyback on
11 what you said about protective
12 factors that can play a huge role
13 in someone who's been exposed to
14 trauma, I am that child. I lived
15 through war. I saw tanks roll down
16 my street. I saw dead bodies on
17 the side. Every night was -- we
18 didn't know we'd wake up to be
19 alive the next morning, but I did
20 have protective factors. So by the
21 grace of God, I'm sitting here
22 today. Improbable journey, it can
23 happen.

24 But what it seems to me

1 we need to do is disaggregate our
2 data enough so we can check down to
3 individual child to know what their
4 environment is, what are their
5 protective factors if they don't
6 know how to provide that, right.
7 So I think we have a lot of
8 services doing a lot of things, but
9 sometimes we have buckets we put
10 people in and we are not
11 disaggregating the data down to the
12 individual level. That's true not
13 just of work here, but of anything
14 for it to actually work, we have to
15 be granular in our work.

16 So I'm hoping with all
17 these nonprofits and service
18 providers, you know, DBI --
19 Department of Behavioral Health and
20 Intellectual Disabilities and CBH,
21 we can come up with a system where
22 it allows you to actually know the
23 child, right. This is true of the
24 school setting. This is true of

1 your engage -- you know, how you
2 touch a child.

3 And the second part of
4 my question is how are you
5 following the child to know they're
6 actually getting better? What sort
7 of outcome-based work is happening
8 after you've had engagement with
9 the person, with the child?

10 MR. VALDES: So I'll
11 just speak as a provider. It's
12 limited how long we're going to be
13 able to stay involved with
14 children. So we do in some cases
15 stay involved with them as much as
16 6 or 12 months afterwards. But
17 longitudinally, that's not
18 information that we have access to,
19 because as a health care
20 provider -- because at the end of
21 the day mental health is health
22 care -- there's a point at which
23 the child is discharged, the
24 family's discharged from our

1 services so we don't see them long
2 term. We only see the improvement
3 while they're with us and for some
4 short period afterwards have they
5 sustained it.

6 And it's everything from
7 school performance, grades,
8 behavioral measures in the schools,
9 different kinds of ratings that we
10 use on relationships, emotional
11 development, the ability to
12 maintain relationships with peers
13 and family members. All those
14 types of things are scales by which
15 we rate and see if kids are showing
16 improvement in all those different
17 areas.

18 COUNCILWOMAN AHMAD: So
19 in that -- go ahead, Hector. Did
20 you have something you wanted to
21 add?

22 MR. AYALA: I mean, as
23 providers we are actually, you
24 know, we are in a very I will say

1 tremendous moment in terms that now
2 with AI and electrical records we
3 will be able to analyze this data.
4 We will be able to compile the
5 information that is not only
6 specific to the patient. It's also
7 specific to the community that
8 you're serving.

9 As of now, the data that
10 we have collected has pointed out
11 what we knew that it was true. I
12 mean, people in the community are
13 concerned about violence, people in
14 the community are concerned about
15 substance abuse, they're concerned
16 about domestic violence. We see a
17 lot of separation in children
18 living now with grandparents. So
19 as we continue to gather this data,
20 this hopefully will help us to
21 guide us in what are the right
22 interventions clinically that we
23 will be utilizing, what are the
24 networks and partners that we will

1 have to create in order to be
2 effective.

3 We just don't want to
4 measure, which is the easy part,
5 the duration of symptoms or we
6 don't want to measure ourselves
7 based on how many people get access
8 to services. That's the easy part.
9 But we want to know how effective
10 we are with these families and
11 these children and how we can
12 utilize this data to create new
13 models or to affirm what we know
14 already, that what are those
15 interventions that we know that
16 works in our communities.

17 COUNCILWOMAN AHMAD: So
18 that's great to know that you're
19 looking at whatever measure you
20 have for 12 months, 6 months, you
21 can see results. But we've had
22 these services for a long time so
23 it's not just new data. We should
24 be having decades, right.

1 So the reason I'm saying
2 this is we can have all this
3 conversation now, looking forward
4 it'll look great, but we've already
5 done this. Why are we where we are
6 if we have been giving services and
7 we have oversight from different
8 organizations, because we'd love to
9 all be Kumbaya here and move on.
10 But if we don't really get to the
11 bottom of why are we where we are
12 if we have been spending billions
13 of dollars in this sector and yet
14 we still get the same answer, that
15 we don't have enough information.

16 No, you have a lot of
17 information. Not just you and I
18 don't mean just the two of you
19 here. I mean in this sector. And
20 I would like to know why we are
21 where we are today with all this
22 investment that has been made by
23 federal, state and local
24 government. While my colleague

1 here says government has allowed
2 it, but we have partners in
3 government who have also allowed
4 it, not just us, right. So I want
5 to hold all of us accountable and I
6 want to know why are we still here
7 if we have been giving these
8 services for many, many years?

9 MR. VALDES: So when I
10 first spoke I think that was where
11 I was going, which is the why to
12 that question is not necessarily,
13 although obviously we need to know
14 whether what we're doing is
15 effective, but it's not necessarily
16 in the effectiveness of the
17 treatment. It's are we treating
18 the symptoms of the system and not
19 getting at the core problems which
20 is where I go back to the
21 foundation concept.

22 So are we creating great
23 schools or just mediocre or
24 adequate schools. Are we

1 integrating services where the
2 services that are being provided
3 are actually working in the same
4 direction. So physical health
5 services, behavioral health
6 services, housing, all those
7 things, addiction services.
8 Everything that you can imagine,
9 are these things all working in a
10 coordinated way to create
11 opportunity for families.

12 Are parks actually safe
13 for kids to play in. Do families
14 feel like they can go outside and
15 have a barbecue in the
16 neighborhood. All those things
17 that make for healthy neighborhoods
18 where people know their neighbors,
19 where they interact with them, they
20 lean on them. All those things
21 that make for healthy communities
22 is really what the core base
23 problem is.

24 COUNCILWOMAN AHMAD: So

1 I hear you. What do we need to do
2 though because we have communities
3 in Philadelphia who do function
4 like that? You come up to some
5 parts in the Northwest. They do
6 function like that, right. And so,
7 if I were to do a comparison of one
8 area to another and then do by
9 subtraction what is missing here
10 and what do we need to do
11 collectively. We don't have time
12 anymore. We have to save these
13 kids right now.

14 So what do we need to
15 do, us? What can we do now that
16 will connect all these
17 intersectional services to actually
18 produce that there's a family who
19 can barbecue and be safe and feel
20 comfortable? We need to move.

21 MR. VALDES: And
22 obviously, we're not going to do
23 this in one hearing, right.

24 COUNCILWOMAN AHMAD: No.

1 MR. VALDES: But I would
2 argue that the big challenge that
3 we're experiencing -- so I give the
4 example of this -- a couple of the
5 highest performing elementary
6 schools in the city are in
7 Fishtown. Public schools, how is
8 that happening. So we need to
9 understand the impact of all the
10 pieces how they fit together.

11 I don't want anybody
12 screaming at me today about the
13 impact of charter schools on
14 regular public schools, right,
15 because I know that topic could
16 blow the roof off the room, right.
17 But we have to have bigger
18 conversations about every time that
19 we make a small change in the
20 system are we making the system
21 worse. Like, when we fixed this
22 over here did we just worsen this
23 part of the system over here when
24 we went after this.

1 So I think in general
2 there has to be a bigger
3 conversation about the strategic
4 goals of all of these services so
5 that they're coordinated with a
6 mission to create a great
7 foundation so any citizen living in
8 the city of Philadelphia, any
9 person living in the city of
10 Philadelphia truly, genuinely seize
11 opportunity as something that's
12 within reach. And I think
13 that's --

14 COUNCILWOMAN AHMAD: In
15 order for that strategic oversight
16 to happen we need some people to
17 sort of swallow their egos and sit
18 down and some people with lived
19 experience and to come to the
20 forefront. So this is our goal.
21 But thank you. I know I've been
22 specific about digging down. But
23 if you don't do this now, when will
24 we do it?

1 MR. AYALA: I would like
2 to add that you asked a very good
3 question. I mean, after all these
4 monies and all these investment,
5 all these providers providing
6 services why it is not fully
7 working. When you're constantly
8 exposed to what's causing the
9 problem, it is extremely difficult
10 for any clinician, any doctor, any
11 psychiatrist or psychologist to
12 really make strides in improvement
13 of that patient.

14 When you're constantly
15 battling housing, when you're
16 constantly battling violence, when
17 you're constantly facing challenges
18 in your life, I mean your mental
19 health will make progress. But I
20 mean that progress is limited to
21 what this person is being exposed
22 to. So this is why it's so
23 important that we have to change
24 those dynamics, that we have to

1 take into consideration those
2 protective factors that we know
3 that will make a difference in the
4 kids, children in Kensington.

5 COUNCILWOMAN AHMAD: I
6 thank you all for your service.

7 COUNCILWOMAN LOZADA:
8 Yeah. I find that the interesting
9 part of this is that we know,
10 right. You all have mentioned we
11 need to invest in neighborhoods.
12 We need housing. We need better
13 schools in certain neighborhoods,
14 right.

15 I mean, Tony, you just
16 mentioned Fishtown. But the cost
17 or the income of a person that
18 lives in a Fishtown community
19 compared to one that lives in a
20 Kensington community is
21 dramatically different, right. And
22 we know this. However, those that
23 have and can provide the resources
24 still recognize the issue. They

1 know the issues. They're expert.
2 They can describe the issue like
3 experts and we can talk about all
4 of these things are the things we
5 need to change, but yet here we are
6 years later and we still fail to
7 change things, right.

8 And is it because the
9 people that live in districts like
10 mine are less -- their income is
11 much lower than those in other
12 neighborhoods, right. Is this
13 intentionally being allowed to
14 happen in my community. I say yes.
15 And I say yes very openly, right.
16 But there are people who have
17 access to resources, have access to
18 programs, have the expertise to be
19 able to provide those services and
20 fail to do it because it is just
21 easier to let it continue to happen
22 in my neighborhood, right.

23 I want you to know that
24 it's not okay anymore, right, and

1 that we're going to continue to
2 have these really difficult
3 conversations, that we are going to
4 hold people like the school
5 district accountable for ensuring
6 that our children have a better
7 academic journey, right, that those
8 who have access to affordable
9 housing do real deep, affordable
10 housing in neighborhoods like mine
11 because that's what we need to
12 respond to and that those who
13 receive money for providing this
14 mental health support program do
15 actually deliver those services to
16 communities like mine, right.

17 Because again, we know
18 what experts at talking about the
19 issue. We know what the resources
20 are, but we fail to deliver them to
21 the community that needs them the
22 most. And so, I want to put that
23 out there. I want you all to know
24 that we know, right, and that we're

1 going to start holding people
2 accountable because we don't want
3 to be here five years from now
4 having the same conversation.

5 And then when these
6 children from our elementary
7 schools grow up we can't say to
8 them, you know, why are you not a
9 successful contributing citizen to
10 our city because we should be
11 looking in the mirror understanding
12 that they are not because we have
13 failed them.

14 MR. VALDES: I just want
15 to add if we don't fix the leak, we
16 can keep pouring all the water into
17 that tub you want. So the problem
18 is -- that's why I keep going back
19 to the foundation of we can provide
20 great services. But if we don't
21 get at the root cause of why we're
22 coming back to this conversation,
23 and that's why I think the
24 foundational stuff is most critical

1 because it's leaking and we keep
2 pouring more water into it.

3 MR. AYALA: In addition,
4 Councilwoman, I think expectations.
5 When we look at our children, what
6 do we see, what do we expect from
7 them? And they need to know not
8 what we think of them but that the
9 community needs to let them know
10 what we're expecting from them and
11 we have to protect them. We have
12 to encourage, we have to nurture
13 that aspect because that's part of
14 the problem. What are the
15 expectations? When I look at these
16 adults what do they see in me?

17 Do they see that child
18 from Kensington that is going to
19 end up in a certain manner or do I
20 see that next athlete, that next
21 leader, that person that is going
22 to make a difference in our
23 communities. So that's part of the
24 issue as well. I mean, the

1 messages that we send to our
2 children, to this community needs
3 to change. We need to be more
4 positive on the messages that we
5 put out there on T.V., on social
6 media. You name it, we have to get
7 those messages out there.

8 COUNCILWOMAN LOZADA:

9 Thank you.

10 Are there other
11 questions? Any other questions
12 from members of the committee?

13 (No response.)

14 COUNCILWOMAN LOZADA:

15 No. Thank you so much for being
16 with us today, for sharing your
17 testimony with us and for the work
18 that you do in our community. We
19 look forward to continuing the
20 conversation. This is what I hope
21 is the beginning of a conversation
22 where we're going to work towards
23 real solutions and connecting our
24 community with the mental health

1 services that they need,
2 particularly our young people.
3 Thank you.

4 MR. AYALA: Thank you.

5 MR. VALDES: Thank you.

6 COUNCILWOMAN LOZADA:

7 Before we move on to the next
8 panel, I'd like to recognize
9 Councilmember Cindy Bass who's with
10 us today. Thank you for joining
11 us.

12 COUNCILWOMAN BASS: I
13 thank you for having me, Madam
14 Chair and to the committee. I just
15 really came by because I'm a North
16 Philly girl. And so, Kensington is
17 important to me. If you grew up in
18 North Philadelphia, in any part of
19 North Philadelphia you've traveled
20 through Kensington. I remember
21 what Kensington used to be. I
22 remember shopping along Kensington
23 Avenue. I remember catching the 60
24 bus at K&A to go home. And so, I

1 know the value. I know what it
2 was. I know what it can be.

3 And so, I just really
4 want to stand in solidarity with
5 the committee and that I am here to
6 support and it is in all of our
7 interests to protect our children
8 from what they are seeing on a
9 regular on a daily basis. It's
10 really akin to PTSD and just the
11 constant barrage of trauma that
12 those young people are facing.
13 It's sin and a shame and we have to
14 do something about it. So I'm here
15 to lend my support. I don't
16 represent any of Kensington. But
17 just as a Philadelphian, this is
18 very important to all of us.

19 So thank you, Madam
20 Chair and to the committee.

21 COUNCILWOMAN LOZADA:
22 Thank you. Thank you for joining
23 us today.

24 Will the Clerk please

1 call the next panel that is with us
2 to testify today.

3 THE CLERK: Yes, Madam
4 Chair. We have the President and
5 CEO of CORA, Ms. AnneMarie
6 McDowell; CADEkids who is Lauren
7 Dolan; and Liam Connolly from Safe-
8 Hub.

9 COUNCILWOMAN LOZADA:
10 Good afternoon. Thank you for
11 being with us this afternoon.
12 Please state your name for the
13 record and begin with your
14 testimony.

15 (Witnesses approached
16 witness table.)

17 MS. McDOWELL: AnneMarie
18 McDowell.

19 MS. DOLAN: Lauren
20 Dolan.

21 MR. CONNOLLY: Liam
22 Connolly.

23 COUNCILWOMAN LOZADA:
24 Welcome.

1 MS. McDOWELL: Good
2 afternoon. Thank you for taking
3 the time to convene today to
4 discuss this very important topic,
5 as we as a city must support our
6 children of Kensington. A special
7 thank you to you, Councilmember
8 Lozada, for forming this and for
9 relentlessly pursuing the quality
10 care for your children and families
11 in your area. My name is AnneMarie
12 and I am the CEO of CORA Services,
13 and I must also mention that I'm a
14 resident of District 7 and I've
15 raised my children there.

16 CORA was asked to
17 present today because we are a
18 large children and family resource
19 center in the city whose services
20 for children and families span the
21 array of education, youth
22 development and behavioral health.
23 Least known about the organization
24 is that our largest team of staff

1 works in schools providing
2 psychoeducational evaluations along
3 with other prescribed related
4 services that are supported through
5 schools' IEPs and 504 plans.

6 Specifically, that work is done in
7 our non-public schools as well as
8 in our charter schools.

9 More notably recognized
10 by the general city population is
11 our clinical and our youth
12 development work in schools,
13 providing behavioral health
14 assessments through SAP, drug and
15 alcohol intervention and treatment
16 services, school and community-
17 based IBHS and ABA supports,
18 insurance-neutral counseling for
19 children that does not require them
20 to have a diagnosis, intensive
21 prevention diversion services,
22 out-of-school-time and afterschool
23 programming and summer programming
24 for youth and intensive case

1 management in our community
2 schools, also adding to that Tier 1
3 and 2 truancy case management in
4 many of our schools.

5 I know you're hearing a
6 lot of information today. We are
7 an organization that serves over
8 19,000 children in over 88 zip
9 codes here in Philadelphia and we
10 are in over 225 schools in the
11 city. We've been providing these
12 services for more than 50 years.

13 The main message that I
14 want you to be aware of from our
15 experience is just like was already
16 presented to you, science and our
17 experience over decades of
18 intervention strategies. You're
19 going to hear me talk a little bit
20 more about that. Incorporating and
21 measuring the outcomes of risk and
22 protective factor model has shown
23 that increasing just one protective
24 factor for children will help to

1 remove or at least ameliorate free
2 risk factors. This strategy is
3 particularly important in an area
4 of the city whose children grow up
5 in a personal environment flooded
6 by adverse childhood experiences.

7 And third, to accomplish
8 the goal of really adding
9 protective factors to children. We
10 must focus more attention on
11 prevention and intervention. In
12 our experience where we are seeing
13 the greatest impact in the work we
14 are doing is in our two community
15 schools, of which we're the
16 provider of multiple services.

17 We literally take about
18 at times 11 different contracts
19 through multiple city departments
20 in order to braid services together
21 and funding sources together to
22 fully meet our young people and
23 their families where they are at.
24 At our schools specifically which

1 are not in Kensington, I'm talking
2 specifically about a service model
3 here, Disston Elementary and George
4 Washington High School, which are
5 two community schools with many
6 complex needs, we are able to sit
7 on their leadership teams at the
8 school as we discuss the needs of
9 individual children and their
10 families.

11 Our truancy supports are
12 at that meeting. Our school
13 services coordinators are at that
14 meeting. Our case managers that
15 work with the school leadership
16 team is also at that meeting.
17 Following that meeting, we're able
18 to bring these specific needs of
19 families back to a collaborative
20 network within our own organization
21 to understand how to best serve
22 these unique needs of some of the
23 families that have the most
24 intense -- they're coming to us

1 with some of the most intense
2 service support needs.

3 At these meetings, we
4 make sure that the family receives
5 what they need, afterschool
6 activities, a safe environment to
7 be in after school, additional
8 connection to community resources
9 if the school itself cannot provide
10 what is necessary outside in the
11 home and in the community. We have
12 emergency funds available for
13 families when there may be
14 something that's keeping their kids
15 in their home or keeping their
16 home.

17 There have been times
18 that we have actually supported our
19 families to stay in their home
20 through our eviction diversion
21 program, which the city is well-
22 known for. We also have separate
23 funds from another funding source
24 that helps to infuse social-

1 emotional learning and prevention
2 education around topics like
3 vaping, violence education, drug
4 and alcohol prevention and
5 intervention. So it's these
6 combining of services where we find
7 ourselves most effective.

8 Last year as an example,
9 we had a father who was killed
10 tragically. The older student was
11 at Washington and the younger
12 student was at Disston because of
13 the blended amount of services that
14 we had in both schools, we were
15 able to offer a very comprehensive
16 support to this family, and that is
17 what is necessary to begin to
18 really move the needle on the
19 supports in some of our most
20 at-risk communities. It's in this
21 level of prevention and
22 intervention work at the ground
23 level that we will increase
24 protective factors of the child and

1 their environment.

2 We are certainly
3 grateful and lean heavily on our
4 clinical work as a licensed drug
5 and alcohol facility as well as in
6 our IBHS programs. However, the
7 greatest impact on a day-to-day
8 basis of our work doesn't rely and
9 should not rely on a child needing
10 a diagnosis or meeting medical
11 necessity to be served. That is
12 also an important piece of what we
13 do, but you need the intervention
14 and prevention strategies in
15 Kensington in order to first
16 identify and support the needs of
17 the children. Thank you.

18 MS. DOLAN: Good
19 afternoon, Councilmembers and
20 colleagues and children who are
21 here as well. My name is Lauren
22 Dolan. I'm the Executive Director
23 of CADEkids. We are a prevention,
24 education and student support

1 nonprofit that has been promoting
2 Philadelphia's children's potential
3 for growth while reducing high-risk
4 behaviors for 38 years.

5 CADEkids takes a root-
6 cause approach to addressing
7 substance misuse, violence,
8 bullying and problem gambling and
9 gaming. We do this through three
10 core programs: inschool prevention
11 education, a Student Assistance
12 Program and out-of-school
13 enrichment activities. Last year
14 we offered services at 55 school
15 and community sites throughout
16 Philadelphia. 19 of them are in
17 City Council District 7 at the
18 heart of Kensington.

19 94% of teachers in
20 district seven schools reported a
21 noticeable improvement in student
22 behavior as a result of our
23 program. And 100% of these
24 teachers rated the program quality

1 as good or excellent. I'm
2 immensely proud of my team of 13
3 people that reach over 4400
4 students last year with these kind
5 of stats, but our organization
6 faces barriers of short-term and
7 inadequate funding as well as
8 transportation safety that impede
9 us from reaching more students in
10 Kensington.

11 In the most recent
12 results of the Youth Risk Behavior
13 Survey, 16.6% of Philadelphia high
14 school students did not go to
15 school because they did not feel
16 safe at school or on their way to
17 or from school, and this is the
18 highest rate recorded of this
19 survey in the last 20 years.

20 48% of students in this
21 survey have also reported seeing
22 someone beaten, stabbed or shot in
23 their neighborhood. While those
24 are citywide stats for our high

1 school students, we know that our
2 Kensington students see this and
3 more as they move through their
4 neighborhood. For CADEkids
5 specifically, families have
6 frequently expressed interest in
7 our programs but are not
8 comfortable walking their children
9 to or from the locations even with
10 an adult present.

11 CADEkids and other
12 youth-serving organizations in
13 Kensington need the City Council to
14 be a partner in helping Kensington
15 children thrive. This means
16 providing adequate multi-year
17 funding that enables organizations
18 to be more consistent with their
19 support of kids and families.
20 Consistency combined with program
21 quality enables an adult to move
22 from just someone fun who provides
23 a program to a full, trusted adult,
24 and that is one of the essential

1 protective factors that we work to
2 provide our students.

3 Being a partner to
4 community providers also means
5 including youth-serving
6 organizations in the solutions to
7 getting our children safely to and
8 from both school and additional
9 program sites. Thank you for your
10 time and attention as we work to
11 center the needs of our children to
12 move Philadelphia forward.

13 MR. CONNOLLY: Good
14 afternoon, Councilmembers, and
15 thank you for the opportunity to
16 speak on behalf of the children of
17 Kensington. My name is Liam
18 Connolly and I'm the Executive
19 Director of Safe-Hub Philadelphia.
20 For more than a decade, I've worked
21 in youth development through sport
22 and education in Boston, South
23 Korea, South Africa and now here in
24 Philadelphia.

1 In Kensington, I've had
2 the privilege to be a
3 groundskeeper, a coach, a mentor,
4 fundraiser and today I lead a
5 dedicated team building safe spaces
6 where young people can grow and
7 thrive. Safe-Hub is built on three
8 pillars: programming, partnerships
9 and place. Programmatically we
10 have age-appropriate offerings from
11 cradle through career that focus on
12 building healthy bodies, minds and
13 futures that often use soccer as
14 the conduit for delivery of
15 sustained social impact.

16 We crowd partnerships
17 like Drexel Center for Nonviolence
18 and Social Justice in order to
19 offer access to mental health
20 services and other wraparound
21 support in a trusted and
22 destigmatized space. And as a
23 platform, we have invested heavily
24 in the neighborhood. Earlier this

1 year we built and opened a state-
2 of-the-art indoor soccer field in
3 Harrowgate as the centerpiece of
4 our Safe-Hub community campus.

5 The heart of this work
6 is in the lives of our young
7 people. One of our high school
8 participants who joined us two and
9 a half years ago simply did so
10 wanting to be involved in soccer.
11 At the time, she didn't realize
12 that she was also seeking an outlet
13 for challenges she faces at home
14 and at school. Playing in our OST
15 soccer program, she also joined our
16 Playmaker program where she trained
17 as a trauma-informed coach,
18 mentored our youngest participants,
19 got exposure to post-secondary
20 opportunities and was introduced to
21 group therapy and counseling.
22 Along the way she built leadership
23 skills, earned a paycheck, got
24 access to one-on-one counseling and

1 discovered a true sense of

2 belonging.

3 Today as a high school

4 senior, she's a mentor to children

5 in her neighborhood, a steady

6 presence at our Safe-Hub community

7 campus and an advocate in her

8 school for the very resources that

9 helped her grow. Her story is not

10 unique. It reflects the reality of

11 many of our participants, young

12 people who join for soccer but

13 ultimately gain life skills,

14 community, opportunity and a

15 pathway away from negative

16 influences.

17 Our work is backed by

18 industry and our own research and

19 evaluation. Using sport and

20 authentic relationship-building

21 meets our young people where they

22 are and through a modality that

23 excites and engages them. That

24 environment, coupled with our

1 proactive and preventative
2 evidence-based programming,
3 provides our young people with
4 their place, their purpose and
5 their people.

6 We are in the business
7 of addressing intergenerational
8 trauma. Properly addressing it
9 takes time and consistency to
10 sustain and grow this impact. We
11 need flexible multi-year funding
12 because too often we're forced into
13 short-term cycles that take energy
14 away from what matters most,
15 building trust and relationships
16 with our young people.

17 Additionally, we need
18 your support to unblock
19 bureaucratic inertia and red tape
20 that keeps us from investing
21 significant funding and time into
22 creating safe third spaces for our
23 young people. Long-term and
24 consistent access to collaborate in

1 our neighborhoods public spaces is
2 vital to realizing sustained
3 social, emotional and economic
4 impact. With your support and
5 advocacy, we can expand on the safe
6 spaces and access to resources that
7 our young people deserve. Thank
8 you very much for your time and
9 consideration.

10 COUNCILWOMAN LOZADA:

11 Thank all of you. I thank the
12 three of you for being with us
13 today and for the work that you all
14 do. I think I heard from the three
15 of you refer to funding or
16 consistent funding, right, as part
17 of your testimony. How much more
18 funding, right?

19 When we talk to city
20 departments, when people come in
21 front of us and ask for increases
22 in program dollars, when they talk
23 about bringing different programs
24 to the neighborhood, it's always

1 about a dollar, a dollar, we need
2 more money to be able to do the
3 work that we're doing.

4 But we can't seem -- or
5 I'm going to speak for myself. I
6 can't seem to see the impact that
7 the dollars past, present will make
8 in the future, right. Because I
9 have seen my community consistently
10 decline and we keep throwing the
11 dollar out, we keep throwing money,
12 we keep throwing money, but we're
13 not seeing the difference, right.

14 And so, what will change
15 with money? What is the difference
16 that adding additional dollars to
17 the programs that you're that
18 you're running, what is the
19 difference? What would the
20 difference be, right? How many
21 more children do we think we're
22 going to be able to provide
23 services to? Because the numbers
24 of students that you all have

1 mentioned in your testimony is a
2 large number, right. How much
3 more?

4 And is it that we need
5 more dollars or is it that we need
6 better oversight with the dollars
7 that we have? Is it that we're not
8 measuring the impact that we have
9 that is very direct? Because I
10 think that -- I respect all of your
11 programs. I think all of your
12 programs are great. And I think
13 that the children that I have
14 talked to that come through your
15 programs talk about it being a safe
16 place, it being a place where the
17 adults that I interact with are
18 people that I can trust. How much
19 more? What is the difference going
20 to be if, as Councilmember
21 Dr. Ahmad mentioned earlier, we
22 know the problems. They have been
23 funded over the course of the
24 years. What will giving you more

1 money do? What will be the impact?

2 MS. McDOWELL: So I'm

3 going to maybe go against some of

4 my opinions here in this room, but

5 we're facing the next several years

6 with less money. I don't know how

7 much more money we can pour, right,

8 into the children we're serving.

9 There is always a need for more

10 dollars, always. We don't have

11 enough to go around.

12 Here's what I will say

13 though: What we need is better

14 coordination of the funding that we

15 have. We have good city

16 departments providing funding to do

17 good work. Some of our schools may

18 have three -- I know the school

19 district is going to be speaking

20 soon. They may have three, four,

21 five providers within their

22 buildings providing services. Are

23 we coordinating our efforts. Are

24 we all working towards the same

1 goal. What are those goals.

2 One of the things that
3 we love to be able to do is to
4 braid those funding together so
5 that there are no holes in services
6 for children, just common sense
7 supports where a family is served
8 through multiple different services
9 within one location. So, yes, I'm
10 not going to answer the question
11 what would I do with more dollars.
12 There's a lot I would do.

13 I would build massive
14 community schools where all these
15 services are in place and strong
16 and working together. But I think
17 the reality that we face is the
18 silos that are existing between
19 these funding sources, and funding
20 sources have goals that they need
21 to meet, because coming from the
22 state and coming from the feds they
23 have their own obligations and
24 sometimes they're conflicting with

1 one another. So can we come
2 together collaboratively in order
3 to address the kids' needs where
4 they're at and then work together
5 really, really well as providers
6 and with the city departments to
7 take all these funding streams that
8 we have, mold them together and
9 really push out the right level of
10 service for the kids in your
11 individual neighborhood's needs.

12 COUNCILWOMAN LOZADA: I
13 have to agree with you. And I say
14 that -- I want to make a comment
15 too. I know our kids are getting a
16 little antsy and I want us to hear
17 from them and they have to leave at
18 4:00. So after this panel I want
19 to make sure that we bring kids
20 down, let them share their
21 testimony and then we'll come back
22 to Panel 3.

23 But what you said is
24 interesting, right? We heard in

1 one of the Special Committee
2 hearings back at Conwell, we found
3 out that a large number was being
4 spent on cleaning and there were
5 multiple groups that got dollars
6 for cleaning, right. And when we
7 analyzed how the cleaning was being
8 delivered, we found the
9 inconsistencies in the services
10 that were being provided, right,
11 because if everybody showed up on
12 the same corner all at the same
13 time and one group was cleaning,
14 the other four groups felt that
15 they didn't need to clean, right,
16 because it was already getting
17 done. And so, I agree with you.
18 We do need better oversight. We
19 need better collaboration and
20 coordination in order to be able to
21 get the services to where they need
22 to be.

23 So it confirms, right,
24 that it's not more money that we

1 need. It's better coordination --

2 MS. McDOWELL: Oh, we
3 still need our money.

4 COUNCILWOMAN LOZADA: We
5 always need more money. I get it.
6 But I think that we can do better
7 if we would just communicate,
8 coordinate and collaborate more
9 effectively. I think that we would
10 do better if as a government we had
11 better oversight over the programs
12 and those who were delivering those
13 services.

14 And I think that we
15 also, you know, this is no
16 different than any other program,
17 right. I think that we also need
18 to do a better job at discontinuing
19 to fund those programs who don't
20 deliver the services that they say
21 they're going to deliver. I think
22 that we lack in that. We don't
23 have the capacity to be able to
24 pull the funding off of groups or

1 organizations that don't provide
2 the services that need to be
3 delivered or we're afraid to pull
4 those services, right.

5 But because we are in
6 the situation that we're in right
7 now, I think that as government, as
8 city departments we need to better
9 look at do we have those checks and
10 balances in place where if we need
11 to make an adjustment, then it
12 needs to be made. And if we need
13 to pull the funding back, then we
14 do that.

15 Are there any questions
16 from members of my committee?
17 The Chair recognizes Councilmember
18 Driscoll.

19 COUNCILMAN DRISCOLL:
20 Thank you, Madam Chair.

21 I was looking at your
22 panel there, McDowell, Dolan and
23 Connolly. It sounds like a law
24 firm there. I'm glad you're not in

1 the law firm business. I'm glad
2 you're doing the Lord's work in
3 each of your areas.

4 I'm more familiar, I
5 think, AnnMarie with CORA. I've
6 experienced your good work over the
7 years. And I know we want to get
8 to the kids so I just want to
9 quickly, if you could just give me
10 some intervention specifics that
11 the CORA model shows some real
12 impact and then real quickly after
13 that, if you could just break down
14 the funding and service silos. I
15 think this panel would -- that
16 would be important for us to hear
17 as well.

18 MS. McDOWELL: And I
19 think those two questions go hand-
20 in-hand, so maybe we'll do the
21 funding first and then it leans
22 into how we do intervention
23 strategies and more built on that
24 model. So, say, in one of our

1 community schools we have a number
2 of contracts that we manage with
3 varying goals through Office of
4 Children and Families and DHS. We
5 have a number of contracts that we
6 provide that are through the Single
7 County Authority, so smaller
8 contracts on the drug and alcohol
9 side particularly, some early
10 intervention work is through there
11 as well as all of our SAP work is
12 through there.

13 Some of our social
14 emotional learning contracts are
15 also through their all wrapped
16 around intervention in terms of
17 drug and alcohol services. We also
18 provide a lot of support through
19 IBHS. We do do school-based IBHS
20 services as well as ABA. We have
21 PreK counts and PHLpreK funding
22 that we support in early childhood
23 that we're also doing. So it's a
24 variety. And under each of those,

1 we might have 30 contracts that
2 we're managing, right. So there's
3 multiple departments and then many
4 contracts under those departments
5 that we serve. So that is how we
6 do intervention.

7 It really starts -- SAP,
8 I know you talked about SAP is
9 crucial. If we had a better SAP
10 program, we could really assess
11 where our individual children are
12 at and what their greatest risk
13 factors are so that we can actually
14 get them to the right level of
15 care. And lots of times that is
16 intervention because they don't
17 have a diagnosis yet. We just know
18 that they faced a lot of trauma and
19 they need support. And so, that's
20 where we touch them.

21 And then we know through
22 that assessment and through that
23 process if a higher level of care
24 is necessary and needed. And if it

1 is, we are able to move them into
2 the right areas within their own
3 community to get the service that
4 they need if we can't meet that
5 need.

6 COUNCILWOMAN LOZADA:

7 Thank you.

8 Chair recognizes
9 Councilmember Harrity.

10 COUNCILMAN HARRITY:

11 Thank you everybody for the work
12 you do first off. Can't say enough
13 anybody who is working to deal with
14 some of the trauma that my kids are
15 facing in the neighborhood. I have
16 a lot of respect for that.

17 Now, Lauren, you said
18 that you guys service about 19
19 schools and in the 7th District?

20 MR. DOLAN: Yes.

21 COUNCILMAN HARRITY:

22 What schools in Kensington are you
23 in?

24 MS. DOLAN: So that

1 includes starting at H.A. Brown,
2 John Welsh -- you're going to quiz
3 me on all of them right off the
4 top -- Sheppard. We are a SAP
5 provider for Elkin and Stetson. We
6 are -- a lot of them across the
7 board. I can go through -- I have
8 a whole school list for you. But a
9 good portion of the schools we are
10 the assigned Student Assistance
11 Program or SAP provider as well as
12 whenever possible we try to layer
13 our Student Assistance Program
14 services with our drug and alcohol
15 prevention education services so
16 that there is a specialist in the
17 classroom meeting with students and
18 teaching them those key life
19 skills, goal-setting,
20 decision-making, conflict
21 resolution, all those things.

22 And then if there are
23 students that are struggling even
24 with that service, that they have

1 the additional level of tiered
2 intervention for a Student
3 Assistance Program assessment. So
4 we have depending on which school
5 the SAP program is assigned by the
6 Department of Behavioral Health to
7 which schools we are in and our
8 prevention education is based on
9 schools that we have serviced for
10 decades because we have been
11 present in those communities for a
12 long period of time as well as
13 schools that reach out to us
14 requesting services.

15 COUNCILMAN HARRITY:

16 Okay. Thank you. Can all of you
17 provide a list to us of the actual
18 schools in the 7th District that
19 you are doing work in just so that
20 we could actually follow up too?
21 It's about doing due diligence and
22 making sure, as my colleague said,
23 we throw a lot of money at a lot of
24 different things, a lot of

1 different programs.

2 We are not scared to
3 spend money on the Kensington
4 Caucus, especially when it comes to
5 trying to deal with this issue.
6 But as the Chairwoman said, we want
7 to make sure that the people we
8 have doing this work is doing the
9 work because it's our children that
10 this is for and I take that very
11 seriously. So what we're trying to
12 do is get to the bottom of what
13 groups and what institutions are
14 doing what they're supposed to and
15 having a positive effect on our
16 children.

17 I mean, that positive
18 effect can be many different
19 things. I know what you're dealing
20 with. I live there. I talk to
21 these kids, but it would just be
22 helpful to us so that we know
23 what's going on where that way when
24 we hear things, we can address that

1 directly with you guys. And if we,
2 you know, in our jobs we are
3 talking to parents and maybe we can
4 recommend a child that isn't in one
5 of the schools that you're doing
6 that but that could also use the
7 help.

8 So for us this is just
9 about trying to get us organized so
10 we know what's going on and where
11 this money is going because it's a
12 lot of money and the results, as we
13 said, we're not seeing them. I
14 live there. I'm at G & Allegheny.
15 Okay. I'm not in East Kensington
16 and West Kensington. I'm in the
17 heart and I'm not going anywhere.
18 I'm there for these kids. That's
19 why I ran.

20 So for me I want my kids
21 to have as much as I could possibly
22 get for them. And when I say my
23 kids, I mean the kids in the
24 neighborhood. I'm a grandparent.

1 But just know that we respect what
2 you do. We just need help in
3 figuring out who's doing what
4 they're supposed to do, who's not
5 doing what they're supposed to do,
6 where we should put the money to
7 get the biggest bang for our buck.
8 Because for me if somebody's not
9 doing what they're supposed to by
10 our children, then we need to get
11 rid of them ASAP. Get them out of
12 there. Bring somebody in who cares
13 about our kids the way we care
14 about our kids. And I appreciate
15 you guys because I know you do
16 care. Thank you.

17 MS. DOLAN: If I can
18 speak to that quickly as a provider
19 within the SCA, I think there is
20 definitely a need for improvement
21 in our evaluation processes of what
22 information we as providers are
23 able to access. We do pre- and
24 post-surveys that are provided

1 directly to the SCA. And we as
2 providers never see the results of
3 our surveys that we do of our
4 program. And as a provider to
5 assess if I am doing effective work
6 other than our wonderful teacher
7 surveys that we get back and all
8 these things, it is essential for
9 me to see this children's knowledge
10 growing directly from them and
11 there is an area for improvement in
12 transparency with that information
13 within the SCA.

14 COUNCILMAN HARRITY: I'm
15 not just talking about you guys,
16 the nonprofit sector. I'm talking
17 we want to know from you what you
18 see because you are the boots on
19 the ground. What departments are
20 not and are still working in a
21 silo, what departments are easy to
22 access because that helps us along
23 the way also.

24 Thank you, Madam Chair.

1 COUNCILWOMAN LOZADA:

2 Thank you. Thank you all for your
3 testimony today.

4 The Chair recognizes
5 Councilmember Squilla.

6 COUNCILMAN SQUILLA:

7 Thank you, Madam Chair.

8 And thank you all for
9 what you do as we see the actual
10 experiences that the children go
11 through with the help that you
12 provide. And again, resources
13 always could use your money.
14 Somebody said we can always use
15 more money and that's true.

16 And we're addressing the
17 challenges with people who are
18 experiencing trauma and other
19 challenges, but we also have to
20 stop what they're seeing, right.
21 We have to stop what's going on
22 there. So I think it's twofold.
23 So we need to continue funding the
24 resources for people to deal with

1 it, but we also have to fund the
2 resources to deal with the everyday
3 situation that's on the street
4 that's causing some of the trauma
5 that we see.

6 It's great to be able to
7 deal with it. Hopefully if they
8 don't have to see it and do it,
9 then you have less work to do,
10 right. But there's always going to
11 be trauma associated with children
12 growing up dealing with different
13 issues in life. But I just want to
14 make the point that your work is so
15 important, so needed. But on the
16 other side, there is also work to
17 be done to figure out how our
18 policies affect the challenges that
19 our youth see when they're going to
20 school or just living in the
21 community, living in the
22 neighborhood. So thank you for
23 what you do. We appreciate it.

24 COUNCILWOMAN LOZADA:

1 Thank you. Thank you again for
2 being with us this afternoon and
3 for your testimony. We appreciate
4 the important work that you do in
5 our community.

6 Will the Clerk please
7 read the names of the children's
8 panel that is here to testify?
9 Once that panel is done, then we
10 will circle back to Panel 3.

11 THE CLERK: I'll call
12 out three or two kids at a time.
13 So the first group is Noah Ortiz,
14 Nayeli Almonte-Uceta and Laylah
15 Cotto. I apologize if I say any
16 names wrong.

17 (Witnesses approached
18 witness table.)

19 COUNCILWOMAN LOZADA:
20 Good afternoon. Thank you for
21 being with us this afternoon and
22 for your willingness to testify.
23 Please state your name for the
24 record and then begin with your

1 testimony and you can go in any
2 order.

3 MR. ALMONTE-UCETA:
4 Nayeli Almonte.

5 MR. ORTIZ: Noah Ortiz.

6 MS. COTTO: Laylah
7 Cotto.

8 COUNCILWOMAN LOZADA:
9 You can start with your testimony.

10 MS. COTTO: My name is
11 Laylah Cotto. I'm an 8th grade
12 student at Visitation BVM School
13 and I was raised in Kensington.
14 There was a time when I could go to
15 stores under the El and shop. I
16 would be able to go outside and
17 play but that time is no more.
18 Drug usage has gotten so bad that
19 it affects all of our lives.

20 Every day there are more
21 and more people every day on the
22 streets using drugs. I see them
23 all the time. Some of them are
24 aggressive and they have come up to

1 me asking for money and saying
2 crazy things. My mom has almost
3 hit a couple of people on our way
4 to school because they fall or just
5 walk in front of the car like we
6 aren't even there.

7 I see things every day
8 that I don't want to. I shouldn't
9 have to. I know that these people
10 are sick and they need help. They
11 are not in control of the things
12 that they do, but I still don't
13 really think that it is fair that
14 they're just all over the street.
15 It seems like we are all just
16 letting them take over the city and
17 there has to be some way to get
18 control over it. I hope that
19 things can get better soon and we
20 can all be proud to live in
21 Kensington, Philadelphia and not
22 feel like we're forgotten about.

23 COUNCILWOMAN LOZADA:

24 Thank you.

1 MR. ORTIZ: My name is
2 Noah Ortiz and I'm in 8th grade at
3 Visitation BVM School in
4 Kensington. I only live a few
5 blocks away. Every morning -- I
6 live a few blocks away. Every
7 morning I walk to school my little
8 brother and sister. On my way we
9 see people using drugs, people
10 sleeping on the sidewalk and
11 needles on the ground. I try to
12 keep my brother and sister close to
13 me because I feel like I have to
14 protect them even though I'm just a
15 kid myself. I try not to let them
16 see that I'm also scared.

17 It's hard going up this
18 way. Sometimes I feel scared.
19 Sometimes I feel sad. Sometimes I
20 feel angry that this is the way we
21 have to see every day. We should
22 have believe thinking about school,
23 friends and sports, not about
24 whether it's safe to walk down our

1 street. I want to be able to go
2 outside and play.

3 I want to be able to go
4 outside go to the park right down
5 the street and play basketball with
6 my friends, but I can't do any of
7 those things because I'm worried
8 about someone coming up to me and
9 I'm worried about gangs and getting
10 shot.

11 Kensington is my home.
12 I just hope we can be -- it can be
13 better, but we need help. We need
14 cleaner, safer streets. We need
15 places where kids can play and grow
16 up without being scared. And we
17 need more help because kids like me
18 still believe in and desire a
19 better future. Thank you for
20 listening to me today.

21 COUNCILWOMAN LOZADA:
22 Thank you.

23 MS. ALMONTE-UCETA: My
24 name is Nayeli Almonte-Uceta. I am

1 an 8th grader at Visitation BVM
2 School in Kensington. Every day on
3 my way to and from school I see the
4 impact of opioid epidemic. There
5 are people using drugs on the
6 sidewalks, needles on the grounds
7 and sometimes people passed out
8 near where children walk. It makes
9 me feel unsafe and worried but also
10 sad because these are people who
11 need help.

12 Each of them is
13 someone's child. These crises
14 don't just affect the people
15 struggling with addiction. It
16 affects kids like me and my
17 classmates. One time we were
18 coming out of the gym and there was
19 an addict at the door and we
20 couldn't leave. We had to wait a
21 long time before it was safe for us
22 to go back to school at Visitation.

23 We work hard in school,
24 but outside the building we can't

1 always play safely in our own
2 neighborhood. We see things that
3 no child should have to see. I
4 want you to know that Kensington is
5 not hopeless. The families here
6 care deeply. My school teaches us
7 to live with honor, integrity and
8 respect but we need support, safe
9 streets, programs that help people
10 recover and resources for children
11 and families who are trying to stay
12 strong.

13 Philadelphia is known
14 all over the city -- all over for
15 the city with drugs. We have many
16 good things and people here. We
17 should be known as a City of
18 Brotherly Love. Please remember us
19 when you make decisions. We are
20 the next generation of the city and
21 we deserve a safe and healthy
22 community to grow up in.

23 COUNCILWOMAN LOZADA:

24 Thank you.

1 Is anybody else going to
2 testify?

3 THE CLERK: Will Noah
4 Pizarro. Elianah, I'm sorry, Tapia
5 and Yelexis J. Lopez come.

6 And will the following
7 please line up: Allison Lozada-
8 Meneses, Axel Mejias and Scarlet
9 Rodriguez.

10 (Witnesses approached
11 witness table.)

12 MR. PIZARRO: My name is
13 Noah Daniel Pizarro and I am an 8th
14 grade student at the Visitation
15 (inaudible) Virgin Mary School.
16 For a long time Kensington has
17 suffered an opioid crisis. And
18 despite me not living in this area,
19 I am very aware of it. It's just
20 sad. People are dying every day
21 and we see it.

22 We walk past it going to
23 school. And in the building we are
24 safe and nice. But once we walk

1 out of those gates, we see it and
2 are reminded about it. I remember
3 when my brother and I decided to
4 run out of the school because I
5 didn't want to wait for someone to
6 go to a community center around the
7 corner. At the time, I didn't know
8 how dangerous it was and it was
9 talked about it to me a lot. I
10 definitely should have known
11 better. But now that I'm older and
12 I could see what is happening with
13 people using drugs all over the
14 street, I know how dangerous things
15 are.

16 We should work together
17 to try and make things better and
18 prevent them from getting worse.
19 We don't want the title of the most
20 unsafe city in America.
21 Philadelphia is meant to be great
22 and people should be able to see
23 that, not all the drug use. Thank
24 you for listening. Let's all keep

1 the peace here.

2 COUNCILWOMAN LOZADA:

3 Thank you. State your name for the
4 record and begin with your
5 testimony.

6 MS. TAPIA: Hello. My
7 name is Elianah Tapia. I am a
8 fellow student at Visitation BVM
9 School and I am proud to represent
10 them today, especially to talk
11 about a very important topic. The
12 topic you may ask? The opioid
13 crisis and how affects us as
14 students.

15 Let me begin. I was
16 born and raised in the Kensington
17 area and I have witnessed a
18 plethora of things that no child
19 should ever witness. I have seen
20 people who have died on these
21 streets, who have lost their
22 family, friends, their limbs and
23 many other things and it's tragic.
24 I don't want other people to see

1 those things.

2 It's sad having to worry
3 about my safety and many others
4 simply just trying to go up and
5 down my block or my school. And I
6 truly care about the city and I
7 hate how witnessing many of these
8 things and I want to see the best
9 for this city.

10 COUNCILWOMAN LOZADA:

11 Take your time.

12 MS. TAPIA: It's tragic.
13 Many words I can't describe. And I
14 truly hope to see the future of the
15 city, city becoming great because
16 this problem has been happening for
17 decades now since 1990. It feels
18 like nothing has been done, but
19 just increasing, getting worse. No
20 child should have to fear simply
21 going to school, going around the
22 block. I want to see change. I
23 truly do. And I hope we could
24 trust our city to do that change

1 for the safety of our lives and
2 many others. Thank you for
3 listening.

4 COUNCILWOMAN LOZADA:
5 Thank you.

6 MS. LOPEZ: Good
7 afternoon. My name is Carla.

8 MR. LOPEZ: And I am
9 Yelexis.

10 MS. LOPEZ: When I see
11 people using drugs in the street,
12 it makes me feel sad because drugs
13 aren't good for you. And I also
14 feel sad when I see empty places
15 and it gives me an idea I think
16 will help. I think that kids
17 should have more places to play and
18 have fun, like parks, libraries and
19 gardens, so we should make old
20 places like that.

21 The city should
22 transform empty lots into beautiful
23 places nobody is using, the empty
24 lots and they can collect trash.

1 These empty places could be gardens
2 with bees and butterflies. I like
3 to go to the Elkin playground with
4 my brother Tyjay. Sometimes it is
5 locked and I would love it to be
6 open more. If the city can change
7 empty lots into beautiful places, I
8 would have even more places to play
9 for kids and their families.

10 MR. LOPEZ: For example,
11 an indoor sports complex would be a
12 fun and safe place for me and my
13 friends to go play and practice
14 different sports all year long.
15 Maybe this place can even have an
16 indoor playground with swings for
17 my little cousins while I'm playing
18 sports. This would be helpful to
19 keep me and my friends and my
20 family safe and active and away
21 from all the people using drugs.
22 Then I would feel safe and not
23 scared to play.

24 (Applause.)

1 COUNCILWOMAN LOZADA:

2 Thank you. Thank you for your
3 testimony.

4 THE CLERK: Can we hear
5 from Allison Lozada-Meneses, Axel
6 Mejias, Christian Rodriguez. And
7 lining up, the last group will be
8 April Rosa, Janairys Santiago and
9 Anadely Velez-Santos.

10 (Witnesses approached
11 witness table.)

12 COUNCILWOMAN LOZADA:

13 Good afternoon. State your name
14 for the record and begin with your
15 testimony.

16 MS. JACKSON: Hi. My
17 name is Ava Jackson and I want to
18 thank all the schools for good
19 ideas. I just want more safety so
20 everyone -- hi. My name is Ava
21 Jackson and I want to thank all the
22 schools for good ideas. I just
23 want more safety so everyone feels
24 safe. Thank you.

1 Some people feel unsafe
2 because their area and people's
3 emotions. They feel bad because of
4 the homeless. The homeless lays on
5 the ground and puts needles in
6 their skin. Drug dealers should be
7 arrested for selling drugs and
8 killing people. All guns should be
9 gone from this world. They kill
10 and it's sad.

11 COUNCILWOMAN LOZADA:

12 Thank you.

13 MS. LOZADA-MENESES:

14 Hola. (Spanish translation).

15 INTERPRETER: Good
16 afternoon. My name is Allison and
17 I am 4th grader. I think that the
18 city should clean the streets and
19 educate people so that they're not
20 throwing trash because the trash
21 poisons us and makes diseases for
22 the citizens and families in
23 Kensington.

24 All of the collection of

1 trash is causing rats and sickness
2 and that means that my parents
3 don't want me to go outside and
4 play. So for that reason, I think
5 the city should pay people to clean
6 the streets and the parks two times
7 a week and also home trash pickups
8 two times a week.

9 It's not fair that the
10 place that we live is being
11 forgotten by the city and there are
12 other places that are more
13 important since all of us are
14 citizens of this beautiful city of
15 Philadelphia, and thank you for
16 your attention.

17 (Applause.)

18 MR. RODRIGUEZ: (Spanish
19 translation).

20 INTERPRETER: Good
21 evening. My name is Christian
22 Rodriguez and I am a 4th grader at
23 Elkin Elementary. When I see
24 people who need to live in the

1 street, I feel very sad. So I
2 would feel better if I knew that
3 all of the people who need to live
4 in the street had what they need to
5 feel happy and safe.

6 I think that there
7 should be more refuges to send
8 people who have addiction. I know
9 that a lot of people do not go to
10 these refuges and I think that
11 people should take them so that
12 they can get rid of their
13 addiction.

14 And when they go, I
15 think the city should give them
16 apartments and clothes so that they
17 can get a job. So they should be
18 giving food, not money so that
19 people are not using drugs. And
20 clean the streets from all of the
21 drugs and try to eliminate those
22 places where drugs are being sold
23 so that the problem doesn't come
24 back.

1 It makes me feel bad to
2 see people suffering and living in
3 the street because it's very
4 dangerous. So I would feel much
5 better and happy if people living
6 in the streets and also if they
7 could have the help they need to
8 not be using drugs because it is
9 bad for their health. Thank you.

10 COUNCILWOMAN LOZADA:
11 Gracias. State your name for the
12 record and begin with your
13 testimony.

14 MR. JAVIER: Hi. My
15 name is Javier. I don't feel safe
16 because the people that sell drugs
17 is bad and I'm scared to go outside
18 because people are on drugs. Drugs
19 is bad. And you can get too crazy.
20 You can get arrested and go to
21 jail. I feel sad because I see you
22 outside shoveling and cold and my
23 mom feels sad too.

24 COUNCILWOMAN LOZADA:

1 Thank you. Please state your name
2 for the record and begin with your
3 testimony.

4 MS. ROSA: My name is
5 April.

6 MS. SANTIAGO: Good
7 afternoon. My name is Janairys. I
8 go to Elkin Elementary in
9 Kensington. When I see people
10 using drugs in the street, I feel
11 sad because I see a lot of people
12 fainting in the streets. I think
13 that kids need more of their school
14 programs to feel happy, healthy and
15 safe.

16 There are some clubs
17 that my friends and I really like
18 and I want them to come back or get
19 bigger. The YMCA, play sports and
20 fun, things like making fun and
21 time to do homework. With adults
22 helping, there were about 20 kids
23 in it last year like my friend
24 Yelexis and April.

1 I think more kids will
2 like this opportunity. We used to
3 have Kensington soccer club, but it
4 stopped two years ago. We also
5 have My Daughter's Kitchen, which
6 is a cooking club that has five
7 students. My friend Emerson was in
8 a bike club last year that I know
9 Quetcy Lozada helped to bring to
10 Elkin. It would be great to have
11 more spaces for kids in these
12 clubs.

13 MS. ROSA: Talking with
14 my friends, there are more ideas
15 for clubs we don't have yet. But I
16 think it will be really fun. Some
17 of our ideas are a basketball club,
18 a slime club to make slime and have
19 fun, a knitting club, a
20 cheerleading club, a gaming club to
21 play Roblox and a lot of games. A
22 cleaning club, an art club, a
23 fashion or dress to impress club, I
24 would love to see all these ideas

1 happen. So I think to have these
2 clubs we need space materials like
3 dress up clothes for fashion club,
4 or yarn and needles for knitting
5 club and a confidence. I hope you
6 can help me and my friends connect
7 with what we need to have fun
8 clubs. Thank you for your time.

9 (Applause.)

10 COUNCILWOMAN LOZADA:

11 Thank you. Please state your name
12 for the record and begin with your
13 testimony.

14 MR. MEJIAS: Hi. My
15 name is Axel Mejias. I go to Lewis
16 Elkin. I am here to tell you there
17 are too much trash in my community.
18 People -- things all over the
19 place. Needles and drug waste are
20 everywhere. Sometimes the trash
21 trucks don't even come. It's
22 dirty. Everywhere please clean my
23 community.

24 (Applause.)

1 COUNCILWOMAN LOZADA:

2 Thank you.

3 There are no there are
4 no more students who are here to
5 testify. Can all of the students
6 in our chambers please stand up,
7 all of the students in the chamber.

8 (Applause.)

9 COUNCILWOMAN LOZADA:

10 Thank you. Thank you so much for
11 being with us today. Thank you for
12 sharing your experiences with us
13 today. (Spanish translation).

14 We are here to work for
15 you. Thank you for sharing your
16 experiences with us. That is the
17 purpose of hearings like this,
18 right. The purpose of hearings
19 like this is to be able to hear
20 from you so that we're able to work
21 together to improve your quality of
22 life.

23 You should not have to
24 be experiencing those things. You

1 should not be afraid to walk in
2 your community. You should be able
3 to play in your parks and in your
4 sidewalks. You should be able to
5 play with your neighbors. And we
6 are working really hard here as a
7 legislative body, as a government
8 together to be able to improve your
9 quality of life.

10 We're not going to stop.
11 We're not going to stop working
12 hard. We're not going to stop
13 inviting you to come share with us
14 your experiences. We are going to
15 do all that we can to make sure
16 that life gets better in the
17 Kensington Harrowgate community.
18 Thank you so much for sharing your
19 experiences with us.

20 To the adults in our
21 schools, thank you. Thank you for
22 making the time to bring them here.
23 It's different, right. When we
24 hear from adults, when we hear the

1 experiences that adults go through
2 every day. But when you hear it
3 from the voices and from the mouths
4 of young people and you hear from
5 them their reality, it hits
6 different.

7 And if it doesn't, then
8 you need to look at yourself in the
9 mirror, right. Because as a
10 parent, I never ever want to hear
11 my child say, Mommy, I was afraid
12 today, Mommy, I saw someone laying
13 on the ground today. I don't know
14 if they were alive or not. Those
15 are things that are difficult to us
16 as parents.

17 And so, as city leaders,
18 as providers, we need to work
19 together to make sure that their
20 everyday experiences are positive
21 experiences so that tomorrow, them,
22 as the leaders of our city, can say
23 that we did and we responded to
24 their daily experiences.

1 Thank you. Thank you
2 students for being with us today.
3 We know you have to leave, but we
4 appreciate you taking the time.
5 Thank you to our principals.
6 Principal Gillum over at Elkin who
7 is always present and always does
8 what she can to make sure that we
9 hear from them directly. Thank you
10 so much.

11 (Applause.)

12 COUNCILWOMAN LOZADA: Do
13 members of the committee -- before
14 students leave, do members of my
15 committee want to say anything to
16 our young people before they leave?
17 Anybody?

18 The Chair recognizes
19 Councilmember Squilla.

20 COUNCILMAN SQUILLA:
21 Thank you. Thank you. And, Madam
22 Chair, I want to say this was
23 really refreshing and this is a
24 tough conversation. But to have

1 the young people speak their mind
2 and share their experiences is so
3 important to us and everybody else
4 in the city to hear, so keep up the
5 great work. Know that your voices
6 are heard and we will continue
7 working on this hopefully until
8 these issues are resolved. Thank
9 you.

10 COUNCILWOMAN LOZADA:

11 Chair recognizes Dr. Ahmad.

12 COUNCILWOMAN AHMAD:

13 Thank you, everyone, especially to
14 our young visitors who came and
15 testified. I could not be so brave
16 when I was your age. So
17 congratulations. And most
18 importantly, congratulations to
19 your teachers, your parents,
20 everybody who loves you and takes
21 care of you. We look to make sure
22 we can let you know what we're
23 going to do to make the situation
24 better. We are working very hard

1 and we appreciate all your input

2 today. Have a wonderful day.

3 Thank you.

4 (Applause.)

5 COUNCILWOMAN LOZADA:

6 Will the Clerk please call the next

7 panel to testify.

8 THE CLERK: We have

9 Donna Cooper from Children's First;

10 Juan Perez from Esperanza Health;

11 and Dr. Brenda Elliot from the

12 School District of Philadelphia.

13 (Witnesses approached

14 witness table.)

15 COUNCILWOMAN LOZADA:

16 Thank you to the panelists who are

17 here to testify and for making room

18 for us to be able to hear from

19 young people today. I appreciate

20 your patience. Please state your

21 name for the record and begin with

22 your testimony. You can go in any

23 order.

24 MS. COOPER: Hi. I'm

1 Donna Cooper from Children First.

2 I'm glad you put children first.

3 Thank you.

4 MR. PEREZ: My name is

5 Juan Perez from Esperanza Health

6 Center.

7 MS. ELLIOTT: Good

8 evening. I'm Bryn Elliott. I

9 serve as the Associate

10 Superintendent for Student Life and

11 Innovation for Philadelphia School

12 District. Thank you.

13 COUNCILWOMAN LOZADA:

14 Thank you.

15 MS. COOPER: To kick off

16 the testimony today, first of all I

17 want to thank everybody who's here.

18 This is a really important hearing.

19 And as you know, Councilwoman, your

20 leadership has been invaluable to

21 saving lives across Kensington and

22 also showing us what leadership

23 looks like for your Councilmanic

24 District.

1 I am a proud resident of
2 Councilman Young's District, but my
3 house is about a quarter of a block
4 away from the great Councilman Mark
5 Squilla's District. So it's great
6 to be here. Earlier you asked
7 about integrating and figuring out
8 what's working. And one of the
9 messages that we heard from the
10 first panel and the second panel is
11 while the city publicly and the
12 state are spending a considerable
13 amount of money, the kinds of
14 things that the protective factors
15 people spoke about that were so
16 important and that where one
17 protective factor on top of what's
18 available now could make such a
19 difference, those are the kinds of
20 things that people are out
21 fundraising for. We're basically
22 trying to have a bake sale to stop
23 a trauma epidemic among our
24 children.

1 So part of my testimony
2 for today, I don't need to remind
3 you all about how devastating it is
4 to live in Kensington or any
5 community where people are openly
6 doing drugs and harming themselves
7 in front of children. And so, I'm
8 going to skip that part of the
9 testimony and answer your question
10 about how to be proactive.

11 And so, if you're
12 looking at my testimony, it starts
13 a few paragraphs down where I speak
14 about the opioid settlement funds.
15 So one of the things that we need
16 to understand is when it comes to
17 mental health services for children
18 in Pennsylvania, you don't get them
19 until you're really sick.
20 AnneMarie talked about being able
21 to give kids preventive services
22 from truancy resources. You're
23 already missing 10 consecutive days
24 of school before she can give that

1 child services. And both APM and
2 CCTC talked about that the work
3 that they're doing with children,
4 and they are children for which
5 they can be reimbursed by Medicaid
6 because they already have a
7 diagnosable problem.

8 So we go to the doctor,
9 as adults go to the doctor or even
10 as a kid, if you're sick you don't
11 need to know what's wrong to walk
12 into the doctor's office. You have
13 a cold, you go in, the doctor tries
14 this, the doctor tries that and you
15 get care.

16 In Pennsylvania because
17 of the restrictions on Medicaid,
18 you can't get care as a child
19 unless you're diagnosed with a
20 mental illness. So we wait till a
21 child gets sick. So you want to
22 know about outcomes. And you heard
23 Tony say, we're just pouring money
24 right through because we wait until

1 a child gets sick.

2 Now, CBH, DBHIDS are
3 putting resources in the table
4 before that, but their capacity to
5 do that is far too limited. And
6 they do it through the school
7 district. Your question about
8 where are services, they're putting
9 resources there. But the amount of
10 resources that go when our children
11 see that experience on the street
12 and they feel bad inside, we heard
13 that, that bad inside is reinforced
14 every day. And until they are
15 feeling so bad inside that somebody
16 can diagnose them, it's nearly
17 impossible to get them care unless
18 we're doing the bake sale
19 fundraiser approach, right.

20 And so, I bring up the
21 opioid settlement funds because
22 those funds are time-limited.
23 They're not going to last forever.
24 But could they pilot things in

1 Kensington where we're trying to
2 get to kids upstream, making sure
3 that Kensington Athletic Club is
4 operating and there's an adult
5 there that's a community mental
6 health worker that can work with
7 those kids, sure, we can do that
8 with opioid settlement funds.
9 Could we with opioid settlement
10 funds take and make sure every
11 school has a prevention program for
12 a few years and see if that gets
13 the kind of results that you need
14 that we never diagnose the kids in
15 this community.

16 So I have with me the
17 regulations on the opioid
18 settlement funds a copy for each of
19 you. And we know in Philadelphia
20 we had a tough time getting the
21 state Opioid Settlement Trust Fund
22 people to approve our plan. And I
23 don't actually know how that's
24 going and I hope it's going really

1 well. I have great faith in New
2 Kensington CDC.

3 But the fact is each
4 year for the next two years there
5 will be more opioid settlement
6 funds. And so, how are we using
7 them to pilot things to address
8 your problem or how are we using
9 them to train every teacher in the
10 schools in Kensington how to know
11 when a kid's suffering from trauma
12 and how to help them build self-
13 regulation skills, training. How
14 do we build the mental health first
15 aid materials that will be relevant
16 to the kids in Kensington and put
17 them out there, one-time costs with
18 opioid settlement funds. So you
19 can be proactive in thinking about
20 that.

21 You can be proactive
22 equally with funds from the
23 Department of Behavioral Health and
24 Intellectual Disabilities, mental

1 Health Block Grant funds, Human
2 Services Block Grant funds, funds
3 that come from the state that we
4 administer that primarily and
5 importantly serve adults, but maybe
6 we need to think about how some of
7 those funds, not all of them, but
8 some of them are beginning to be
9 used because of the flexibility
10 that they offer, to begin to offer
11 preventative services. What
12 AnneMarie talked about as Tier 1,
13 mental wellness training, Tier 2,
14 light touch therapy in a basketball
15 clinic, in an afterschool program,
16 in a park.

17 And lastly, we as a city
18 must demand that the state adopt
19 the policies that other states have
20 put in place so that Medicaid can
21 pay for these services. We need to
22 end the bake-sale approach. And
23 then you can have a system to both
24 Councilwoman's questions, because

1 Medicaid has a system of paying
2 that we're used to seeing how it
3 operates as a health care system.
4 And there's tons of data about
5 what's working and what's not.

6 But in this system where
7 Esperanza got to raise money and
8 Concilio's -- APM's got to raise
9 money and somebody's begging the
10 school district and somebody's
11 begging the city for the things we
12 know are upstream, we're not going
13 to see the results that we need.

14 And so, I encourage you
15 to think about how the resources in
16 your purview can begin to be used
17 for one time and piloting things
18 that are upstream and then being
19 vocal with your colleagues at the
20 state level to say, time for
21 Pennsylvania to get on the pathway
22 of preventing psychosis and mental
23 illness among our children,
24 interrupting the cycle of trauma

1 among our children by making sure
2 Medicaid can pay for that the
3 minute somebody sees that need when
4 that mother walks into the doctor's
5 office or the teacher makes a phone
6 call to the mom or dad and said, I
7 think this child really needs some
8 help. So that's in essence what I
9 want to give you these so you can
10 look this over, and that's my
11 testimony.

12 COUNCILWOMAN LOZADA:

13 Thank you.

14 Please state your name
15 for the record and begin with your
16 testimony or just begin with your
17 testimony. We have your name.

18 MS. ELLIOTT: All right.

19 In this testimony the school
20 district of Philadelphia has
21 outlined the STEP program, which
22 the acronym stands for Support Team
23 for Educational Partnership, and
24 additional mental health supports

1 available to students and families
2 in Kensington and districtwide.

3 A little bit of history
4 on the STEP program. In 2017 the
5 STEP program was created in
6 collaboration with the School
7 District of Philadelphia, the
8 Mayor's Office, Community
9 Behavioral Health, CBH, Drexel
10 Community Partners and the
11 Department of Human Services, DHS,
12 as a new strategy to address mental
13 health and complex needs of
14 students and families in a school
15 setting.

16 STEP currently provides
17 mental, behavioral and emotional
18 health support services to students
19 and families in 42 district
20 schools. 21 of those schools have
21 all four STEP roles and 21 have
22 mixed STEP roles. Each school-
23 based STEP team may include up to
24 four key roles. This includes a

1 clinical coordinator, a school
2 behavioral consultant, a case
3 manager and a family peer. This
4 model is designed to embedded
5 trauma-informed, multi-tiered
6 systems of support into our school
7 communities, so Tier 1, Tier 2 and
8 Tier 3.

9 Schools can be
10 identified for STEP through school
11 need, school readiness and
12 available funding. When we talk
13 about the funding, there are 21
14 STEP IBHS, Intensive Behavior
15 Health Services, license programs
16 in schools that are funded via CBH
17 and DHS. The remaining schools are
18 funded through their school
19 budgets.

20 IBHS-licensed STEP
21 programs are required to have all
22 four person teams, so all four STEP
23 roles have to be present. For our
24 school-based programs, they must

1 have a minimum of the clinical
2 coordinator position and can add on
3 additional team members based on
4 their school needs and budgets.

5 When we look at the
6 funding that the School District of
7 Philadelphia calls for STEP school-
8 based programs was about \$5 million
9 for the 25-26 school year. For the
10 CBH, DHS STEP IBHS programs, that
11 cost was approximately \$8.5
12 million.

13 Let's talk a little bit
14 about eligibility. All students
15 attending a school with STEP are
16 able to access applicable services
17 at no cost. Students may be
18 referred by their teachers, school
19 counselor or principal. Students
20 can also be referred as a result of
21 an MTSS or Multi-Tiered System of
22 Support meeting. Parents and
23 guardians can request referrals
24 through the school team and

1 students who are 14 or older can
2 self-refer. Referrals are then
3 reviewed by the STEP team at the
4 school level to determine
5 appropriate next steps. And again,
6 all services are offered at no cost
7 to the families.

8 We are in the process of
9 partnering with the University of
10 Pennsylvania to research the
11 correlation between our STEP
12 services and student outcomes.
13 This includes academic performance,
14 attendance and behavior. We're
15 also in the process of reviewing
16 and conducting a internal system,
17 I'm sorry, creating an internal
18 system to review that impact data
19 quarterly throughout our school
20 within District 7.

21 There are four, excuse
22 me, five schools that have STEP
23 programs. They are Gloria Casarez
24 Elementary School, Lewis Elkin

1 Elementary School, William Cramp
2 Elementary School, Frankford High
3 School and Roberto Clemente Middle
4 School.

5 Step is one of several
6 critical components of our
7 District's broader mental and
8 behavioral health strategy. In
9 addition to STEP, the District
10 supports access to IBHS, Intensive
11 Behavioral Health Services in
12 partnership with the City of
13 Philadelphia's Department of
14 Behavioral Health and Community
15 Behavioral Health.

16 Our IBHS providers are
17 embedded in each of our schools and
18 deliver therapeutic and behavioral
19 health interventions to students
20 with more intensive needs. These
21 surveys are coordinated with our
22 school teams are delivered by
23 licensed community-based mental
24 health agencies. The goal of IBHS

1 is to support emotional regulation,
2 long-term skill building and
3 stabilization, enabling students to
4 remain engaged and successful in
5 their school communities.

6 We also have school
7 counselors and behavioral health
8 counselors that are trained to
9 notice signs of mental health
10 issues like anxiety, depression,
11 trauma response or behavioral
12 changes. These practitioners
13 provide a lot of our Tier 1
14 services. They're able to provide
15 individual and small group
16 counseling to help students manage
17 personal or emotional difficulties
18 and they're trained to respond to
19 mental health emergencies and to
20 connect students and their families
21 with outside mental health
22 professionals and services.

23 All schools in District
24 7 have a minimum of one school

1 counselor with 23 schools having
2 more than one mental health -- I
3 mean excuse me, school counselor
4 with 23 schools having more than
5 one school counselor and five
6 schools having school counselors.
7 And in addition to that, they also
8 have behavioral health counselors
9 on staff.

10 There are two schools in
11 District 7 that have access to
12 Hazel Health, which is a school-
13 based telehealth provider that
14 delivers both physical and mental
15 health care to K-12 students right
16 at our school or remotely via
17 telemedicine at no cost to our
18 families.

19 Hunter Elementary School
20 students have access to services
21 provided by ESS, which is Effective
22 School Solutions. This
23 organization provides high acuity
24 Tier 3 mental health services,

1 including comprehensive individual
2 care for students with significant
3 emotional and behavioral needs.
4 Together these efforts reflect the
5 district's ongoing commitment to
6 grow a comprehensive mental health
7 continuum, one that meets students
8 where they are, supports their full
9 well-being, ensures that every
10 school community has access to
11 responsive healing center care.
12 Thank you.

13 COUNCILWOMAN LOZADA:

14 Thank you.

15 MR. PEREZ: Thank you,
16 Council. My name is Juan Perez,
17 the Chief Operations Officer at
18 Esperanza Health Center and I'm a
19 registered nurse. So Esperanza has
20 been there for at least in this
21 community in Kensington for 20
22 years. I've served in this
23 community for all my life, 30
24 years.

1 And as a federally
2 qualified health center, we care
3 for physical needs but we also care
4 for emotional mental health needs.
5 It's full spectrum. So we see the
6 ravaging of the opioid epidemic on
7 families, especially children. So
8 when they're coming here, those
9 children that were there, they come
10 to our center. Their mothers,
11 their fathers, their families, they
12 come to our center. And it's much
13 more poignant when I think of like,
14 for example, recently the kids that
15 were talking about just being
16 outside and playing and we had two
17 of them, one that was doing an
18 outreach with their church got
19 stuck by a needle. Another one
20 that was doing gardening and got
21 stuck by a needle and came and the
22 panic that ensues with that, right,
23 especially for them, the child and
24 for the family.

1 I was also thinking of
2 the father in recovery with the 9-
3 and 14-year-old have come to our
4 center and they're suffering
5 developmental delays and they're
6 suffering their academic delays,
7 and they're asking our
8 pediatricians or our family
9 providers say, what can you do for
10 us, what can you do. But it's
11 years of loss of instability,
12 right. Loss of family structure,
13 loss of -- there's just so much
14 that's much more than other places.
15 When you go, oh, I have a cold,
16 addressing that is so much more --
17 it's much more complex.

18 And then when I look at
19 the ages of the children that were
20 here and I think of the mother who
21 that we have that we serve who is
22 suffering through addiction but
23 also serve her children. A
24 teenager who's a teen mom at the

1 age of 16, and her younger
2 daughter, her younger sister, who
3 is going through homelessness,
4 substance abuse and survival sex
5 work, right. When you look at
6 them, this is not what they were
7 created for. This is not a choice,
8 right.

9 So Esperanza, we work to
10 mitigate some of that. How do we
11 embed in their integrated
12 behavioral health and it's been
13 mentioned here, the importance of
14 being able to try to target early
15 trauma intervention, we screen for
16 social determinants of health,
17 right. The housing, food
18 insecurity, caregiver support, it's
19 a whole litany of things, because
20 we know that appropriately
21 addressing the nonmedical factors
22 for us as a medical institution,
23 we've learned that addressing the
24 nonmedical factors early, so ditto

1 and ditto. It's much more valuable
2 in resiliency and in coping and in
3 shaping of children's lives than
4 the crisis intervention that you do
5 right at the moment when they come
6 in for some acute issue.

7 And at our core, so much
8 so that we built, and with the
9 support of Councilwoman Lozada and
10 others, that we are able to build
11 the core building that's in
12 Kensington, that we try to
13 strengthen positive childhood
14 experiences through wellness
15 programming, fitness classes,
16 family exercise, pregnancy cohorts.
17 The child that says, I'll go
18 through partnerships with
19 Kensington Soccer, with PYB,
20 because we know that those foster
21 long-term change. Granted that is
22 not -- obviously we do need to
23 stave the upstream, what's causing
24 it, the causality of it all, but

1 definitely at the same time when
2 you're looking at children's lives,
3 you're looking at the breadth and
4 the time and the development.
5 There needs to be sustainability
6 and walkability with children,
7 right.

8 So yet despite what we
9 know we works, we know that
10 families and the institutions that
11 serve them face challenges. I'll
12 say that one of them of course is
13 environmental safety concerns from
14 the open drug use. And I'd say
15 even the five active drug corners
16 that we have that surround us, the
17 violence and just the visibility of
18 what's happening. That was
19 addressed by the children. We know
20 it and we're saying it too because
21 we see it. It comes through our
22 doors.

23 We've lost a lot. We've
24 had a large drop in pediatric

1 patients. We open up our new
2 patient appointments on the first
3 Wednesday of the month and all of
4 them go for all of our sites,
5 except the pediatric patients at
6 Kensington. And we've had families
7 that have just moved out or do not
8 come when by the time they come,
9 they're 5 years old going to the
10 dentist for the first time or with
11 five cavities or they're coming in
12 at 5 years old just to see the
13 doctor for this first time. So we
14 know that that's an issue.

15 We've also known that
16 there's a lot of non-reimbursable
17 services that we provide, care
18 management, outreach services,
19 social services, navigation. The
20 core building and the programming
21 that comes out of that that we know
22 we need to try and attempt
23 therapeutic endeavors from our
24 patients, that for our doctors to

1 be able to point and be able to
2 send people without saying, yeah,
3 this is what you need, but we're
4 sending them into some void, right.

5 So we also have many
6 partnerships with our community
7 members, those that were here we
8 partner with and we also refer, so
9 knowing how to be able to continue
10 to provide funding and
11 reimbursement for addressing things
12 like social determinants of health.
13 How do we help support the care
14 management, the essential programs
15 like family center programming or
16 social services.

17 Because especially in
18 our community, we have three sites
19 we pour in more in terms of the
20 families of Kensington than in our
21 other sites. It's just because the
22 need is greater also. I mean, just
23 in able to maintain an environment.
24 It's environment, it's what they

1 see. We try to be able to keep and
2 maintain a clean and a beautifully
3 looking area.

4 Over the course of the
5 last two years, I can point to over
6 approximately \$100,000 worth of
7 money, nonprogrammatic money, that
8 we have specifically in Kensington
9 to fix, maintain, repair, clean the
10 area so that when people and our
11 patients come, they have hopefully
12 a safe corridor. Hopefully they
13 tell us we can't come because we're
14 trying to mitigate that.

15 So I think for us,
16 continuing to work together,
17 continuing to appeal to Council and
18 obviously we're all on the same
19 team here. How do we find the
20 reimbursement for the services, how
21 do we dedicate funding for
22 non-reimbursable services, how do
23 we try new and innovative things.
24 I agree metrics are important. And

1 having organizations that have been
2 longstanding in doing this work, I
3 think would be key. Because, yeah,
4 I will follow -- we will evaluate,
5 we will follow these metrics to the
6 end.

7 Also, public health
8 investments and sanitation sharps
9 disposal, safe corridor passage and
10 supporting partnerships and
11 connection to child-focused
12 community hubs that provide
13 recreation, mentoring with a
14 therapeutic attachment to it. So I
15 think we've heard that from -- I
16 mean, if we think from the children
17 and I think that's what that's what
18 we're there for. The one child
19 that says, there is hope in
20 Kensington. And at Esperanza the
21 word is hope. And I think I
22 resonate and I think we all
23 resonate with that pretty deeply.
24 Thank you.

1 COUNCILWOMAN LOZADA:

2 Thank you. Thank you for your
3 testimony. Thank you for the work
4 that you do. Donna, thank you for
5 your guidance and for you working
6 very closely with my team. I think
7 that if anybody knows my
8 frustration it's you, right.

9 We've talked a lot about
10 why mental health workers are
11 important in our school buildings,
12 especially in the school buildings
13 in that Kensington footprint within
14 a walking distance from what
15 everyone calls ground zero. What
16 is a little frustrating to me is
17 that when we talk to some of those
18 schools that are within a walking
19 distance and they talk about the
20 mental health workers that are
21 there and you go visit the schools,
22 I've never seen a mental health
23 social worker in the school.

24 So when are they there?

1 How often are they there? What is
2 their caseload? You talked about
3 the STEP program. Is that a five-
4 day-a-week program? Is that a
5 program that that person is there
6 when the kids walk in the door and
7 she's there when they walk out,
8 right, whether it be after school,
9 an afterschool program? When are
10 they there? What are the services?
11 How many of them are there?

12 And I know I'm asking
13 all of these questions because all
14 of it is kind of running in my
15 head, right. We allocated \$750,000
16 to be able to support mental health
17 work in our schools for our schools
18 directly. I want to know how. How
19 can that money be used? How is the
20 money that is being allocated right
21 now to programs like STEP or to
22 that mental health work? How is it
23 being used right now? What is the
24 impact that it's having?

1 I mean, it's difficult
2 for me to hear that these programs
3 exist and then hear all of the
4 children that came up here. Even
5 if they tell you, even if they're
6 not a patient of one of our mental
7 health service agencies or maybe
8 they're not a patient of one of
9 those providers, they are
10 experiencing some of that is heavy,
11 right. It was heavy for me to hear
12 them.

13 So they may not be a
14 patient of one of our mental health
15 providers in our community. They
16 may not be a patient of Esperanza
17 as it relates to mental health work
18 or services, but obviously they're
19 impacted by it. So what is it?
20 What are we doing in the school
21 district right now? How is the
22 STEP program doing their work? How
23 many people are in there? What is
24 the time? I want to know all of

1 that.

2 MS. ELLIOTT: Okay.

3 Sure. So I'll start with just a
4 little bit about the STEP program.

5 So I shared that we have two
6 models. One is the IBHS, which is
7 the model that requires a four-
8 person team. And we have that
9 model in 21 of our schools and
10 that's the model that is funded by
11 DHS and CBH. In that model, you
12 have a clinical staff, you have the
13 peer navigator. You also have --
14 let me just give you the actual
15 titles of the four positions. And
16 those are full-time positions.

17 For the 21 schools that
18 they have a mixture of staff, so
19 these are the school-funded
20 positions. They have to at least
21 have one position for it to be
22 considered STEP. But based on the
23 school's budget and needs, they're
24 able to fund up to the full model,

1 which would include the four-member
2 team. So when we have a full --

3 COUNCILWOMAN LOZADA:

4 I'm sorry. And that's the
5 frustrating part, right.

6 MS. ELLIOTT: Right.

7 COUNCILWOMAN LOZADA: I
8 know you're going to tell me about
9 the 21 schools. I don't want to
10 hear about the 21 schools. I want
11 to know what is happening in
12 Kensington. You heard
13 Councilmember Jones say earlier
14 that unless we stabilize Kensington
15 and we respond to the need that is
16 happening in Kensington are we not
17 going to be able to respond to
18 those smaller issues that we're
19 having in other parts of the city,
20 right.

21 So once we get it right
22 in Kensington, we're going to be
23 able to get it right everywhere
24 else, right. And that's the

1 reality. So I want to speak very
2 specifically about the schools in
3 Kensington, the services in
4 Kensington. How many workers are
5 there? How many kids are there?

6 When my kids walk in, in
7 the morning and they've walked
8 through all of that trauma from
9 home to school, they may need
10 someone to have to talk to. Is
11 there someone there when they walk
12 in that building? Because if
13 there's not someone there when they
14 walk in that building after they've
15 gone through all that trauma,
16 they're not ready to learn, right.
17 And are they there at lunchtime
18 when they're still thinking about
19 the trauma that they experience in
20 the morning?

21 And before they leave
22 and they're on their way home and
23 their anxiety is up because I now
24 have to go through the trauma that

1 I went through this morning in
2 order to get back home, is there
3 somebody there that is going to be
4 able to respond to them?

5 MS. ELLIOTT: Sure. So
6 our STEP team, they are full-time
7 staff so they are there during the
8 regular hours of the school.
9 Again, I also shared we're working
10 on a full continuum of mental
11 health supports, so that includes
12 the school counselor. It includes
13 the other resources that are
14 available. And I did provide this
15 in the testimony, but I could just
16 give you an example.

17 If we talked about Clara
18 Barton, for instance, they have a
19 school counselor, they have SAP and
20 they have IBH. So when we're
21 thinking about the mental health
22 resources that they have, those are
23 the three resources that that
24 school has to support students.

1 And again, the school counselor is
2 a full-time employee. SAP is a
3 process by which you can do a SAP
4 referral, a Student Assistance
5 Program referral, and then based on
6 the needs of that student, the
7 school team that comes together
8 will make a decision on what
9 resources they would need. They
10 make that referral and then the SAP
11 team thinks about those regional
12 and other resources that are
13 available to provide the services
14 to the family.

15 Another example, if we
16 were to look at Elkin. So Elkin
17 has IBHS. They have SAP. They
18 have Hazel help. They have still
19 two school counselors. Now, they
20 have Hispanic community counseling
21 service and they have a STEP
22 program. So it all depends on the
23 school, the various funding sources
24 and the various resources they can

1 get. So it's really different,
2 really nuanced based on the school
3 population.

4 At the district level,
5 we have a prevention and
6 intervention team that has liaisons
7 that we have assigned to the
8 different networks, so the way that
9 we have our schools organized. And
10 those liaisons work with our school
11 teams to come up with their
12 strategic plan around mental health
13 supports. And they can decide like
14 where do we need to prioritize.
15 Our STEP teams, typically we have
16 an expected caseload for them to
17 have where they are actually
18 providing clinical support for
19 students, but also they support
20 Tier 1. So there are many ways
21 that they could be supporting the
22 community -- I mean, could be
23 supporting more broadly the school
24 community, whether that is training

1 for parents, training for teachers,
2 small groups for students helping
3 with a non-violence or violence
4 prevention program in the school.
5 They're working with students that
6 may be experiencing anxiety. So it
7 is very nuanced per school. And we
8 did provide a by-school listing so
9 you could see the different
10 resources that we have in each of
11 those schools.

12 We are continuing -- and
13 I'm new. I'll just say that at one
14 time I won't harp on that, but I've
15 been in the District for six weeks.
16 And I know one of the things that
17 we're working to do is really
18 assess the current resources that
19 we have in place and determine
20 where are there places that we
21 might need to move resources or
22 think about other funding sources
23 to add resources to schools that
24 have challenges.

1 COUNCILWOMAN LOZADA:

2 I'd like to know, and it doesn't
3 have to be now, but if you can
4 submit in writing what's the
5 process for someone to refer a
6 child to be able to get these
7 services? Because I can't tell you
8 the number of times that I have
9 walked in to visit a school and
10 there have been some issues, and
11 I've asked questions about that
12 particular child and I hear back
13 from the adults in the space I
14 can't provide, I can't refer or I'm
15 not allowed to do that or I have
16 tried to refer or they don't meet
17 the requirements, right.

18 And so, I want to know
19 what is the process and how many of
20 our principals and our teachers
21 have submitted referrals, how many
22 of them are approved? How many are
23 denied? Why are they denied,
24 right? What would be a case why

1 they're denied? I want to know all
2 of that, because again I want to
3 get us past the revolving circle of
4 conversation, right.

5 If in 2019 there were 25
6 referrals and 20 of them were
7 denied, why? Those students keep
8 coming back to us, right. And so,
9 I want to know why, why. Their
10 problems are only going to get
11 worse if they're living in our
12 community and we've not responded
13 to what they're experiencing on
14 their way to and from school on top
15 of we don't know what they're
16 experiencing at home. We need to
17 figure this out. I want us to be
18 very intentional about creating
19 actions that we will be able to see
20 the positive impacts in the future.

21 And I know the school
22 district has done a lot around
23 goals and guardrails and all of
24 those fancy words that we're able

1 to use, right. But I really want
2 to be very specific about how
3 they're impacting the schools in
4 the 7th Council District? Who are
5 their partners? How many people
6 are there, right? And I want to do
7 a comparison next year.

8 MS. COOPER: Yeah. I
9 think, first of all, thank you for
10 asking those questions. I think
11 they're really important. I think
12 what was stated is that -- and the
13 STEP program was officially
14 launched in 2017, but actually
15 students didn't start enrolling
16 until 18 and then COVID happened,
17 so two years was madness. So then
18 we're basically at a program that
19 begins to really fundamentally
20 scale up post-COVID.

21 The District has had
22 three different leaders overseeing
23 the office that's doing this in
24 that period. So that raises one

1 question. But beyond that, I will
2 say although we have a lot of
3 questions of what's really going
4 on, we're the only school district
5 in the state doing this.

6 Philadelphia School
7 District is the only school
8 district in the state spending
9 \$12.5 million or that share of its
10 budget, which is eeny but compared
11 to any school district in the state
12 trying to figure out how to get
13 some Tier 1, Tier 2 mental health
14 services and to collaborate with
15 the Tier 3 providers, which are the
16 IBHS providers. So your questions
17 are totally right on.

18 And I in my view, having
19 been in government now forever,
20 because I'm clearly the oldest
21 person in this room I think, Mark,
22 that this is a new work in
23 progress. We should envision that
24 this is basically -- even though

1 2017 was an official launch here
2 four years in on something, maybe
3 three and a half in real life. And
4 the definition of what's mental
5 health, some schools mental health
6 is only referring to a kid. They
7 mostly get rejected because they
8 don't have a clinical diagnosis
9 unless they're lucky enough to go
10 to an FQHC, because Philadelphia
11 also has a special capacity in
12 FQHCs that nobody else in the state
13 has.

14 But in many ways, the
15 people that you're asking these
16 questions of, which I think are the
17 right questions, are on the cutting
18 edge of work trying to figure this
19 out and your questions are going to
20 help them figure it out. I don't
21 want anybody to think they're not.
22 But CBH and DBHIDS and the School
23 District are really at the
24 forefront of this. And having to

1 answer your questions is going to
2 keep our discipline going. And
3 then how do we make sure that the
4 flexibility that our FQHCs have,
5 and this little \$12.5 million that
6 we have is meeting the needs. You
7 know, we still have to blow up the
8 system and how we pay and get it
9 paid for.

10 But I just really hope
11 everybody in Council takes a second
12 to understand this is actually
13 cutting edge, great stuff that
14 they're doing and it's a system
15 with 100,000 children that has
16 \$12.5 million at work on it, so
17 it's like that big and this little
18 so just wanted to add that.

19 COUNCILWOMAN LOZADA: I
20 appreciate that. I mean, I
21 appreciate that there's a lot of
22 work, right. I appreciate that
23 we're in a different time and we
24 have allowed the further problems

1 to get worse, right. And so, it's
2 going to take more. But I want us
3 to be very intentional moving
4 forward, right.

5 And I want us to be able
6 to come into this chamber and have
7 conversations about very specific
8 direct impact, right, number of
9 students, number of dollars. How
10 is it impacting not just the
11 student but the school, the
12 teachers, the family. I want us to
13 start doing that because I find it
14 challenging that we have people
15 come into this chamber on an annual
16 basis to ask for more, we need more
17 dollars, we need more dollars, we
18 need more dollars. But my
19 community continues to go down,
20 right.

21 I want children who you
22 heard say there is hope in
23 Kensington. They are really
24 counting on us. I want to be able

1 to sleep at night to say that I
2 delivered for those children. All
3 of us have a responsibility to
4 deliver for those children.

5 The Chair recognizes
6 Councilmember Harrity.

7 COUNCILMAN HARRITY: I'm
8 not going to get on the
9 roller coaster again with the
10 school board about the mental
11 health in our schools. You guys
12 are always saying that we have
13 counselors in every school and all
14 this and then we look into it and
15 that's not the case. It's not
16 true.

17 You do not have
18 counselors for every school. You
19 do not have access -- you have an
20 electronic access. That is not the
21 same. And I've been screaming that
22 since I got here two and a half
23 years ago. When a kid needs to
24 talk to somebody, they need to talk

1 to somebody in person. There's
2 things you can't see when you're a
3 mental health professional over a
4 computer. They need that face-to-
5 face contact. Because when you're
6 assessing somebody, you have to
7 look at them and see what they're
8 telling you. You can tell by their
9 expressions if they're telling you
10 the whole story or not, or at least
11 as a grandparent I can.

12 My thing is that it's no
13 secret. We don't have enough child
14 psychiatrists. The Pew Study says
15 we have 1 for every 10,000 kids in
16 the state of Pennsylvania. It's a
17 little bit better here in
18 Philadelphia because we're a major
19 city, but not much. The fact of
20 the matter is we need more
21 specialists in child psychiatry and
22 trauma.

23 But it also means that
24 I'm going to give you the benefit

1 of doubt because you're new, and
2 I'm going to hope that your
3 intentions are what our intentions
4 are which is to help our kids
5 succeed. I think we need to start
6 thinking outside the box. Maybe we
7 need to hire a different pay scale
8 and send some of these teachers who
9 care. They care about these kids.
10 They're not working in the
11 Philadelphia School District for
12 money, baby. I got news for you.
13 It's not the way this works.
14 They're doing it because they care.
15 So why don't we take
16 those teachers that know those kids
17 intimately, they know what those
18 kids are going through every day.
19 Why don't we train them as
20 counselors, a six-month course on a
21 computer. That they could do on a
22 computer. These people are very
23 intelligent. Already they passed
24 their teaching degree. Why can't

1 we have them voluntarily. Now, we
2 have to give them their pay scale.
3 We have to raise the pay scale of
4 course because they're doing an
5 extra job. But we wouldn't have to
6 hire a full-time counselor if we
7 had more teachers who were actually
8 certified in counseling, because in
9 God's honest truth they're not just
10 teachers. They are counselors.
11 They're the first line of defense
12 for our children.

13 And for me, I believe
14 that our teachers they're here for
15 this. So if we offer them
16 something, if we pay for that
17 training and we offer them a little
18 bit more money to do a little bit
19 of an extra job, they're already
20 doing extra jobs for free, right.
21 I guarantee that if you ask these
22 teachers who wants to go get
23 certified as a child counselor,
24 you'll have a line out the door

1 because they want to because they
2 want to be able to help these kids.

3 So just because you're
4 new, I'm asking you to please think
5 outside the box when it comes to
6 our kids because I don't want to be
7 back here five years from now.
8 This ain't going to fly. I live
9 there. I live at G & Allegheny on
10 Willard Street. You want to come
11 visit me, come visit me and I'll
12 show you what I live with every
13 day. Come talk to my kids and
14 you'll see that these are
15 intelligent, smart kids. They just
16 need to be allowed to be kids. And
17 in my neighborhood, that doesn't
18 happen. There's too much. They
19 grow up too fast. But school,
20 that's the place where they feel
21 the safest. We need to continue
22 that.

23 The school needs to get
24 back to being the hub of that

1 community. We need to keep the
2 schools open later. I know you
3 guys are trying and I know that
4 takes money, but we need to get
5 better. And as I said before,
6 we're not afraid to give money to
7 things that we think are going to
8 work. We're also not afraid to try
9 because trying is better than doing
10 nothing. For so long it's been
11 nothing in our neighborhood.

12 I've been here 18 years.
13 My wife's been here 40-something
14 years, except for a short stint
15 that she moved away with her first
16 husband. She's been in that
17 neighborhood. We know that
18 neighborhood. We know the kids in
19 that neighborhood. I need you guys
20 to think outside the box. I need
21 you to bring this back up to the
22 chain and say, hey, listen, this is
23 an idea, we need to certify our
24 teachers because they're the first

1 line of defense. Let them make a
2 couple extra bucks. I'm good with
3 that. They're doing the work
4 anyway.

5 So I'm hoping that you
6 can bring us some deliverables the
7 next time you come in. I don't
8 want to overwhelm you with a lot of
9 different things, but we got to
10 start thinking outside the box. I
11 just put a grocery store in Memphis
12 Street Academy, okay, because --
13 and I'm sorry, I get emotional when
14 I talk about the kids. But if you
15 think it's hard to learn when
16 you're hungry, try being the older
17 brother and sister and worrying
18 about going home and feeding your
19 brothers and sisters and try
20 learning that we need to do
21 whatever we can in these
22 neighborhoods. Not every
23 neighborhood needs this. That's
24 the thing.

1 Sometimes neighborhoods
2 are going to have to take a back
3 step to other neighborhoods that
4 need it. We need to bring
5 everybody along in this city. And
6 the fact of the matter is, as you
7 said, during COVID our neighborhood
8 got dumped on. They knew where
9 they were so they left them there.

10 And me, I'm an addict
11 and I'm open about that because I
12 want everybody to know. But that
13 also means that you can't bullshit
14 me up when it comes to addiction.
15 I know addiction. I've been there.
16 I also know that we're very good at
17 getting what we want and
18 manipulating the situation. We
19 need to clean this neighborhood up
20 for our kids and that starts with
21 you. That starts with our schools.
22 Because as I said, you are --
23 listen, the Philly teachers, I got
24 all the respect in the world for

1 them.

2 They go to work, taking
3 their safety in their own hands
4 because they love the children that
5 they are helping. And us as
6 elected officials and those running
7 these departments, we have to
8 actually go to them and say, what
9 the hell do you need because that's
10 what's lacking, you know what I
11 mean.

12 I've been hearing a lot
13 of all these new ideas where these
14 people come in and they have these
15 great ideas and stuff like that,
16 but they never talk to the teacher.
17 They didn't ask the teacher. You
18 know how I came up with the food
19 pantry in the school? I talked to
20 the kids. They told me. If you
21 talk to them, they'll tell you.
22 They're smart. Thank you.

23 MS. ELLIOTT: So thank
24 you for that. I will say in the

1 six week weeks that I've been here
2 I have prioritized going to the
3 Kensington area and was able to do
4 a neighborhood tour with one of our
5 instructional superintendents. And
6 I strongly agree with you there is
7 a lot that we need to do there to
8 provide conditions for our students
9 and families to be able to be
10 successful.

11 I was able to meet with
12 three principals in that tour, to
13 go into their buildings, to talk to
14 their mental health staff and to
15 learn about, you know, what is
16 working and we did hear about the
17 telehealth, tele mental health not
18 being a strategy right now that's
19 being successful, but that feedback
20 helps us think about how we improve
21 that relationship with a partner.

22 But we are definitely
23 committed to working with you. I
24 am definitely committed to thinking

1 about what we currently have in
2 place districtwide that we may
3 think about for schools that have
4 greater need. I'm a leader who
5 believes in tiered systems. So we
6 think about our schools.

7 We often talk about
8 tiering our students, but we also
9 have to tier our schools and think
10 about our schools that have the
11 most persistent problems that are
12 furthest from the opportunities and
13 how do we move dedicated support
14 for those schools. And that is
15 something I'm definitely already
16 starting to do and think through
17 with my team as well as Deputy
18 Superintendent Dawson and our
19 superintendent. So thank you for
20 this opportunity to come.

21 I did share in our
22 testimony with regards to the STEP
23 program, now we don't have the data
24 for all the other external

1 providers but we do have for STEP
2 the number of hours of support. So
3 you're able to see in that
4 presentation by each of the schools
5 in the Kensington area that has a
6 STEP program how many clinical
7 hours of support were provided as
8 well as how many what we call
9 schoolwide support.

10 So again, that team is
11 able to do one-on-one counseling
12 with students, but they're also
13 able to do training for teachers,
14 to do violence prevention programs
15 in the school so we have time that
16 they spend with the schoolwide
17 program. And we are working to be
18 more intentional with that
19 integration of our services. We
20 have a lot of resources.

21 And when I look at the
22 numbers, it doesn't look like we're
23 serving the number of kids that we
24 should be with our current

1 resources. So I look forward to
2 working with our partners to think
3 through that, and then we could ask
4 for additional resources but I
5 think we really have to spend some
6 time digging in and understanding
7 how the resources are being used
8 and how we need to organize them so
9 that our students are getting what
10 they need and our families are
11 getting what they need.

12 So thank you so much for
13 your patience and grace today, but
14 promise that we will be working on
15 this diligently.

16 COUNCILMAN HARRITY: I
17 thank you for being honest and
18 saying that you don't like the
19 numbers. I don't remember who said
20 it, but it was once said that it's
21 easier to help misbehaving children
22 than to help damaged adults. What
23 these kids are seeing in my
24 neighborhood and what they have to

1 go through, we're creating the next
2 group of addicts and criminals
3 because that's what they see.

4 COUNCILWOMAN LOZADA:

5 Thank you. Thank you for your
6 honesty. I was going to say the
7 same thing, right. Thank you for
8 being transparent and for
9 recognizing that we're not meeting
10 the needs of as many children as we
11 absolutely can and that we have
12 work to do, right. I think that's
13 the first step towards fixing the
14 issues that we have there. So I
15 appreciate it. Thank you to the
16 three of you for being here this
17 afternoon and for your testimony
18 and for the work that you all do in
19 our community.

20 Will the Clerk please
21 call the next panel to testify.
22 And thank you to those of you who
23 have waited this long, for your
24 patience.

1 THE CLERK: Madam Chair,
2 the last panel will be DBHIDS and
3 CBH. Testifying is Commissioner
4 Solanke and with her is Donna
5 Bailey.

6 (Witnesses approached
7 witness table.)

8 COUNCILWOMAN LOZADA:
9 Good afternoon. Please state your
10 name for the record and begin with
11 your testimony.

12 MS. BAILEY: Good
13 afternoon, members of City Council.
14 I'm Donna Bailey. I'm the CEO of
15 Community Behavioral Health. Thank
16 you for the opportunity to talk
17 with you all today.

18 COMMISSIONER SOLANKE:
19 Good afternoon. I'm Kehinde
20 Solanke. I'm the Commissioner for
21 Department of Behavioral Health and
22 Intellectual Disability Services.
23 And before I get started, I want to
24 thank you Councilmember Lozada for

1 inviting those young children here
2 to speak their truth. I applaud
3 their courage, their bravery, their
4 honesty and their desire to hold us
5 accountable to make sure that
6 Kensington is a home that is safe
7 for them, and it's our collective
8 responsibility to make sure that
9 that happens.

10 And with that, I will
11 start we appreciate with an
12 appreciation of the opportunity to
13 provide testimony on the critical
14 issues outlined in Resolution No.
15 250502, introduced by the Special
16 Committee on Kensington. The
17 impact of chronic trauma stemming
18 from opiate crisis on the
19 emotional, mental and behavioral
20 health of children in the
21 Kensington neighborhood.

22 Our testimony will
23 highlight the resources currently
24 available, identify gaps and

1 propose recommendations to
2 strengthen protection and support
3 for children and families. The
4 current resources and supports for
5 children and youth in Philadelphia:
6 Through its contract with DBHIDS,
7 CBH pays for, coordinates and
8 manages access to a broad spectrum
9 of behavioral health and substance
10 use disorder services for
11 Philadelphia's Medicaid population
12 across the lifespan.

13 For children and youth,
14 this includes a full continuum of
15 behavioral health services that are
16 trauma-informed and tailored to
17 address the complex needs of
18 children exposed to adverse
19 childhood experiences, ACEs.

20 And these services
21 include -- there's a lot of them --
22 crisis intervention that's 24/7,
23 crisis intervention services,
24 crisis response office walk-ins,

1 mobile crisis teams,
2 hospitalization, inpatient and
3 partial psychiatric hospitalization
4 for children who are at risk of
5 harm to themselves or to others or
6 children who need close monitoring
7 after a behavioral health crisis.

8 We also offer assessment
9 and evaluations, diagnostic
10 services and treatment planning to
11 ensure appropriate linkage and
12 continuity of care. Community-
13 based services, these are
14 individual, family and group
15 therapy delivered in schools, at
16 home and in provider sites.

17 Autism services, applied
18 behavioral health analysis therapy
19 to strengthen communication,
20 learning and social skills for
21 children with an autism diagnosis.
22 Substance use treatment, these are
23 outpatient, intensive outpatient
24 and residential treatment services

1 for youth struggling with alcohol
2 or other drug use. Medication
3 management, psychiatric prescribing
4 and medication monitoring to
5 support stabilization.

6 Residential treatment
7 services, these are intensive
8 living programs for children and
9 adolescents designed to support
10 behavioral health stabilization and
11 reintegration into the community.

12 Care coordination and case
13 management, these are coordination
14 of support for families, including
15 access to behavioral health
16 services, food, transportation and
17 other basic needs.

18 School-based services
19 and Intensive Behavioral Health
20 Services, IBHS, that has been
21 discussed quite a bit today. In
22 2024 CBH network included 21 IBHS
23 providers who collectively
24 supported 506 schools across the

1 city, including 242 School District
2 of Philadelphia public schools, 100
3 charter schools and 164 private or
4 alternative schools. Nearly 9000,
5 and that's approximately 8,958
6 children, received IBHS services
7 last year.

8 IBHS is designed to keep
9 children and youth in their
10 communities, preventing unnecessary
11 psychiatric admissions. Services
12 are delivered flexibly in the home,
13 school or community, meeting the
14 children where they are. The goal
15 is not only to address trauma but
16 also to build resilience, improve
17 coping skills and foster healthy
18 developmental outcomes.

19 In Kensington
20 specifically, there are three IBHS
21 providers. And across the broader
22 Kensington zip codes, 52 schools
23 are served by five additional IBHS
24 providers. The IBHS provider

1 school assignments are listed on
2 the school district's IBHS website.

3 CBH has been intentional
4 in their partnership with the
5 School District of Philadelphia in
6 the implementation of IBHS. The
7 school district participated in the
8 development of the regionalized
9 IBHS model. And when IBHS was
10 launched, CBH and the School
11 District's Office of Prevention and
12 Intervention worked hand-in-hand to
13 meet with all school district
14 schools and providers to establish
15 relationships. This is really
16 important. As providers have
17 exited the service, CBH and the
18 district have worked together to
19 inform schools and ensure smooth
20 transitions for school teams and
21 families.

22 To ensure
23 accountability, CBH operates a
24 school-based cross-systems team

1 that facilitates communication and
2 problemsolving between the IBHS
3 providers and school
4 administrators. CBH's clinical
5 team monitors access and community
6 tenure and our provider network
7 team monitor staffing monthly and
8 issues corrective action when it is
9 necessary.

10 Despite the scope of
11 services, access to IBHS is based
12 on Medicaid, medical necessity
13 criteria, which requires the
14 children meet certain clinical
15 thresholds to qualify for the
16 services. The more children
17 enrolled in Medicaid, the more
18 children have access to IBHS.
19 Therefore, protecting Medicaid is
20 essential to maintaining access to
21 IBHS and ensuring families in
22 Kensington and across Philadelphia
23 continue to benefit from these
24 vital services. But there are

1 challenges and there are gaps, and
2 I think that's been discussed quite
3 a bit today.

4 We know how vital
5 behavioral health services are to
6 children and families in Kensington
7 and we recognize that there have
8 been challenges. The behavioral
9 health system certainly has a
10 responsibility in that we're
11 committed to addressing them
12 directly. The feedback from
13 schools and communities is not
14 taken lightly. It drives how we
15 improve.

16 It is also important to
17 acknowledge the complexity the
18 schools face. Beyond CBH providers
19 in the schools, schools are also
20 engaging with out-of-school-time
21 programs, truancy supports and
22 other agencies. So we stand ready
23 to partner with the school district
24 to bring all parties together to

1 address this urgent opportunity.

2 Additionally, I would
3 like to highlight ways in which
4 we're enhancing our approach to
5 IBHS this school year. CBH's
6 clinical team is performing more
7 frequent reviews of IBHS services
8 to ensure that children are
9 responding to treatment and making
10 progress towards their goals.

11 In addition, CBH is
12 requiring providers to include
13 family treatment goals to ensure
14 that progress made in school
15 transfers over to the home and
16 community for continuity. Program-
17 specific models such as IBHS can be
18 valuable but often come with narrow
19 eligibility requirements, rigid
20 rules and limited flexibility.

21 Medicaid is designed to
22 pay for treatment, not prevention.
23 Children in Kensington need a
24 broader, more accessible,

1 community-driven support that
2 includes safe spaces, family
3 resources, mentoring and
4 opportunities for positive
5 connection. That means investing
6 in flexible prevention-focused
7 dollars that community partners and
8 city agencies can use to strengthen
9 safe spaces, expand early
10 intervention and provide family
11 supports without being constrained
12 by narrow program rules.

13 City Council has a
14 unique opportunity to ensure that
15 prevention is resourced in this
16 way, through city-backed
17 investments that fill the gaps that
18 Medicaid cannot cover and allow
19 communities to tailor support to
20 children's actual needs. While
21 Medicaid is an essential funding
22 stream for treatment services, it
23 does not and cannot fund the full
24 range of prevention activities that

1 our children and families in
2 Kensington desperately need.

3 This gap is especially
4 problematic in neighborhoods like
5 Kensington where trauma exposure is
6 widespread, but not every child has
7 a diagnosable condition. Safe
8 community spaces, family support,
9 early intervention programs all
10 fall outside of Medicaid scope.
11 Because of this limitation, it is
12 imperative that all city agencies
13 contribute to prevention. Every
14 sector, health, education, housing,
15 public safety and human services
16 must be engaged in both resourcing
17 and coordinating prevention
18 efforts. Only by working together
19 across systems can we address the
20 upstream causes of trauma and
21 create conditions for children to
22 grow up healthy and safe.

23 There are both
24 opportunities and urgent needs for

1 Philadelphia to advocate on behalf
2 of children and families. We have
3 the following recommendations for
4 City Council: Protect Medicaid,
5 please. Medicaid is under
6 significant threat at both state
7 and federal levels. Cuts would
8 directly jeopardize children's
9 access to Intensive Behavioral
10 Health Services, IBHS, and other
11 critical supports.

12 Secure supplemental
13 funding. Because Medicaid requires
14 a diagnosis, it cannot cover
15 prevention and early intervention
16 services. City Council can
17 advocate for additional funding
18 streams like education, public
19 health, local or state
20 appropriations to supplement
21 Medicaid and ensure children
22 receive supports earlier before
23 their needs escalate.

24 Advocate for CBH

1 capitation. CBH operates under a
2 capitated funding model.
3 Protecting and strengthening this
4 capitation is essential to ensure
5 that Philadelphia has the
6 flexibility to meet the behavioral
7 health needs of children and
8 families in realtime. And mandate
9 cross-agency collaboration so that
10 education, health, housing and
11 safety partners align their
12 resources toward prevention and
13 early intervention. We ask that
14 you incentivize and support
15 workforce recruitment and
16 retention, incentivize behavioral
17 health careers through
18 scholarships, loan forgiveness and
19 city partnerships with higher
20 education.

21 In conclusion, the
22 children and families in Kensington
23 are resilient, but resilience is
24 not enough without strong systems

1 of prevention, early intervention,
2 treatment and community support all
3 together at the same time. To
4 truly address the chronic trauma of
5 the opioid crisis and its impact on
6 our children, we must work across
7 city agencies and invest in
8 prevention as much as we're
9 investing in treatment.

10 Thank you, Special
11 Committee on Kensington, for the
12 opportunity to testify. We remain
13 committed to partner with you, the
14 Mayor's Administration and other
15 stakeholders to improve the
16 trajectory for children growing up
17 in Kensington and children facing
18 other behavioral health challenges
19 in our great city. My colleague
20 and I are available to answer any
21 questions. Thank you.

22 COUNCILWOMAN LOZADA:

23 Thank you.

24 MS. BAILEY: So if I

1 may, I would add that we are only
2 able to do this work through our
3 provider network and you were able
4 to hear from some of them today.
5 They do incredible work in our
6 communities every day and we do
7 this on behalf of children across
8 Philadelphia, many of whom we had
9 the good fortune to hear directly
10 from today in terms of the direct
11 impact on their lives. So as
12 Commissioner Solanke said, we're
13 here to partner with you. Happy to
14 answer any questions that you all
15 have.

16 COUNCILWOMAN LOZADA:
17 Thank you so much. Thank you again
18 for being with us today. How much?
19 How much is spent on providing
20 services to children and families
21 in just the Kensington community
22 through your department?

23 MS. BAILEY: So,
24 Councilwoman, I am unable to

1 isolate the amount specifically for
2 Kensington for kids. But I can
3 tell you that for last year we
4 spent \$337 million for kids'
5 treatment services generally in
6 Philadelphia.

7 COUNCILWOMAN LOZADA:

8 Okay. I want to know that number
9 in Kensington. So if you give me
10 that number, if you can send us
11 that number, that would be great.
12 That's number one. And number two,
13 you mentioned the providers. How
14 many providers do you guys have in
15 Kensington again?

16 MS. BAILEY: So in
17 Kensington overall across the
18 network we have 250 providers at
19 over 800 locations. In Kensington,
20 there are a total of 35 providers
21 at 57 locations. And of that 35,
22 there are seven who specifically do
23 children's work at 34 treatment
24 locations. Now, that 35 they could

1 do a combination of children,
2 family, adult services, but seven
3 specifically focus on children.

4 COUNCILWOMAN LOZADA:

5 You guys know that I've been
6 really, really vocal, right. I
7 think that my frustration is that
8 we all are expert articulators of
9 what we need to do, but none of us
10 seem to be able to do it. And so,
11 as one of the lead agencies I'm
12 going to ask you, why? Why haven't
13 we done it? And how do we start?

14 MS. BAILEY: Sure.

15 COUNCILWOMAN LOZADA: I
16 want us to be a partner, right.
17 And while I'm frustrated, everyone
18 that has come before us today has
19 talked about this is what we need
20 to do in order to make the
21 Kensington community or the city
22 better as it relates to mental
23 health services, as it relates to
24 making sure that our kids are

1 prepared to be future leaders or
2 future family members or future
3 homeowners or why are we not doing
4 it? What is holding us back?

5 MS. BAILEY: Yeah. I
6 appreciate that question,
7 Councilmember, and I sense the
8 sense of urgency and frustration
9 and I share that. We don't want to
10 be having the same conversation
11 either. We really want to move to
12 more actionable takeaways. I will
13 say that some of the coordination
14 that folks were talking about
15 earlier, we've done some of that,
16 right, but it's been piecemeal and
17 it's been CBH with DHS or CBH with
18 the school district.

19 I think we have a unique
20 opportunity now, as several of the
21 panelists said earlier, to bring
22 all of those folks together. I
23 mean, I can give you examples of
24 how we've worked with the district.

1 You've heard a lot about STEP and
2 IBHS. It actually goes a little
3 bit beyond that. We work very
4 closely with Philly DHS and we've
5 done some pilot programs where
6 we've braided funding. But we need
7 to figure out how to coordinate and
8 scale it and maximize the
9 resources.

10 I agree with what
11 someone said earlier. I mean, of
12 course obviously we always want
13 more money, but I think really the
14 idea is how we maximize the
15 existing resources that we have
16 with the existing providers that we
17 have. I think we have a sufficient
18 number of providers in our network,
19 but I will tell you that every day
20 we get a call from somebody
21 contemplating closing shop
22 altogether or closing a specific
23 level of care just because of this
24 financial and political environment

1 that we're in.

2 So my priority is
3 maintaining access for all
4 Philadelphians, including our
5 neighbors in Kensington. But I
6 think systems have tried to do it
7 here and there, but I think it's an
8 opportunity to bring us all
9 together, Medicaid dollars with
10 prevention dollars, with school
11 district dollars and on and on.
12 And, Councilmember Harrity, you
13 said it earlier thinking about
14 outside the box in terms of how we
15 maximize the resources we already
16 have.

17 COUNCILWOMAN LOZADA:
18 And when? When does that start,
19 right? Again, we had a Special
20 Committee on Kensington
21 conversation when I first arrived
22 here in November of '22, right. We
23 are now in September of 2025 and
24 we're having the same conversation.

1 And so, when do we start? When do
2 folks understand that if we
3 stabilize Kensington, we are going
4 to stabilize our city, right.

5 When we talk about gun
6 violence, when we talk about the
7 need for better schools, when we
8 talk about more housing, when we
9 talk about improving the
10 unemployment rate, when we talk
11 about, you know, the drop-out rate,
12 when we talk about the need for
13 certified teachers, when we talk
14 about homelessness, when we talk
15 about substance abuse disorder, all
16 of that is exasperated in the 7th
17 Council District.

18 When do we say we have
19 to stop talking and we have to do
20 the work? I'm not saying that
21 people are not working. I'm saying
22 we have to do the work that is
23 going to make the difference. And
24 everyone here today said we need

1 better collaboration, we need
2 better communication, we need to
3 coordinate better. When are we
4 going to start to do that?

5 And I believe that
6 DBHIDS, CBH has the biggest pot of
7 money. And so, you guys should be
8 leading the conversation.

9 MS. BAILEY: Yes.

10 COMMISSIONER SOLANKE: I
11 agree.

12 COUNCILWOMAN LOZADA:
13 What holds you back from leading
14 the conversation and doing the work
15 that is going to have the biggest
16 impact in our in our community, in
17 communities like mine, right? When
18 are we going to do that?

19 COMMISSIONER SOLANKE: I
20 feel like that work happens
21 already, but what I would like for
22 you to think about is a mandate.
23 So it's not just DBHIDS and CBH
24 leading the charge. I feel like we

1 do that quite often. But if this
2 is a mandate from City Council that
3 this needs to happen, and you call
4 all of the systems together for a
5 summit meeting to say this is what
6 we're going to do, you've all
7 identified where the gaps are.
8 You've identified some of the
9 challenges and you all came to the
10 hearing with recommendations, let's
11 start doing the work. That's my
12 suggestion.

13 COUNCILWOMAN LOZADA:

14 But I think that we've done that
15 before, right. I think that we've
16 done that before. And so, unless
17 we -- this is what's frustrating.
18 It takes somebody like me and
19 Councilmember Harrity and Dr. Nina
20 Ahmad to come into this chamber and
21 call somebody out, right. But we
22 shouldn't have to do that because
23 we should all be partners and we
24 should all be rowing in the same

1 direction, right.

2 I don't understand. You
3 all sat here. You heard children,
4 you heard providers, you heard the
5 school district. Who else --
6 Esperanza, who's one of the medical
7 providers, right. Why is it that
8 we have to keep coming to this
9 chamber and why do we have to
10 almost like cuss somebody out
11 before somebody says, oh, crap, we
12 better do something now.

13 We have to do something
14 now. We have to prevent our
15 children from continuing to see and
16 witness trauma through the lens of
17 their eyes every single day. We
18 have to do it now. Everyone here
19 that came in front of us said, I
20 know what the problem is, we know
21 how to fix it and we're doing our
22 little tiny part, we're doing just
23 enough to check off a box, but
24 we're not doing enough to make a

1 difference, we're not doing enough
2 to change the lives of the children
3 in that community.

4 We have to do something
5 about those who are living in
6 substance abuse disorder in the
7 streets of Kensington. We have to
8 do -- are you coughing on purpose?

9 UNIDENTIFIED SPEAKER:

10 No.

11 COUNCILWOMAN LOZADA: We
12 have to do something that is going
13 to not look pretty. Those
14 individuals who are living on our
15 streets in those conditions
16 obviously are not well mentally.
17 And every time they use to me it is
18 a cry for help. They are causing
19 our children to experience trauma,
20 right.

21 Our children cannot walk
22 into the school building and be
23 ready to learn and happy and
24 vibrant and open to new things if

1 they've seen all of those things
2 because there are people who are
3 living on our streets, right.
4 We're not talking about what we
5 talked about earlier, that they're
6 also experiencing stuff in their
7 homes, right. Just by what they're
8 seeing through the lens of their
9 eyes every day on their way to
10 school they are not going to be
11 ready to sit down and receive what
12 teachers are trying to pour into
13 them.

14 DBHIDS, CBH, our school
15 district all hold a big piece of
16 this puzzle as far as I'm
17 concerned. And me looking at
18 budgets, right, DBHIDS, CBH holds a
19 big portion of that financial pot
20 of money. Listen, I could scream
21 all day. I could show up and
22 scream all day, all night. I don't
23 want to do that. I think that we
24 have to get beyond pointing the

1 finger and saying that things need
2 to change or that you should be
3 changing, and we need to change it
4 together but we need those who have
5 the -- because, you know,
6 everything is money. We heard
7 earlier, right.

8 You all have to hold
9 providers and those who hold the
10 key accountable, can you please
11 take the lead. I am begging you.
12 My community needs the services
13 that you provide. You control the
14 funding, right, because you pick
15 those providers. You hold those
16 providers accountable, you can
17 provide the oversight. I need you
18 all to do what you know we need to
19 do so that we're not here next year
20 having the same conversation.

21 MS. BAILEY: Certainly.
22 And if I may, Councilmember Lozada,
23 so one of the things that Donna
24 Cooper really was spot on about

1 earlier in her panel are the
2 limitations of the Medicaid
3 program. And I'm not throwing that
4 out there as a barrier, but only to
5 say you're right, when you look
6 at -- so we have a complicated
7 relationship, right.

8 DBHIDS is the city
9 entity. CBH is a 501(c)(3)
10 organization and insurance company
11 basically under contract to DBHIDS
12 to administer the program. So when
13 you look at their budget, that
14 \$1.-something billion is the CBH
15 Medicaid dollars that are state and
16 federally funded. And those are
17 the limitations that Donna and
18 others were speaking about earlier,
19 that are predicated on a diagnosis
20 and Medicaid reimbursable services
21 and providers being enrolled.

22 And so, what we would
23 ideally like to see is Medicaid
24 expand so that we could pay for

1 those things that address social
2 determinants of health. We're
3 certainly not there yet, especially
4 in this landscape where Medicaid is
5 under threat. My worry is that our
6 network is going to shrink over the
7 next couple of years and we're
8 going to have fewer providers with
9 less services available. So we are
10 really focused now more than ever
11 in sustaining our network and doing
12 that work and holding the providers
13 accountable. We're doing some very
14 unpopular things right now that
15 you're going to hear about probably
16 from some agencies where we're
17 saying we've kicked the can down
18 the road long enough, this isn't
19 working, there's not a return on
20 our investment, we're sunseting
21 that program.

22 We are having these
23 conversations and they're not
24 happy. And so, they're reaching

1 out. So just wanting to let you
2 know that it is critical that we
3 use wisely the resources that we
4 have now and protect Medicaid. We
5 don't know what's going to happen
6 with our rates in Calendar Year
7 '26. We still have the state
8 budget impasse, so we're not as far
9 along in those conversations with
10 the state about our funding as we
11 would typically be during this
12 time.

13 And so, for CBH with the
14 limits that we can do with our
15 dollars and the people that we
16 serve, we are certainly willing to
17 partner with DBHIDS, with the
18 School District with DHS and others
19 in bringing folks together to talk
20 about how we maximize services and
21 scale up some of the things we've
22 already done.

23 I'll just if you will
24 indulge me for one moment, we have

1 an initiative with Philly DHS.
2 It's a program called Calm. We
3 started it as a pilot, to really
4 intervene early on when children
5 are removed from their homes and
6 they're going to foster care. And
7 so, this Calm team is a clinical
8 team that really works with the
9 young person and their foster
10 family to stabilize that placement.
11 We are paying for the treatment.
12 Philly DHS is paying for the
13 nonclinical services.

14 We started small with
15 one agency and three CUAs I think.
16 We would love to roll that out
17 citywide. We can't right now just
18 because of where we are with our
19 own fiscal issues. I would also
20 add that we have put a halt on new
21 agencies and new programs entering
22 the network at this point. We just
23 quite frankly can't afford it with
24 the dollars that we have right now.

1 We know that when we tinker with
2 one part of the network, there
3 could be unintended consequences in
4 another, so we're just trying to
5 uphold those agencies that we
6 already have.

7 But I mentioned Calm as
8 an example of some of the
9 partnerships and things that we've
10 brought up over the last couple of
11 years to sort of test out does it
12 work, can we intervene earlier
13 before things get bad. And the
14 foster family is like, I can't keep
15 Donna because I can't help manage
16 her behaviors.

17 So the things that
18 you're talking about are happening
19 sort of piecemeal across the
20 system. And I think we understand
21 that we would all like to see these
22 things happening in bigger,
23 broader, more impactful ways. And
24 so, let's start today. And I'm not

1 being facetious when I say that. I
2 do sense the urgency.

3 These young people are
4 our members. They're the next
5 generation that we're all going to
6 be relying on. They all deserve
7 the opportunity to thrive, and we
8 were created specifically to do
9 work in Philadelphia. I live in
10 Philadelphia. Our staff are
11 required to live in Philadelphia so
12 this is meaningful to us as well.

13 COUNCILWOMAN LOZADA: I
14 appreciate that. Again, I'm going
15 to keep saying it. If we do right
16 by the people of Kensington, if we
17 fix what is happening there, we are
18 going to be able to use what we do
19 there in other parts of the city
20 and it's going to be easier, right.
21 You mentioned -- and I'm going to
22 ask Councilmember Harrity to ask
23 questions if he has any.

24 You mentioned that

1 Medicaid is up in the air. In the
2 7th Council District we have
3 federal and state partners. Have
4 you all reached out to them? What
5 has been the response? What are
6 some of the challenges that they've
7 expressed and how do we help you
8 communicate with them to share what
9 your concerns and your challenges
10 are?

11 MS. BAILEY: Sure.
12 Thank you for that. So just in
13 terms of some additional context,
14 for Calendar Year '24 and Calendar
15 Year '25 we strongly believe that
16 the rates that CBH received from
17 the state were inadequate to meet
18 the needs that we have in
19 Philadelphia, specifically to give
20 our providers rate increases,
21 right, things cost more for them to
22 do, their staff deserve to be paid
23 a living wage. So the rates have
24 been inadequate.

1 Last year we advocated
2 with our state partners for a
3 review, a mid-year review and rate
4 adjustment. We got a small
5 adjustment. It was not significant
6 enough to make a difference and we
7 ended the calendar year with a
8 pretty significant deficit. We're
9 going to see the same thing happen
10 in Calendar Year '25. We continue
11 to advocate with PA DHS, that the
12 rates were not actually sound when
13 they were set in Calendar Year '24.
14 They need to rectify that. If they
15 don't rectify it, this is just
16 going to continue. It's going to
17 be a domino effect.

18 So we are in close
19 conversation with them pretty
20 frequently. There are partners in
21 this as well. And so, this is not
22 a negative. The state is dealing
23 with their own budgetary issues, so
24 the rates are a problem. Then you

1 add the fact that we're seeing
2 people fall off of the Medicaid
3 rolls.

4 Our revenue is
5 determined by the number of people
6 who are on the medical assistance
7 program. So as people fall off, we
8 lose money. We've lost between --
9 and I'm probably not going to get
10 this exactly right -- but between
11 June and July 2000 people in
12 Philadelphia falling off the
13 Medicaid rolls. That equates to
14 almost \$1 million for us. And so,
15 you can see the cumulative effect
16 of when people are falling off the
17 rolls.

18 We expect that that's
19 only going to get worse with HR1,
20 where people are going to be
21 required to submit to
22 redetermination twice a year
23 instead of once a year, when work
24 requirements are going to come into

1 play. And so, we've been doing a
2 level of advocacy at the state and
3 the federal levels to paint the
4 picture of what it's like in
5 Philadelphia where Medicaid is a
6 safety net for 40% of our
7 neighbors. And we've been able to
8 show all of the work that the
9 systems have been able to do
10 together and how any potential
11 policy changes that result in cuts
12 to Medicaid are going to impact
13 Philadelphia. So we're having
14 those conversations. Anybody who
15 invites us to a roundtable, we're
16 there. We're trying to keep this
17 top of mind.

18 Now, we don't think
19 anything in HR1 is going to change
20 at this point, so we've switched to
21 really focusing on member education
22 and working with community-based
23 organizations, working with our
24 providers so that our members know

1 you have rights. If you get a
2 termination letter, you can go to
3 Community Legal Services. You can
4 go to other legal services and get
5 free assistance. You can call
6 Member Services. We operate a 24/7
7 hotline. We can help talk members
8 through where they can go and they
9 can certainly reach out to the
10 county assistance offices. But we
11 also hear that they're understaffed
12 and dealing with their own
13 challenges.

14 So this is like a
15 perfect storm. And I think in
16 perfect storms the time is not to
17 retreat, but to double down on what
18 we think are the important things
19 to do. So I hope I've answered
20 your question.

21 COUNCILWOMAN LOZADA:

22 Thank you. Thank you for that.

23 Councilmember Harrity.

24 COUNCILMAN HARRITY: So

1 thank you for coming up. Seven

2 that provide the children, huh?

3 That was your number --

4 MS. BAILEY: 7 specific

5 child-serving providers in the

6 Kensington area --

7 COUNCILMAN HARRITY: In

8 the whole city.

9 MS. BAILEY: In

10 Kensington.

11 COUNCILMAN HARRITY: Oh,

12 Kensington. Okay. That's a little

13 better. There's no question that we

14 got to rethink. We ain't getting

15 that money back. All right. We

16 got three more years with this guy

17 that we're going to have to deal

18 with. We got to figure out how we

19 get -- you know, this is just stuff

20 that pisses me off about

21 bureaucracy.

22 We're talking about

23 kids. I don't give a shit what it

24 costs, what it takes. A kid needs

1 to talk to somebody. They need to
2 talk to somebody plain and simple,
3 because I know what happens when
4 they don't talk to somebody. I
5 look all right now. I wasn't all
6 right 15, 16 years ago, you
7 understand what I'm saying. I
8 don't want these kids to be what I
9 was, to have to go through what I
10 went through. And the bottom line
11 was what sent me out there was my
12 trauma from my childhood, and we
13 just keep repeating the cycle,
14 repeating the cycle, repeating the
15 cycle.

16 And we care and we just
17 keep throwing money at it. Bad
18 money after bad money, as they
19 would say. There's no doubt that
20 you as agencies, you as people, you
21 want to help, you want to do the
22 work. We need to figure out how
23 the hell we do it and not rely on
24 the federal government too because

1 we cannot rely on them now. We
2 have to do this ourselves and this
3 is too important, you know.

4 Listen, one kid comes up
5 with an addiction problem. For me,
6 that's one too many because I know
7 we could stop it now. The fact of
8 the matter is those living in
9 addiction out there on the streets,
10 that's their problem. Okay. We
11 want to help them, but it's their
12 problem. It was their decision.
13 They made a conscious decision to
14 choose that life like I did.

15 Control, they don't have
16 control. They have no control.
17 It's frustrating for me just like
18 it's frustrating for them kids.
19 And I've had this conversation with
20 the kids, you know. They are
21 intelligent. You know what one of
22 the questions they asked me was,
23 Councilman Harrity, these people
24 living on the street they are a

1 harm to themselves and to others.
2 If they were mental health, we
3 would do something about that. We
4 would put them in a place until
5 they were able to make decisions
6 again for themselves.

7 We need to stop with all
8 the illusions that these people can
9 make a decision because they can't.
10 The only decision that they can
11 make is to get high. We know that.
12 I know that firsthand. You need to
13 be detoxed and cleaned up before
14 you get that moment of clarity.
15 People thinking that they're going
16 to have that moment of clarity
17 while they're out there on the
18 street, it's never going to happen,
19 especially not with people giving
20 them everything they otherwise
21 would need.

22 See, that's the thing.
23 Drugs and alcohol do not keep us
24 out there, you understand. It's

1 the lack of other things. No
2 shelter, it's raining, no sneakers.
3 That's when you have the thought
4 why am I living like this, why am I
5 doing this. But if we keep sitting
6 out there and giving them
7 everything they need to stay out
8 there, they're never going to come
9 in. I got news for you. Trust me,
10 if you gave it to me, I wouldn't
11 come in. I would still be out
12 there. Why would I? Only thing I
13 have to worry about is my drugs, my
14 alcohol. That's fucking easy. I
15 know how to get that. I want to do
16 what I have to do and that's what
17 they're going to do. They're going
18 to steal, they're going to sell
19 their bodies, they're going to do
20 what they got to do.

21 The fact of the matter
22 is the only people we can save
23 right now definitely is the
24 children. That's who we can save.

1 Guaranteed. I want to save every
2 one of the addicts that are out
3 there because I know that I want to
4 give them what I got, because I
5 know how that gratitude feels. I
6 know what it means to kick that
7 thing out of your life. But I
8 can't make that decision for them.
9 They have to make that decision.
10 What I can do is make
11 the decisions for the children.
12 And again, misbehaving children
13 turn out to be damaged adults.
14 Trauma is a bitch. It affects
15 everybody. It affects everybody
16 differently. But when you add in
17 home structure and what they see
18 out on the streets, you know. It
19 always pisses me off when people
20 say, well, that kid has a bad home
21 life. That's bullshit. Kid
22 doesn't know anything about bad
23 home life. All he knows is it's
24 home. That's where mom is, that's

1 where dad is, that's where grandma
2 and grandpa, whatever, brothers and
3 sisters. Home is home. They'll
4 deal with that. We have a way to
5 be resilient and deal with our home
6 lives.

7 What traumatizes them
8 from pushing them over because they
9 believe that that's regular, you
10 understand. They don't know what a
11 good home life is. But what we can
12 do is we can stop the cycle. All
13 we want to do is spend our money
14 the right way. And if that means
15 getting rid of every single one of
16 those providers, I'm okay with
17 that. Get rid of them all. And
18 the unhappy ones that you're
19 talking about, give them my cell
20 phone number. As a matter of fact,
21 give them my address, let them come
22 to my house to see what happens.

23 But I'm telling you now
24 I'm not going to keep doing this.

1 I'm not going to keep coming in
2 here and getting the same answers,
3 the same things and no results
4 whatsoever, no results. Because I
5 live there. I see these kids. I
6 have to look these kids in the face
7 every day knowing that I go to a
8 place where I could do something
9 about it, but I can't get past the
10 bureaucracy because it's really not
11 in my control. I can give you guys
12 the money, but I can't tell you how
13 to spend it.

14 So as my colleague said,
15 with you as the biggest share of
16 this money you need to be that
17 watchdog. And again, if somebody
18 gives you a hard time, you tell
19 them to come see me because I'm not
20 playing around when it comes to
21 this. I'm tired of this stuff. I
22 don't want no pay to play. I don't
23 want none of that shit.

24 I want people that can

1 do the job. I don't want
2 somebody's cousin, uncle, brother,
3 you know, who's owed a favor. I
4 want real people helping my kids.
5 And until that happens, I got news
6 for you, we're just going to keep
7 on wasting your time. Because you
8 know why, that's the only thing I
9 can do. You waste my time. I get
10 to waste your time.

11 So I'll call you in here
12 every two weeks if I have to. I'm
13 sure my friend over here will do
14 the same. We want a real plan. We
15 want to know what it is. We want
16 the silos broken down. We don't
17 want departments not coordinating.
18 We were told that that was over.
19 Our Mayor, and I believe her, that
20 she wants to break down the silos.
21 Well, it's up to you guys to do
22 that. Okay. You got the money.
23 You control the purse strings. You
24 know who's good. You know who's

1 bad. Get rid of them. We'll

2 support you. Thank you.

3 MS. BAILEY: Thank you.

4 COUNCILWOMAN LOZADA:

5 Thank you. I just have one final

6 question for this panel. The

7 Medicaid dollars, is a child's

8 benefits dependent on mom and dad

9 meeting certain requirements? And

10 if mom and dad don't meet those

11 requirements, does that mean that

12 the child doesn't receive the

13 services that they need Or is it

14 independent services?

15 MS. BAILEY: It could

16 be -- so there's many levels of

17 eligibility. And so, often times

18 and in particular like with autism

19 services, we'll see where mom and

20 dad have commercial insurance, but

21 the kid is eligible for Medicaid

22 because they have an autism

23 diagnosis. So there's different

24 categories that don't necessarily

1 mean if mom and dad aren't
2 ineligible that the kid
3 automatically isn't either.

4 COUNCILWOMAN LOZADA: So
5 if a school principal makes a
6 referral because this child needs
7 mental health services, that child
8 is then assessed individually
9 regardless of whether mom and dad
10 receive those Medicaid services or
11 not?

12 MS. BAILEY: Right. So
13 the child can be assessed
14 regardless, right. And if they're
15 not on medical assistance, another
16 referral could be made outside of
17 our program. If they are and the
18 parents aren't, they can still
19 proceed with making that referral
20 to a Medicaid provider. We don't
21 want that to be the, oh, because
22 you don't have this, you don't get
23 that. Those people are directed
24 through the right door.

1 COUNCILWOMAN LOZADA:

2 Okay.

3 MS. BAILEY: And I would
4 also add that in Medicaid our
5 members don't pay for any services
6 at all. There's no copays or
7 anything like that. There's never
8 a cost to kids or families.

9 COUNCILWOMAN LOZADA:

10 Okay. Thank you.

11 COUNCILMAN HARRITY: I
12 just got one specific question for
13 the neighborhoods with McPherson.
14 McPherson is closed. How do we
15 plan to fill the gaps? They're
16 leaving. They had afterschool
17 programs, community meetings, fall
18 events scheduled. What are we
19 going to do with that?

20 MS. BAILEY: I'm sorry,
21 Councilmember. You said McPherson
22 is closed?

23 COUNCILMAN HARRITY:

24 McPherson is closed, yes. And

1 there were programs there for the
2 kids in my neighborhood that were
3 used --

4 COUNCILWOMAN LOZADA:
5 Mental health programs?

6 COUNCILMAN HARRITY: No,
7 these are just regular programming,
8 afterschool programs and all that
9 stuff. Do we know if there's any
10 plan for any of that there or the
11 placement services that they used
12 to provide or anything?

13 MS. BAILEY: I don't
14 know offhand, but we certainly can
15 take that as a follow-up.

16 COUNCILMAN HARRITY:
17 Okay. Thank you.

18 COUNCILWOMAN LOZADA:
19 Thank you. Thank you so much for
20 being with us today. Again, I said
21 this earlier. This is a continuing
22 conversation. I think that again
23 I'm looking to DBHIDS, CBH to be
24 able to lead the action work,

1 right, the work that we can all
2 come back here to in 6 months, in
3 12 months and say, this is the
4 direct impact that we have had in
5 the neighborhood, this is the
6 number of children that we're
7 providing services to, these are
8 the number of schools that we're
9 providing direct services in,
10 right.

11 To me, all of the
12 schools within that Kensington
13 footprint should have more
14 resources, not less. I think that
15 we need to figure out ways to
16 reduce the barriers that sometimes
17 we as government put in place
18 unnecessarily, right. We know
19 where the greatest need is. We
20 need to figure out how we work
21 collaboratively with the school
22 district and others to be able to
23 provide and connect young people
24 with the services that they need.

1 Because we as government have
2 allowed for that trauma to take
3 place in that community every day.

4 And so, I look forward
5 to continuing the work. I look
6 forward to continuing the
7 conversation and I look forward to
8 making the difficult decisions with
9 you.

10 MS. BAILEY: Thank you.
11 We appreciate your support.

12 COUNCILWOMAN LOZADA:
13 Thank you.

14 COUNCILMAN HARRITY:
15 Thank you. I'll be the same.
16 Thank you for what you do on a
17 daily basis. And to be honest, we
18 want to support you. We just want
19 to see some results for our kids,
20 for that neighborhood.

21 MS. BAILEY: Understood.
22 And we're happy to talk with you
23 all any time. Thank you.

24 COUNCILWOMAN LOZADA:

1 Thank you for being with us today.

2 Will the Clerk please
3 call the next panel?

4 THE CLERK: No more
5 panels and no more public
6 commenters.

7 COUNCILWOMAN LOZADA:
8 There being no more panels to
9 testify, we'll now transition into
10 public comment -- and that's it.
11 There's no one else for public
12 comment.

13 Is there anyone else
14 that is in the chambers that would
15 like to testify? If you are
16 interested in testifying, please
17 come up here for the record and
18 begin with your public comment.

19 (Witnesses approached
20 witness table.)

21 MS. DOUGHERTY: Good
22 evening. My name is Mary Dougherty
23 and I have worked in children's
24 services for 50 years. And

1 luckily, I've been able to do it at
2 one agency in a variety of
3 positions. And I work at CORA.
4 You saw me here with my CEO earlier
5 and we have met in the past about
6 our services.

7 I just would like to say
8 that I think it's wonderful to ask
9 for mandates, for example, for DBH
10 to make sure I'm doing my job and
11 CORA is doing our job, and need the
12 mandate for CBH for DHS to make
13 sure that's happening. I think we
14 talked about this before. I would
15 love to see a mandate beyond CBH
16 and DBH. I'd love to see a mandate
17 from City Council to make all of
18 the city agencies that you are
19 giving money to work together,
20 because the silos that you're
21 talking about live in those
22 individual agencies.

23 You have both made a
24 beautiful point, that the

1 collaboration piece has to happen.
2 And if it works in Kensington,
3 everything else will fall in line.
4 But it seems like there's many,
5 many, many of the problems that we
6 experience in our service providers
7 actually happening in Kensington.
8 It's a great laboratory to make
9 this work, but I do believe that
10 the city government needs to
11 mandate the city departments to
12 make sure that they are working
13 together to get those barriers
14 down.

15 You heard example after
16 example of agencies that have maybe
17 limited resources and agencies with
18 wider ranges of services who are
19 braiding services together to make
20 sure that that child has as much as
21 we have available to give. But I
22 do believe that we have to live by
23 the golden rule here. He who makes
24 the gold --has the gold makes the

1 rules. City Council really does
2 have the gold here, and I would
3 love to see some kind of task group
4 or Council with teeth that would
5 hold sway over the government
6 departments of the City of
7 Philadelphia to make sure that as
8 much as you say, I believe that you
9 want to support the work of the
10 people that sat here, but there's
11 some folks that aren't here and
12 they might need to hear some of
13 this and be told, you need housing
14 and you need DHS to work with
15 DBHIDS, to work with CBH and their
16 subsequent providers, because you
17 may find out that many of us
18 providers live in multiple worlds
19 there and we run across these
20 stumbling blocks that you are
21 talking about.

22 So that's all I wanted
23 to say, is that if there's a way to
24 maybe elevate the mandate, I think

1 it might be a way to help identify
2 the silos and what created them in
3 the first place, because once we
4 know that we can blow them out of
5 the water. Thank you so much.

6 COUNCILWOMAN LOZADA:

7 Thank you. Thank you for your
8 testimony.

9 Before we conclude this
10 public hearing on Resolution No.
11 250502, Councilmember Harrity, are
12 there any closing remarks you'd
13 like to make before we conclude?

14 No. This concludes the
15 business before the Special
16 Committee on Kensington today.
17 Thank you so much for everyone who
18 attended and who provided
19 testimony. I look forward to
20 continuing the conversation and
21 continuing the work that we have
22 before us. Have a great evening.

23 (Special Committee on
24 Kensington concluded at 5:55 p.m.)

1 C E R T I F I C A T I O N

2 I, hereby certify that the proceedings
3 and evidence noted are contained fully and
4 accurately in the stenographic notes taken by
5 me in the foregoing matter, and that this is a
6 correct transcript of the same.
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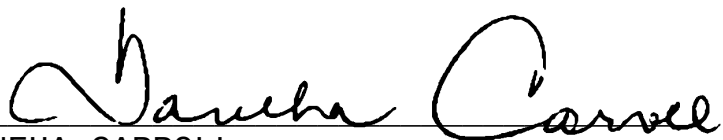
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A handwritten signature in black ink, reading "Taneha Carroll". The signature is fluid and cursive, with the first name "Taneha" and the last name "Carroll" clearly distinguishable.

TANEHA CARROLL
Court Reporter - Notary Public

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	10,000	19,000	10	155:24	4th
\$	184:15	33:22	201:22	179:15	126:17
\$1	100	77:8	22	30	127:22
233:14	202:2	19134	217:22	50:22	
\$1.-	100%	29:22	225	102:1	5
somethin	83:23	1990	77:10	156:23	5
g	100,000	122:17	23	34	162:9,
225:14	181:15		155:1,4	213:23	12
\$100,000	11	2	24	35	50
164:6	78:18	2	12:6	213:20,	77:12
\$12.5	12	77:3	231:14	21,24	251:24
179:9	55:16	146:13	232:13	3500	501(c)(
181:5,	58:20	150:7	24/7	12:8	3)
16	249:3	179:13	199:22	17:19	225:9
\$337	13	20	235:6	24:8	504
213:4	84:2	26:24	242	38	76:5
\$5	14	84:19	202:1	83:4	506
151:8	152:1	130:22	25		201:24
\$750,000	14-year -	156:21	177:5	4	52
167:15	old	177:6	231:15	4	202:22
\$8.5	158:3	2000	232:10	33:7	55
151:11	15	233:11	25-26	46:19	83:14
	26:24	2017	151:9	40%	57
-	237:6	149:4	250	25:5,13	213:21
- -has	16	178:14	213:18	234:6	5:55
253:24	159:1	180:1	250502	40-	255:24
	237:6	2019	198:15	somethin	
1	16.6%	177:5	255:11	g	6
1	84:13	2024	26	188:13	6
77:2	164	201:22	227:7	42	55:16
146:12	202:3	2025	28	149:19	58:20
150:7	18	217:23	17:7	4400	249:2
154:13	178:16	21		84:3	6-year -
174:20	188:12	149:20,	3	48%	old
179:13	19	21	3	84:20	12:24
184:15	83:16	150:13	96:22	4:00	60
10	103:18	169:9,	112:10	96:18	72:23
141:23		17	150:8		
		170:9,			

	90%	68:8	16	46:7	196:2
7	29:19	87:19	226:13	160:6	241:2
7	9000	88:24	ACES	adapting	adding
75:14	202:4	90:24	199:19	14:2	77:2
83:17	94%	91:6	achieve	adaptive	78:8
152:20	83:19	108:23	35:2	46:5	92:16
154:24		109:22	acknowledge	add	addition
155:11	A	151:16	dge	56:21	70:3
236:4	ABA	153:10	205:17	65:2	153:9
7th	76:17	155:11,	acronym	69:15	155:7
22:23	101:20	20	148:22	151:2	206:11
103:19	ability	156:10	act	175:23	addition
105:18	19:6	183:19,	16:18	181:18	al
178:4	26:4	20	action	212:1	80:7
218:16	56:11	199:8	204:8	228:20	86:8
231:2	absence	201:15	248:24	233:1	92:16
	13:22	204:5,	actionab	241:16	105:1
8	absolute	11, 18,	le	247:4	148:24
8, 958	ly	20	215:12	addict	151:3
202:5	196:11	209:9	actions	117:19	195:4
8-year-	abuse	217:3	177:19	190:10	202:23
old	23:10	accessib	active	addicted	209:17
12:22	57:15	le	124:20	48:13	231:13
800	159:4	21:1, 23	161:15	addictio	Addition
213:19	218:15	34:3	activiti	n	ally
85%	222:6	206:24	es	12:17	90:17
29:19	academic	accompli	13:10	23:9	206:2
88	68:7	sh	80:6	61:7	address
77:8	152:13	31:9	83:13	117:15	21:10
8th	158:6	78:7	207:24	128:8,	96:3
113:11	Academy	accounta	actual	13	106:24
115:2	189:12	bility	105:17	158:22	145:7
117:1	access	203:23	110:9	190:14,	149:12
119:13	19:12	accounta	169:14	15	199:17
	20:23	ble	207:20	238:5, 9	202:15
9	33:3	60:5	acuity	addictiv	206:1
9-	55:18	68:5	155:23	e	208:19
158:2	58:7	69:2	acute	43:24	211:4
	67:17	198:5		addicts	226:1
		224:10,			242:21

addresse d 161:19	146:18	advocate 52:1	Africa 86:23	30:16, 21	Ahmad 53:7, 8
addressi ng 45:2 83:6 90:7, 8 110:16 158:16 159:21, 23 163:11 205:11	adopted 43:23	89:7	afternoon 11:12, 21 17:2	36:22 153:24 168:7 205:22 207:8 208:12 211:7 214:11 226:16 228:21 229:5 237:20 252:18, 22 253:16, 17	56:18 58:17 61:24 62:24 64:14 66:5 93:21 137:11, 12 220:20
adequate 60:24 85:16	adopting 14:2	209:1, 17, 24 232:11	advocate d 232:1		AI 57:2
adjustme nt 99:11 232:4, 5	adult 45:22 51:1, 3 85:10, 21, 23 144:4 214:2	affect 111:18 117:14	affect 112:2, 20, 21 123:7 125:13 126:16 130:7 196:17 197:9, 13, 19		aid 145:15
administ er 146:4 225:12	adults 19:9 20:9 22:3 26:18 70:16 93:17 130:21 134:20, 24 135:1 142:9 146:5 176:13 195:22 241:13	affected 36:4 43:17	affectin g 30:10	agency 15:20 31:6 33:16 228:15 252:2	air 231:1
Administ ration 211:14		affects 113:19 117:16 121:13 241:14, 15	aftersch ool 19:18 76:22 80:5 146:15 167:9 247:16 248:8		akin 73:10
administ rators 204:4	adverse 18:6 78:6 199:18	affirm 58:13	age 12:21 137:16 159:1	ages 158:19	alcohol 76:15 81:4 82:5 101:8, 17 104:14 201:1 239:23 240:14
admissio ns 202:11	adversit y 19:6 21:15 49:15	afford 228:23	age- appropri ate 87:10	aggressi ve 113:24	align 210:11
adolesce nts 201:9	advocacy 91:5 234:2	affordab le 19:16 68:8, 9	agencies 16:5 24:18 29:21	agree 29:24 96:13 97:17 164:24 192:6 216:10 219:11	alive 53:19 135:14
adopt 44:2		afraid 33:8 99:3 134:1 135:11 188:6, 8		ahead 56:19	Alleghen y 29:24 107:14 187:9

Allison 119:7 125:5 126:16 allocate d 167:15, 20 allowed 23:20 53:3 60:1, 3 67:13 176:15 181:24 187:16 250:2 allowing 22:10 Almonte 113:4 Almonte- uceta 112:14 113:3 116:23, 24 alternat ive 202:4 altogeth er 216:22 amazing 47:22 50:4 ameliora te 78:1	America 120:20 amount 47:17 81:13 140:13 143:9 213:1 Anadely 125:9 analysis 200:18 analyze 57:3 analyzed 97:7 angle 34:1 angry 46:15 115:20 Annemari e 74:5, 17 75:11 141:20 146:12 Annmarie 100:5 annual 182:15 answers 243:2 anti- 32:22 anti- violence 33:20	Antonio 11:18 antsy 96:16 anxiety 13:7 30:12 154:10 171:23 175:6 anymore 62:12 67:24 apartmen ts 128:16 APM 142:1 APM's 147:8 apologiz e 112:15 appeal 164:17 applaud 198:2 Applause 124:24 127:17 132:9, 24 133:8 136:11 138:4 applicab le 151:16	applied 200:17 appointm ents 162:2 apprecia tion 198:12 approach 30:5 83:6 143:19 146:22 206:4 approach ed 11:9 74:15 112:17 119:10 125:10 138:13 197:6 251:19 approach es 31:11 appropri ately 159:20 appropri ations 209:20 approve 144:22 approved 176:22	approxim ately 151:11 164:6 202:5 April 125:8 130:5, 24 area 25:4, 14 29:21 37:18 62:8 75:11 78:3 109:11 119:18 121:17 126:2 164:3, 10 192:3 194:5 236:6 areas 56:17 100:3 103:2 argue 63:2 arise 21:9 array 75:21 arrested 126:7 129:20 arrived 217:21	art 49:11 131:22 articula tors 214:8 artists 16:14 ASAP 108:11 aspect 70:13 assert 15:16 assess 102:10 109:5 175:18 assessed 246:8, 13 assessin g 184:6 assessme nt 102:22 105:3 200:8 assessme nts 76:14 assigned 28:19 37:12 38:1, 15 104:10 105:5 174:7
---	--	--	--	--	--

assignments 203:1	255:18 attending 151:15 attention 78:10 86:10 127:16 authentic 89:20 Authority 101:7 autism 200:17, 21 245:18, 22 automatically 246:3 Ava 125:17, 20 Avenue 72:23 aware 77:14 119:19 Axel 119:8 125:5 132:15 Ayala 11:6, 16,17, 20 12:1	29:18 32:8, 20 43:12 56:22 65:1 70:3 72:4 B baby 185:12 back 18:10 22:1 42:18, 19 45:17 60:20 69:18, 22 79:19 96:21 97:2 99:13 109:7 112:10 117:22 128:24 130:18 172:2 176:12 177:8 187:7, 24 188:21 190:2 215:4 219:13 236:15 249:2	backed 89:17 bad 49:19, 24 50:6, 12 113:18 126:3 129:1, 9, 17, 19 143:12, 13, 15 229:13 237:17, 18 241:20, 22 245:1 Bailey 197:5, 12, 14 211:24 212:23 213:16 214:14 215:5 219:9 224:21 231:11 236:4, 9 245:3, 15 246:12 247:3, 20 248:13 250:10, 21 bake 140:22 143:18	bake-sale 146:22 balances 99:10 bang 108:7 barbecue 61:15 62:19 barely 47:10 barrage 73:11 barrier 225:4 barriers 84:6 249:16 253:13 Barton 172:18 base 61:22 based 37:11 44:5 58:7 76:17 105:8 149:23 151:3, 8 155:13 169:22 173:5 174:2 200:13 204:11	basic 201:17 basically 140:21 178:18 179:24 225:11 basis 73:9 82:8 182:16 250:17 basketball 116:5 131:17 146:14 Bass 72:9, 12 batting 65:16 battling 65:15 bear 12:22 beat 46:18 beaten 84:22 beautiful 123:22 124:7 127:14 252:24 beautifully 164:2
-----------------------------	---	---	---	--	--

bees	83:22	205:5, 8	bigger	blended	bottom
124:2	84:12	209:9	25:22	81:13	59:11
began	150:14	210:6,	63:17	blessed	106:12
47:6	152:14	16	64:2	34:21	237:10
begging	behavior	211:18	130:19	block	bounce
147:9,	al	behavior	229:22	122:5,	18:9
11	12:4	s	biggest	22	22:1
224:11	13:4	14:17	108:7	140:3	box
begin	15:22,	29:1	219:6,	146:1, 2	185:6
11:14	23	30:14	15	blocks	187:5
47:7, 14	17:10	36:6	243:15	18:23	188:20
74:13	28:13	43:24	bike	21:20	189:10
81:17	33:1	46:3	131:8	37:22	217:14
112:24	40:20	83:4	bilingua	115:5, 6	221:23
121:4,	54:19	229:16	l	254:20	boyfrien
15	56:8	beings	12:9	blow	d
125:14	61:5	46:10	15:14	63:16	46:18
129:12	75:22	beliefs	billion	181:7	braid
130:2	76:13	44:5	225:14	255:4	78:20
132:12	105:6	believer	billions	board	95:4
138:21	145:23	41:14	59:12	104:7	braided
146:10	149:9,	believes	biohazar	183:10	216:6
147:16	17	193:5	ds	bodies	braiding
148:15,	150:2	belong	13:11	13:8	253:19
16	153:8,	20:13	bit	53:16	brave
197:10	11, 14,	belongin	25:1	87:12	137:15
251:18	15, 18	g	35:22	240:19	bravery
beginnin	154:7,	89:2	37:9	body	198:3
g	11	benefit	77:19	134:7	breadth
17:11	155:8	184:24	149:3	boots	161:3
71:21	156:3	204:23	151:13	31:22	break
146:8	159:12	benefits	169:4	109:18	100:13
begins	197:15,	245:8	184:17	born	244:20
178:19	21	big	186:18	18:16	Brenda
behalf	198:19	25:18	201:21	20:19,	138:11
86:16	15	63:2	205:3	20	bring
209:1	200:7,	181:17	216:3	121:16	33:6
212:7	18	223:15,	bitch	Boston	40:9
behavior	201:10,	19	241:14	86:22	79:18
13:6	15, 19				

96:19	brought	154:2	butterfl	calls	24
108:12	50:21	160:11	ies	151:7	22:21
131:9	229:10	162:20	124:2	166:15	31:7
134:22	Brown	171:12,	BVM	Calm	55:19,
143:20	104:1	14	113:12	228:2, 7	22
188:21	Bryn	222:22	115:3	229:7	75:10
189:6	139:8	building	117:1	campus	102:15,
190:4	buck	s	121:8	42:8	23
205:24	108:7	94:22	by-	88:4	108:13,
215:21	buckets	166:11,	school	89:7	16
217:8	54:9	12	175:8	canary	118:6
bringing	bucks	192:13		25:20	122:6
91:23	189:2	built	C	capable	137:21
227:19	budget	18:18	CADEKIDS	19:9	142:15,
broad	169:23	87:7	74:6	22:3	18
199:8	179:10	88:1, 22	82:23	38:10	143:17
broader	225:13	100:23	83:5	capacity	147:3
153:7	227:8	160:8	85:4, 11	98:23	155:15
202:21	budgetar	bullshit	calendar	143:4	156:2,
206:24	y	190:13	227:6	180:11	11
229:23	232:23	241:21	231:14	capitate	157:2, 3
broadly	budgets	bullying	232:7,	d	162:17
174:23	150:19	83:8	10, 13	210:2	163:13
broken	151:4	burdens	call	capitati	185:9,
244:16	223:18	12:21	11:1	on	14
brother	build	bureaucr	74:1	210:1, 4	200:12
115:8,	95:13	acy	112:11	captains	201:12
12	145:12,	236:21	138:6	33:16	216:23
120:3	14	243:10	148:6	car	228:6
124:4	160:10	bureaucr	194:8	114:5	237:16
189:17	202:16	atic	196:21	cards	career
244:2	building	90:19	216:20	49:4	87:11
Brotherl	18:22	bus	220:3,	care	careers
y	21:19	72:24	21	12:10	210:17
118:18	26:16	business	235:5	17:18	caregive
brothers	87:5, 12	90:6	244:11	19:13,	r
13:20	90:15	100:1	251:3	23, 24	159:18
44:17	117:24	255:15	called	20:24	cares
189:19	119:23		37:16	21:22,	108:12
242:2			228:2		caring

20:9	222:18	CCTC	certifie	65:17	222:2
Carla	cavities	18:17	d	88:13	224:2, 3
123:7	162:11	22:12	186:8,	110:17,	234:19
carried	CBH	24:8	23	19	changing
13:7	37:6	37:19	218:13	111:18	224:3
carrying	38:11	142:2	certify	161:11	charge
12:20	39:6	CCTC's	188:23	175:24	219:24
36:5	54:20	17:8	chain	205:1, 8	charter
Casarez	143:2	CDC	188:22	211:18	63:13
152:23	149:9	145:2	Chair	220:9	76:8
case	150:16	cell	41:6, 9	231:6, 9	202:3
41:2	151:10	242:19	51:7	235:13	check
76:24	169:11	center	53:6, 9	challeng	50:22
77:3	180:22	11:6	72:14	ing	54:2
79:14	197:3	15:4, 6	73:20	182:14	221:23
150:2	199:7	17:6	74:4	chamber	checks
176:24	201:22	32:3	99:17,	133:7	99:9
183:15	203:3,	75:19	20	182:6,	cheerlea
201:12	10, 17,	86:11	103:8	15	ding
caseload	23	87:17	109:24	220:20	131:20
167:2	205:18	120:6	110:4, 7	221:9	Chief
174:16	206:11	139:6	136:18,	chambers	17:4
cases	209:24	156:11,	22	133:6	156:17
55:14	210:1	18	137:11	251:14	child
catching	215:17	157:2,	183:5	chance	12:21
72:23	219:6,	10, 12	197:1	21:17	15:6
categori	23	158:4	Chairwom	48:22	19:5
es	223:14,	163:15	an	chances	20:24
245:24	18	centerpi	106:6	19:3, 8	21:22
Caucus	225:9,	ece	challeng	change	35:5, 8
106:4	14	88:3	e	26:5	48:19
causalit	227:13	centers	25:18	63:19	50:16,
y	231:16	15:11	63:2	65:23	18
160:24	248:23	CEO	challeng	67:5, 7	53:14
causing	252:12,	12:2	es	71:3	54:3, 23
65:8	15	17:7	17:17	92:14	55:2, 5,
111:4	254:15	74:5	18:10	122:22,	9, 23
127:1	CBH's	75:12	24:16,	24	70:17
160:23	204:4	197:14	19	124:6	81:24
	206:5	252:4	40:20	160:21	82:9

107:4	childhood	40:15	142:3, 4	214:1, 3	chronic
117:13	d	51:22	143:10	221:3,	198:17
118:3	16:22	52:23	147:23	15	211:4
121:18	17:12	55:14	148:1	222:2,	church
122:20	18:6	57:17	157:7, 9	19, 21	157:18
135:11	39:18	58:11	158:19,	228:4	Cindy
142:1,	50:6	66:4	23	236:2	72:9
18, 21	78:6	68:6	161:6,	240:24	circle
143:1	101:22	69:6	19	241:11,	112:10
148:7	160:13	70:5	165:16	12	177:3
157:23	199:19	71:2	168:4	249:6	citizen
160:17	237:12	73:7	181:15	children	64:7
165:18	children	75:6,	182:21	's	69:9
176:6,	11:24	10, 15,	183:2, 4	11:5	citizens
12	12:20	18, 20	186:12	12:18	126:22
184:13,	13:18,	76:19	191:4	15:17	127:14
21	23	77:8, 24	195:21	17:5	city
186:23	14:13,	78:4, 9	196:10	30:24	12:7
208:6	23	79:9	198:1,	83:2	15:20
245:12	15:1, 12	82:17,	20	109:9	24:9
246:6,	16:1,	20	199:3,	112:7	26:21
7, 13	11, 20	85:8, 15	5, 13, 18	138:9	29:5
253:20	17:10,	86:7,	200:4,	160:3	37:10
child's	13, 19	11, 16	6, 21	161:2	38:16
52:3	18:2	89:4	201:8	207:20	39:4
245:7	19:14	92:21	202:6,	209:8	41:16,
child-	21:13	93:13	9, 14	213:23	19
focused	24:2, 8,	94:8	204:14,	251:23	51:18
165:11	13	95:6	16, 18	choice	52:18
child-	26:17	101:4	205:6	41:22	63:6
serving	29:20	102:11	206:8,	159:7	64:8, 9
236:5	30:15	106:9,	23	choose	69:10
child/	31:5	16	208:1,	238:14	75:5, 19
family-	32:17	108:10	21	chose	76:10
serving	33:6, 22	110:10	209:2,	42:23	77:11
19:22	34:9,	111:11	21	Christia	78:4, 19
childcar	15, 17,	117:8	210:7,	n	80:21
e	19, 20	118:10	22	125:6	83:17
19:16	35:15	139:1, 2	211:6,	127:21	85:13
	36:8	140:24	16, 17		91:19
	37:3	141:7,	212:7,		
		17	20		

94:15	252:17,	cleaned	clinical	15	158:15
96:6	18	239:13	ly	132:2,8	collabor
99:8	253:10,	cleaner	57:22	clusters	ate
114:16	11	116:14	clinicia	37:17	90:24
118:14,	254:1,6	cleaning	n	Co-chair	98:8
15,17,	city's	97:4,6,	65:10	12:4	179:14
20	15:2	7,13	clinicia	coach	collabor
120:20	city-	131:22	ns	48:11	ating
122:6,	backed	clear	15:9,15	87:3	30:21
9,15,24	207:16	12:15	34:12	88:17	collabor
123:21	citywide	49:12	close	coaches	ation
124:6	84:24	Clemente	115:12	40:2	34:10
126:18	228:17	153:3	200:6	coaching	35:20
127:5,	civil	Clerk	232:18	40:1	97:19
11,14	13:15	11:1,4	closed	coal	149:6
128:15	Clara	73:24	247:14,	25:20	210:9
135:17,	172:17	74:3	22,24	Coalitio	219:1
22	clarific	112:6,	closely	n	253:1
137:4	ation	11	36:23	12:5	collabor
140:11	38:7	119:3	166:6	coaster	ative
146:17	clarity	125:4	216:4	183:9	79:19
147:11	239:14,	138:6,8	closing	cocaine	collabor
153:12	16	196:20	216:21,	41:22	atively
170:19	classes	197:1	22	code	96:2
184:19	160:15	251:2,4	255:12	25:10	249:21
190:5	classmat	clinic	clothes	29:22	colleagu
197:13	es	146:15	128:16	codes	e
202:1	117:17	clinical	132:3	25:11	59:24
207:8,	classroo	76:11	club	77:9	105:22
13	m	82:4	131:3,	202:22	211:19
208:12	104:17	150:1	6,8,17,	cognitiv	243:14
209:4,	clean	151:1	18,19,	e	colleagu
16	97:15	169:12	20,22,	44:7	es
210:19	126:18	174:18	23	cohorts	11:23
211:7,	127:5	180:8	132:3,5	160:16	82:20
19	128:20	194:6	144:3	cold	147:19
214:21	132:22	204:4,	clubs	129:22	collect
218:4	164:2,9	14	130:16	142:13	123:24
220:2	190:19	206:6	131:12,		
225:8		228:7			
230:19					
236:8					

collected 57:10	commercial 245:20	231:8	21	17	community-based 21:2
collection 126:24	Commissioner 197:3,	communication 200:19	15:23	141:5	153:23
collective 198:7	18, 20	204:1	16:6	144:5,	234:22
collectively 62:11	212:12	219:2	19:11	15	community-driven 207:1
201:23	219:10,	communities 15:16	21:4	149:8,	company 225:10
college 42:8	19	16:10	22:18	10	compared 66:19
combination 214:1	commitment 156:5	17:15	23:1, 7	153:14	179:10
combine 16:8	committed 192:23,	18:3	24:4, 15	156:10,	comparison 62:7
combined 50:16	24	19:1	33:13	21, 23	178:7
85:20	205:11	20:2, 17	37:11	163:6,	compile 57:4
combinin 81:6	211:13	21:12,	41:1	18	complain 51:24
comfortable 62:20	committee 11:22	18, 21	42:12,	165:12	complex 79:6
85:8	36:11	22:5	18, 20	168:15	124:11
comment 96:14	71:12	30:10	53:1	173:20	149:13
251:10,	72:14	43:22	57:7,	174:22,	158:17
12, 18	73:5, 20	47:15	12, 14	24	199:17
comments 251:6	97:1	51:13,	66:18,	177:12	complexity 205:17
	99:16	21	20	182:19	complicated 225:6
	136:13,	58:16	67:14	188:1	components 153:6
	15	61:21	68:21	196:19	comprehensive
	198:16	62:2	70:9	197:15	
	211:11	68:16	71:2,	201:11	
	217:20	70:23	18, 24	202:13	
	255:16,	81:20	77:1	204:5	
	23	105:11	78:14	206:16	
	common 95:6	150:7	79:5	207:7	
	communicate 98:7	154:5	80:8, 11	208:8	
		202:10	83:15	211:2	
		205:13	86:4	212:21	
		207:19	88:4	214:21	
		212:6	89:6, 14	219:16	
		219:17	92:9	222:3	
		community 11:7	95:14	224:12	
		12:2, 14	101:1	235:3	
		13:17,	103:3	247:17	
			111:21	250:3	
			112:5	community- 76:16	
			118:22	200:12	
			120:6		
			132:17,		
			23		
			134:2,		

81:15 156:1, 6 computer 184:4 185:21, 22 concept 18:4 28:2, 7 45:19 60:21 concepts 40:10 concerne d 57:13, 14, 15 223:17 concerns 161:13 231:9 Concilio 's 147:8 conclude 255:9, 13 conclude d 255:24 conclude s 255:14 conclusi on 210:21 conditio n	208:7 conditio ns 18:24 21:13 192:8 208:21 222:15 conduciv e 31:15 conducti ng 152:16 conduit 87:14 confiden ce 50:10 132:5 confirms 97:23 conflict 104:20 conflict ing 95:24 congratu lations 137:17, 18 connect 21:5 23:16 24:21 62:16 132:6 154:20 249:23	connecte d 15:13 20:3 connecti ng 71:23 connecti on 80:8 165:11 207:5 Connolly 74:7, 21, 22 86:13, 18 99:23 consciou s 238:13 consecut ive 141:23 consequ nces 229:3 consider able 140:12 consider ation 66:1 91:9 consider ed 169:22	consiste ncy 85:20 90:9 consiste nt 27:22 85:18 90:24 91:16 consiste ntly 92:9 constant 73:11 constant ly 65:7, 14, 16, 17 constrai ned 207:11 consulta nt 150:2 contact 48:23 184:5 contempl ating 216:21 context 231:13 continue 57:19 67:21 68:1 110:23	137:6 163:9 187:21 204:23 232:10, 16 continue d 22:17 continue s 182:19 continui ng 22:11 71:19 164:16, 17 175:12 221:15 248:21 250:5, 6 255:20, 21 continui ty 200:12 206:16 continuu m 156:7 172:10 199:14 contract 27:19 37:13 199:6 225:11	contract s 78:18 101:2, 5, 8, 14 102:1, 4 contribu te 208:13 contribu ting 69:9 control 114:11, 18 224:13 238:15, 16 243:11 244:23 convene 75:3 conversa tion 22:12 38:12, 18 40:11 52:14, 17 59:3 64:3 69:4, 22 71:20, 21 136:24 177:4 215:10 217:21, 24 219:8,
---	--	--	--	--	---

14	coordina	11	247:8	136:20	17:3
224:20	tes	core	costs	140:2, 4	82:19
232:19	199:7	60:19	145:17	183:7	86:14
238:19	coordina	61:22	236:24	195:16	Councilw
248:22	ting	83:10	Cotto	235:24	oman
250:7	94:23	160:7,	112:15	236:7,	11:11,
255:20	208:17	11	113:6,	11	21
conversa	244:17	162:20	7, 10, 11	238:23	22:15
tions	coordina	corner	couch	247:11,	29:16
23:14	tion	97:12	48:14	23	31:17
27:1	25:23	120:7	coughing	248:6,	32:10
35:19	27:6	corners	222:8	16	36:9
63:18	94:14	29:23	Council	250:14	41:4
68:3	97:20	161:15	22:23	Councilm	51:8
182:7	98:1	correct	83:17	anic	53:8
226:23	201:12,	32:9	85:13	139:23	56:18
227:9	13	correcti	156:16	Councilm	58:17
234:14	215:13	ve	164:17	ember	61:24
Conwell	coordina	204:8	178:4	41:7	62:24
97:2	tor	correlat	181:11	53:7	64:14
cooking	150:1	ion	197:13	72:9	66:5, 7
131:6	151:2	152:11	207:13	75:7	70:4
Cooper	coordina	corridor	209:4,	93:20	71:8, 14
138:9,	tors	32:22	16	99:17	72:6, 12
24	79:13	164:12	218:17	103:9	73:21
139:1,	copays	165:9	220:2	110:5	74:9, 23
15	247:6	corridor	231:2	136:19	91:10
178:8	coping	s	252:17	170:13	96:12
224:24	160:2	31:15	254:1, 4	183:6	98:4
coordina	202:17	33:12	Councilm	197:24	103:6
te	copy	cost	an	215:7	110:1
98:8	144:18	13:17	41:8	217:12	111:24
216:7	CORA	14:6	48:6	220:19	112:19
219:3	74:5	66:16	51:6	224:22	113:8
coordina	75:12,	151:11,	99:19	230:22	114:23
ted	16	17	103:10,	235:23	116:21
27:24	100:5,	152:6	21	247:21	118:23
61:10	11	155:17	105:15	255:11	121:2
64:5	252:3,	231:21	109:14	Councilm	122:10
153:21			110:6	embers	123:4
				14:8	125:1,

12	255:6	counts	114:2	119:17	current
126:11	Councilw	101:21	129:19	121:13	21:10
129:10,	oman's	county	create	160:4	175:18
24	146:24	101:7	21:20	198:18	194:24
132:10	counseli	235:10	31:13,	199:22,	199:4
133:1,9	ng	couple	14 33:3	23,24	Curtis
136:12	11:7	63:4	40:24	200:1,7	41:7
137:10,	12:3	114:3	46:1	211:5	cuss
12	76:18	189:2	58:1,12	criteria	221:10
138:5,	88:21,	226:7	61:10	204:13	cut
15	24	229:10	64:6	critical	34:16
139:13,	154:16	coupled	208:21	69:24	cuts
19	173:20	89:24	created	153:6	209:7
148:12	186:8	courage	44:5	198:13	234:11
156:13	194:11	16:18	149:5	209:11	cutting
160:9	counselo	198:3	159:7	227:2	180:17
166:1	r	cousin	230:8	cross-	181:13
170:3,7	151:19	244:2	255:2	agency	cycle
176:1	155:1,	cousins	creating	210:9	43:21
181:19	3,5	124:17	21:12	cross-	147:24
196:4	172:12,	cover	22:1	systems	237:13,
197:8	19	207:18	30:22	203:24	14,15
211:22	173:1	209:14	32:22	crowd	242:12
212:16,	186:6,	covered	33:12	87:16	cycles
24	23	49:19	60:22	crucial	14:3
213:7	counselo	COVID	90:22	102:9	90:13
214:4,	rs	14:10	152:17	cry	
15	154:7,8	178:16	177:18	222:18	D
217:17	155:6,8	190:7	196:1	crying	dad
219:12	173:19	crack	criminal	30:15	148:6
220:13	183:13,	41:22	s	CUAS	242:1
222:11	18	cradle	crises	228:15	245:8,
230:13	185:20	87:11	117:13	cultural	10,20
235:21	186:10	Cramp	crisis	ly	246:1,9
245:4	counteri	153:1	11:5	12:9	daily
246:4	ntuitive	crap	12:16	cumulati	73:9
247:1,9	49:7	221:11	14:21	ve	135:24
248:4,	counting	crazy	17:5	233:15	250:17
18	182:24		23:9		
250:12,					
24					
251:7					

damaged	117:2	DBI	104:20	deliver	32:24
195:22	119:20	54:18	decision	27:20	54:19
241:13	135:2	dead	s	68:15,	105:6
dangerou	138:2	53:16	36:6	20	145:23
s	143:14	deal	118:19	98:20,	149:11
120:8,	185:18	103:13	239:5	21	153:13
14	187:13	106:5	241:11	153:18	197:21
129:4	212:6	110:24	250:8	183:4	212:22
Daniel	216:19	111:2, 7	decline	delivera	departme
119:13	221:17	236:17	92:10	bles	nts
dark	223:9,	242:4, 5	dedicate	189:6	78:19
33:8	21, 22	dealers	164:21	delivere	91:20
data	243:7	126:6	dedicate	d	94:16
54:2, 11	250:3	dealing	d	38:6	96:6
57:3, 9,	day-a-	44:23	87:5	97:8	99:8
19	week	106:19	193:13	99:3	102:3, 4
58:12,	167:4	111:12	deep	153:22	109:19,
23	day-to-	232:22	68:9	183:2	21
147:4	day	235:12	deeply	200:15	191:7
152:18	52:12,	decade	18:1	202:12	244:17
193:23	23 82:7	86:20	118:6	deliveri	253:11
daughter	days	decades	165:23	ng	254:6
159:2	141:23	58:24	defense	98:12	dependen
Daughter	DBH	77:17	186:11	delivers	t
's	252:9,	105:10	189:1	17:18	245:8
131:5	16	122:17	defiant	155:14	dependin
Dawson	DBHIDS	decide	30:14	delivery	g
193:18	143:2	174:13	deficit	87:14	105:4
day	180:22	decided	232:8	demand	depends
13:8	197:2	120:3	defined	146:18	173:22
23:23	199:6	decision	16:12	denied	depressi
32:14	219:6,	173:8	definiti	176:23	on
44:10,	23	238:12,	on	177:1, 7	13:5
11	223:14,	13	180:4	dentist	30:12
55:21	18	239:9,	degree	162:10	154:10
113:20,	225:8,	10	185:24	departme	Deputy
21	11	241:8, 9	delays	nt	193:17
114:7	227:17	decision	15:22	15:22	describe
115:21	248:23	-making	16:2	16:2	67:2
	254:15				122:13

deserve 91:7 118:21 230:6 231:22	developm ent 56:11 75:22 76:12 86:21 161:4 203:8	102:17 180:8 200:21 209:14 225:19 245:23	difficul ties 154:17 digging 64:22 195:6	Disabili ties 33:2 54:20 145:24	discussi ng 51:16 diseases 126:21
designed 150:4 201:9 202:8 206:21	developm ental 158:5 202:18 DHS 101:4 149:11 150:17 151:10 169:11 215:17 216:4 227:18 228:1, 12 232:11 252:12 254:14	diagnost ic 200:9 died 121:20 differen ce 35:18 66:3 70:22 92:13, 15, 19, 20 93:19 140:19 218:23 222:1 232:6	diligenc e 105:21 diligent ly 195:15 direct 15:4 93:9 182:8 212:10 249:4, 9 directed 246:23 directio n 41:12 61:4 221:1	Disabili ty 197:22 disaggre gate 54:1 disaggre gating 54:11 discarde d 13:11 discharg ed 55:23, 24 discipli ne 181:2	disorder 23:10 199:10 218:15 222:6 disposal 165:9 Disston 79:3 81:12 distance 32:7 36:15 166:14, 19 district 22:24 28:15 34:11, 23 36:24 68:5 75:14 83:17, 20 94:19 103:19 105:18 138:12 139:12, 24 140:2, 5 143:7 147:10 148:20
desire 116:18 198:4 despair 14:3 desperat ely 208:2 destigma tized 87:22 determin ants 159:16 163:12 226:2 determin e 152:4 175:19 determin ed 233:5 detoxed 239:13 devastat ing 141:3	diagnosa ble 142:7 208:7 diagnose 143:16 144:14 diagnose d 142:19 diagnosi s 76:20 82:10	difficul t 45:24 46:6 65:9 68:2 135:15 168:1 250:8	Director 82:22 86:19 dirty 132:22	discover ed 89:1 discuss 75:4 79:8 discusse d 201:21 205:2	

149:7, 19	district	93:5, 6	Doughert	drugs	209:22
151:6	wide	94:10	y	44:1	215:15,
152:20	149:2	95:11	251:21,	113:22	21
153:9	193:2	97:5	22	115:9	216:11
154:23	ditto	182:9,	dramatic	117:5	217:13
155:11	159:24	17, 18	ally	118:15	223:5
168:21	160:1	207:7	66:21	120:13	224:7
174:4	diversio	217:9,	draws	123:11,	225:1,
175:15	n	10, 11	13:1	12	18
177:22	76:21	225:15	dress	124:21	229:12
178:4,	80:20	227:15	131:23	126:7	248:21
21	doctor	228:24	132:3	128:19,	252:4
179:4,	65:10	245:7	Drexel	21, 22	early
7, 8, 11	142:8,	domestic	87:17	129:8,	17:11
180:23	9, 13, 14	57:16	149:9	16, 18	39:18
185:11	162:13	domino	Driscoll	130:10	50:5
202:1	doctor's	232:17	99:18,	141:6	101:9,
203:5,	142:12	Donna	19	239:23	22
7, 13, 18	148:4	138:9	drives	240:13	159:14,
205:23	doctors	139:1	205:14	drunk	24
215:18,	162:24	166:4	drop	46:17	207:9
24	dogs	197:4,	161:24	due	208:9
217:11	42:17	14	drop-out	105:21	209:15
218:17	Dolan	224:23	218:11	dumped	210:13
221:5	74:7,	225:17	drug	190:8	211:1
223:15	19, 20	229:15	41:21	duration	228:4
227:18	82:18,	door	76:14	58:5	earned
231:2	22	117:19	81:3	dying	88:23
249:22	99:22	167:6	82:4	119:20	easier
district	103:20,	186:24	101:8,	dynamics	45:11,
's	24	246:24	17	65:24	12
153:7	108:17	doors	104:14	E	67:21
156:5	dollar	161:22	113:18	earlier	195:21
203:2,	92:1, 11	double	120:23	47:23	230:20
11	dollars	235:17	126:6	87:24	East
district	39:3, 7	doubt	132:19	93:21	107:15
s	59:13	185:1	161:14,	140:6	Eastern
67:9	91:22	237:19	15	170:13	25:5
	92:7, 16		201:2		easy
					58:4, 8

109:21	60:15	elevate	159:11	enables	89:23
240:14	81:7	254:24	embedded	85:17,	engaging
eating	109:5	Eliahah	150:4	21	19:17
35:4	155:21	119:4	153:17	enabling	205:20
economic	effectiv	121:7	emergenc	154:3	enhancin
91:3	ely	eligibil	ies	encourag	g
edge	98:9	ity	154:19	e	206:4
180:18	effectiv	151:14	emergenc	44:3	enrichme
181:13	eness	206:19	y	70:12	nt
educate	60:16	245:17	12:18	147:14	83:13
126:19	efforts	eligible	80:12	end	enrolled
educatio	33:23	245:21	Emerson	44:9,	204:17
n	94:23	eliminat	131:7	11, 12	225:21
75:21	156:4	e	emotiona	55:20	enrollin
81:2, 3	208:18	51:19	l	70:19	g
82:24	egos	52:9	56:10	146:22	178:15
83:11	64:17	128:21	81:1	165:6	ensues
86:22	El	Elkin	91:3	endeavor	157:22
104:15	113:15	104:5	101:14	s	ensure
105:8	elected	124:3	149:17	162:23	32:17
208:14	48:10	127:23	154:1,	ended	200:11
209:18	191:6	130:8	17	232:7	203:19,
210:10,	electric	131:10	156:3	ends	22
20	al	132:16	157:4	46:20,	206:8,
234:21	57:2	136:6	189:13	21	13
Educatio	electron	152:24	198:19	endured	207:14
nal	ic	173:16	emotions	14:9	209:21
148:23	183:20	Elkins	36:7	energy	210:4
eeny	elementa	34:13	126:3	90:13	ensures
179:10	ry	Elliot	emphasiz	engage	156:9
effect	63:5	138:11	e	55:1	ensuring
106:15,	69:6	Elliott	28:21	engaged	68:5
18	79:3	139:7, 8	employee	154:4	204:21
232:17	127:23	148:18	173:2	208:16	entering
233:15	130:8	169:2	empty	engageme	228:21
effectiv	152:24	170:6	13:1	nt	entire
e	153:1, 2	172:5	123:14,	55:8	29:5
29:15	155:19	191:23	22, 23	engages	entity
58:2, 9		embed	124:1, 7		

225:9	139:5	139:8	168:3	experien	expertis
environm	147:7	251:22	existing	ced	e
ent	156:18,	255:22	95:18	18:17	67:18
54:4	19	events	216:15,	46:23	experts
78:5	159:9	247:18	16	49:24	67:3
80:6	165:20	everyday	exited	50:18	68:18
82:1	168:16	111:2	203:17	100:6	explaini
89:24	221:6	135:20	expand	experien	ng
163:23,	ESS	eviction	91:5	ces	36:2
24	155:21	80:20	207:9	18:7	exposed
216:24	essence	evidence	225:24	44:6	53:13
environm	148:8	-based	expect	52:10	65:8, 21
ental	essentia	40:8	70:6	78:6	199:18
161:13	l	90:2	233:18	110:10	exposure
envision	85:24	examples	expectat	133:12,	88:19
179:23	109:8	19:10	ions	16	208:5
epicente	163:14	39:12	38:8, 13	134:14,	expresse
r	204:20	40:23	70:4, 15	19	d
23:19	207:21	215:23	expected	135:1,	85:6
epidemic	210:4	exaspera	174:16	20, 21,	231:7
14:7, 11	establis	ted	expectin	24	expressi
16:19	h	218:16	g	137:2	ons
117:4	15:7	excellen	70:10	160:14	184:9
140:23	203:14	t	experien	199:19	external
157:6	estimate	84:1	ce	cing	193:24
episode	25:1	excites	24:17,	51:13	external
50:24	evaluate	89:23	20	52:6	ization
equally	165:4	excuse	32:13	63:3	30:11
145:22	evaluati	152:21	41:17	110:18	extra
equates	on	155:3	46:22	133:24	186:5,
233:13	45:4, 5	Executiv	48:5, 9	168:10	19, 20
equation	89:19	e	64:19	175:6	189:2
43:6	108:21	17:4	77:15,	177:13,	extremel
44:19	evaluati	82:22	17	16	y
escalate	ons	86:18	78:12	223:6	65:9
209:23	76:2	exercise	143:11	expert	eyes
Esperanz	200:9	160:16	171:19	67:1	52:11
a	evening	exist	222:19	214:8	221:17
138:10	127:21		253:6		

223:9	190:6	127:9	61:11,	20:6, 8	fashion
F	233:1	fairness	13	31:4	131:23
face	238:7	14:15	75:10,	41:2	132:3
21:14	240:21	faith	20	46:22	fast
95:17	242:20	145:1	78:23	49:3	187:19
161:11	factor	fall	79:10,	56:13	father
184:5	44:7	114:4	19, 23	62:18	81:9
205:18	50:8	208:10	80:13,	75:18	158:2
243:6	77:22,	233:2, 7	19	80:4	fathers
face-to-	24	247:17	85:5, 19	81:16	13:20
184:4	140:17	253:3	101:4	95:7	33:5
faced	factors	falling	118:5,	121:22	44:16
102:18	18:5, 22	233:12,	11	124:20	157:11
faces	19:5, 11	16	124:9	150:3	favor
84:6	20:5,	familiar	126:22	157:24	244:3
88:13	18, 22	100:4	149:1,	158:8,	fear
facetious	21:7	families	14, 19	12	13:7
s	25:16	12:8, 11	152:7	160:16	122:20
230:1	49:17,	13:13	154:20	163:15	fearing
facilita	21	14:2,	155:18	173:14	35:9
tes	50:2, 17	12, 16	157:7,	182:12	federal
204:1	53:12,	17:11,	11	200:14	27:13
faciliti	20 54:5	20	161:10	206:13	59:23
es	66:2	18:2, 19	162:6	207:2,	209:7
32:6	78:2, 9	19:1, 14	163:20	10	231:3
facility	81:24	20:16	192:9	208:8	234:3
82:5	86:1	21:14	195:10	214:2	237:24
facing	102:13	25:11	199:3	215:2	federall
65:17	140:14	30:24	201:14	228:10	y
73:12	159:21,	33:5	203:21	229:14	157:1
94:5	24	34:8	204:21	family's	225:16
103:15	fail	35:4, 14	205:6	55:24	feds
211:17	67:6, 20	39:20	208:1	family-	95:22
fact	68:20	40:1	209:2	friendly	feedback
25:24	failed	44:19	210:8,	21:3	192:19
34:22	69:13	47:15	22	family-	205:12
145:3	fainting	49:18	212:20	present	feeding
184:19	130:12	51:12	247:8	19:19	189:18
	fair	52:24	family	fancy	
	114:13	58:10	15:6, 11	177:24	
			16:1		

feel	fewer	81:6	196:13	food	22:11
20:3	226:8	164:19	flexibil	128:18	45:19
34:16	field	182:13	ity	159:17	48:4
61:14	88:2	254:17	146:9	191:18	59:3
62:19	fight	finger	181:4	201:16	71:19
84:15	16:19	224:1	206:20	footprin	86:12
114:22	46:15	fingers	210:6	t	182:4
115:13,	51:24	44:21	flexible	32:16	195:1
18, 19,	figure	finish	90:11	166:13	250:4,
20	52:14	35:6	207:6	249:13	6, 7
117:9	111:17	firm	flexibly	forced	255:19
123:12,	177:17	41:14	202:12	90:12	foster
14	179:12	99:24	flooded	forces	160:20
124:22	180:18,	100:1	78:5	16:8	202:17
126:1, 3	20	firstthan	fly	forefron	228:6, 9
128:1,	216:7	d	187:8	t	229:14
2, 5	236:18	12:12	focus	64:20	found
129:1,	237:22	239:12	39:13	180:24	40:22
4, 15, 21	249:15,	fiscal	43:6	forever	97:2, 8
130:10,	20	228:19	78:10	143:23	foundati
14	figuring	Fishtown	87:11	179:19	on
143:12	108:3	63:7	214:3	forgiven	60:21
187:20	140:7	66:16,	focused	ess	64:7
219:20,	fill	18	25:16	210:18	69:19
24	48:15	fit	226:10	forgotte	foundati
feeling	207:17	63:10	focusing	n	onal
20:11	247:15	fitness	234:21	114:22	21:19
143:15	final	160:15	folks	127:11	69:24
feelings	36:10	five-	215:14,	forming	four -
20:7	245:5	167:3	22	75:8	169:7
feels	financia	fix	218:2	forms	four -
122:17	l	69:15	227:19	48:15	member
125:23	216:24	164:9	254:11	formula	170:1
129:23	223:19	221:21	follow	49:10	FQHC
241:5	find	230:17	105:20	50:14	180:10
fellow	23:12	fixed	165:4, 5	fortune	FQHCS
121:8	40:6, 16	63:21	follow-	212:9	180:12
felt	47:24	fixing	up	forward	181:4
97:14	48:1		248:15		
	66:8				

Frankford 153:2	frustrated 41:10	fun 85:22	91:15, 16, 18	10, 18 145:6,	207:17 220:7
frankly 228:23	214:17	123:18	94:14,	18, 22	247:15
free 41:15, 17 78:1	frustrating 51:10	124:12	16	146:1,	gardenin
186:20	ing 166:16	130:20	95:4, 19	2, 7	g
235:5	170:5	131:16,	96:7	furthest 193:12	157:20
frequent 206:7	220:17	19	98:24	future 15:4	gardens 123:19
frequent ly 85:6	238:17, 18	132:7	99:13	16:23	124:1
232:20	frustration 23:5	function 62:3, 6	100:14,	18:2	gates 120:1
friend 130:23	166:8	function ing 27:9	21	22:14	gather 57:19
131:7	214:7	fund 98:19	101:21	24:23	gave 50:9
244:13	215:8	111:1	110:23	51:23	240:10
friendly 19:20	fucking 240:14	144:21	150:12,	92:8	general 25:4, 14
friends 20:12	full 17:16	169:24	13	116:19	28:21
115:23	85:23	fundamen tally 178:19	163:10	122:14	64:1
116:6	156:8	funded 93:23	164:21	177:20	76:10
121:22	157:5	150:16,	173:23	215:1, 2	generall
124:13,	169:24	18	175:22	futures 87:13	y 213:5
19	170:2	169:10	207:21	G	generati
130:17	172:10	225:16	209:13,	gain 89:13	on 47:8
131:14	199:14	funders 39:15	17	gambling 83:8	48:4
132:6	207:23	funding 15:14	210:2	games 131:21	118:20
front 15:1	full- time 169:16	39:16	216:6	gaming 83:9	230:5
91:21	172:6	40:7	224:14	131:20	generati
114:5	173:2	78:21	227:10	gangs 116:9	onally 47:4
141:7	186:6	80:23	fundrais er 87:4	gap 208:3	genuinel
221:19	fully 65:6	84:7	ing 140:21	gaps 198:24	y 64:10
	78:22	85:17	funds 15:5		George 79:3
		90:11,	80:12,		
		21	23		
			141:14		
			143:21,		
			22		
			144:8,		

Gillum	139:2	65:2	179:19	Granted	greatest
136:6	Gloria	74:10	237:24	160:21	78:13
girl	152:23	75:1	249:17	granular	82:7
72:16	goal	82:18	250:1	54:15	102:12
give	64:20	84:1	253:10	grateful	249:19
18:21	78:8	86:13	254:5	23:2	grew
22:10	95:1	94:15,	grace	41:12	42:13,
43:9	153:24	17	53:21	82:3	14
51:22	202:14	100:6	195:13	gratitud	72:17
63:3	goal-	104:9	Gracias	e	grief
100:9	setting	112:20	129:11	241:5	13:6
128:15	104:19	118:16	grade	great	15:9
141:21,	goals	123:6,	113:11	16:5	grocery
24	30:18	13	115:2	21:23	189:11
148:9	31:9	125:13,	119:14	32:20	ground
169:14	35:1	18,22	grader	40:13	28:11,
172:16	64:4	126:15	117:1	49:9	23
184:24	95:1,20	127:20	126:17	58:18	29:14
186:2	101:3	130:6	127:22	59:4	31:23
188:6	177:23	139:7	grades	60:22	36:16
213:9	206:10,	189:2	56:7	64:6	52:20
215:23	13	190:16	graduate	69:20	81:22
231:19	God	197:9,	48:24	93:12	109:19
236:23	53:21	12,19	grandma	111:6	115:11
241:4	God's	212:9	50:4,7	120:21	126:5
242:19,	186:9	242:11	242:1	122:15	135:13
21	gold	244:24	grandpa	131:10	166:15
243:11	253:24	251:21	47:10,	137:5	grounds
253:21	254:2	governme	11	140:4,5	117:6
giving	golden	nt	242:2	145:1	groundsk
17:23	253:23	19:21	grandpar	181:13	eeper
59:6	good	23:20,	ent	191:15	87:3
60:7	11:12,	21	107:24	211:19	group
93:24	20	24:18	184:11	213:11	42:10,
128:18	17:1,2	51:18	grandpar	253:8	16
239:19	19:12	53:3	ents	255:22	88:21
240:6	21:22	59:24	57:18	greater	97:13
252:19	22:6	60:1,3	Grant	19:7	112:13
glad	43:5	98:10	146:1,2	163:22	125:7
99:24		99:7		193:4	154:15
100:1		134:7			

196:2	42:17		happened	134:6,	hate
200:14	guardian	H	42:15	12	122:7
254:3	s	H.A.	45:7,	137:24	Hazel
grouping	151:23	104:1	10,17,	189:15	155:12
37:15	guardrai	habits	20	243:18	173:18
groups	ls	46:24	47:19	hardest	HCCS
15:9	177:23	half	49:20	12:11	12:6
42:2	guess	88:9	50:12,	harm	head
43:17	29:11,	180:3	16	200:5	167:15
97:5,14	13	183:22	178:16	239:1	heal
98:24	guidance	halt	happenin	harming	47:20
106:13	166:5	228:20	g	141:6	healing
175:2	guide	hand-	23:11	harp	15:3
grow	57:21	100:19	24:1	175:14	156:11
21:17	gun	hand-in-	46:20	Harrity	health
69:7	218:5	hand	52:2	103:9,	12:5,18
78:4	guns	203:12	55:7	10,21	15:22,
87:6	126:8	hands	63:8	105:15	24 16:3
89:9	guy	191:3	120:12	109:14	17:10
90:10	236:16	happen	122:16	183:6,7	19:13,
116:15	guys	21:17	161:18	195:16	23,24
118:22	31:22	23:21	170:11,	217:12	21:2,24
156:6	103:18	26:5	16	220:19	23:9
187:19	107:1	28:4,6	229:18,	230:22	28:14
208:22	108:15	35:10	22	235:23,	31:12
growing	109:15	45:24	230:17	24	33:1
19:8	183:11	46:9	252:13	236:7,	36:13,
109:10	188:3,	53:3,23	253:7	11	19
111:12	19	64:16	happy	238:23	54:19
211:16	213:14	67:14,	128:5	247:11,	55:19,
growth	214:5	21	129:5	23	21
83:3	219:7	132:1	130:14	248:6,	61:4,5
guarante	243:11	187:18	212:13	16	65:19
e	244:21	220:3	222:23	250:14	68:14
186:21	gym	227:5	226:24	255:11	71:24
Guarante	117:18	232:9	250:22	Harrowga	75:22
ed		239:18	hard	te	76:13
241:1		253:1	20:8	88:3	87:19
guard			38:24	134:17	105:6
			115:17		129:9
			117:23		

138:10	17	134:24	18	109:22	history
139:5	197:15,	135:2,	heart	192:20	149:3
141:17	21	4,10	83:18	herd	hit
144:6	198:20	136:9	88:5	42:20	114:3
145:14,	199:9,	137:4	107:17	hey	hits
23	15	138:18	heavily	188:22	135:5
146:1	200:7,	168:2,	39:7	hidden	Hola
147:3	18	3,11	82:3	14:6	126:14
148:24	201:10,	170:10	87:23	high	hold
149:9,	15,19	176:12	heavy	46:6	60:5
13,18	205:5,9	192:16	12:20	79:4	68:4
150:15	208:14	212:4,9	168:10,	84:13,	198:4
153:8,	209:10,	226:15	11	24 88:7	223:15
11,14,	19	235:11	Hector	89:3	224:8,
15,19,	210:7,	254:12	11:6,16	153:2	9,15
24	10,17	heard	12:1	155:23	254:5
154:7,	211:18	36:16	24:10	239:11	holding
9,19,21	214:23	91:14	29:17	high-	69:1
155:2,	226:2	96:24	32:2	risk	215:4
8,12,	239:2	137:6	56:19	83:3	226:12
15,24	246:7	140:9	hell	higher	holds
156:6,	248:5	142:22	191:9	102:23	219:13
18	healthy	143:12	237:23	210:19	223:18
157:2,4	19:8	165:15	helped	highest	holes
159:12,	22:3	170:12	89:9	63:5	95:5
16	61:17,	182:22	131:9	84:18	home
163:12	21	216:1	helpful	highligh	20:10,
165:7	87:12	221:3,4	106:22	t	11
166:10,	118:21	224:6	124:18	198:23	51:15
20,22	130:14	253:15	helping	206:3	72:24
167:16,	202:17	hearing	21:24	highly	80:11,
22	208:22	39:2	85:14	46:5	15,16,
168:7,	hear	62:23	130:22	hire	19
14,17	39:1	77:5	175:2	185:7	88:13
172:11,	62:1	139:18	191:5	186:6	116:11
21	77:19	191:12	244:4	Hispanic	127:7
174:12	96:16	220:10	helps	11:7	171:9,
179:13	100:16	255:10	18:9	12:2	22
180:5	106:24	hearings	80:24	173:20	172:2
183:11	125:4	97:2			177:16
184:3	133:19	133:17,			
192:14,					

189:18	22:19	house	hungry	11, 18,	imagine
198:6	118:7	140:3	189:16	21	61:8
200:16	hope	242:22	Hunter	206:5,	immensel
202:12	14:15	househol	155:19	7, 17	y
206:15	52:13	ds	husband	209:10	84:2
241:17,	71:20	13:22	188:16	216:2	impact
20, 23,	114:18	housing	hyper-	IBHS-	18:6
24	116:12	19:15	attentiv	LICENSED	26:3
242:3,	122:14,	20:23	e	150:20	28:24
5, 11	23	21:21	46:13	idea	30:23
homeless	132:5	26:12,	hyperact	123:15	63:9, 13
29:9	144:24	13 29:9	ivity	188:23	78:13
126:4	165:19,	61:6	30:13	216:14	82:7
homeless	21	65:15	hypervig	ideally	87:15
ness	181:10	66:12	ilance	225:23	90:10
16:4	182:22	68:9, 10	14:3	ideas	91:4
159:3	185:2	159:17		125:19,	92:6
218:14	235:19	208:14		22	93:8
homeowne	hopeless	210:10	I	131:14,	94:1
rs	118:5	218:8	IBH	17, 24	100:12
215:3	hopeless	254:13	172:20	191:13,	117:4
homes	ness	HR1	IBHS	15	152:18
13:13	14:4	233:19	76:17	identifi	167:24
17:14	hoping	234:19	82:6	ed	182:8
48:11	54:16	hub	101:19	150:10	198:17
223:7	189:5	74:8	150:14	220:7, 8	211:5
228:5	horse	187:24	151:10	identify	212:11
homework	48:3	hubs	153:10,	43:8	219:16
35:6	hospital	31:14	16, 24	82:16	234:12
36:1	ization	165:12	169:6	198:24	249:4
130:21	200:2, 3	huge	173:17	255:1	impacted
honest	hospital	53:12	179:16	IEPS	168:19
186:9	s	human	201:20,	76:5	impactfu
195:17	15:10	13:12,	22	illness	l
250:17	hotline	16	202:6,	142:20	229:23
honesty	235:7	15:17	8, 20,	147:23	impactin
196:6	hours	46:10	23, 24	illusion	g
198:4	172:8	146:1	203:2,	s	178:3
honor	194:2, 7	149:11	6, 9	239:8	182:10
		208:15	204:2,		

impacts 177:20	238:3	24	inconsis	individu	inherita
impasse 227:8	importan	inaudibl	tencies 97:9	als 43:18	nce 47:11
impede 84:8	27:23	119:15	Incorpor	44:4	initiati
imperati	137:18	incarcer	ating 77:20	45:13	ve 228:1
ve 208:12	146:5	ations 14:10	increase 81:23	222:14	Innovati
implemen	imposed 13:16	incentiv	increase	indoor 88:2	on 139:11
tation 203:6	impossib	ize 210:14,	s 91:21	124:11,	innovati
importan	le 143:17	16	231:20	16	ve 164:23
ce 159:13	impress 131:23	include 19:12	increasi	industry 89:18	inpatien
importan	Improbab	149:23	ng 77:23	ineligib	t 200:2
t 28:3,	le 53:22	170:1	122:19	le 246:2	input 138:1
13,17	improve 133:21	199:21	incredib	inertia 90:19	inschool 83:10
51:17	134:8	206:12	le 212:5	inflicte	insecuri
65:23	192:20	included 201:22	independ	d 23:21	ty 159:18
72:17	202:16	includes 104:1	ent 245:14	influen	inside 52:7
73:18	205:15	149:24	individu	es 89:16	143:12,
75:4	211:15	152:13	al 31:20	inform 203:19	13,15
78:3	improvem	172:11,	38:3	informat	instabil
82:12	ent 56:2,16	12	54:3,12	ion 55:18	158:11
100:16	65:12	199:14	79:9	57:5	instance 172:18
111:15	83:21	207:2	96:11	59:15,	institut
112:4	108:20	includin	102:11	17 77:6	ion 159:22
121:11	109:11	g 38:11	154:15	108:22	institut
127:13	improvin	86:5	156:1	109:12	ionalize
137:3	g 218:9	156:1	200:14	infuse 80:24	 20:21
139:18	in-hand	201:14	252:22		
140:16	100:20	202:1	individu		
164:24	inadequa	217:4	ally 246:8		
166:11	te	income 66:17			
178:11	84:7	67:10			
203:16	231:17,				
205:16					
235:18					

institutions 106:13 161:10	intelligent 185:23 187:15 238:21	interested 251:16	22 101:10, 16	87:23	issues 13:4 21:11
instructional 192:5	intense 41:23 79:24 80:1	interesting 66:8 96:24	102:6, 16 105:2 159:15 160:4 174:6 199:22, 23	investing 90:20 207:5 211:9	30:3 45:2 67:1 111:13
insurance 225:10 245:20	intensive 76:20, 24 150:14 153:10, 20 200:23 201:7, 19 209:9	interests 73:7	203:12 207:10 208:9 209:15 210:13 211:1	investment 22:7 59:22 65:4 226:20	137:8 154:10 170:18 176:10 196:14 198:14
insurance-neutral 76:18	intentional 177:18 182:3 194:18 203:3	intergenerational 90:7	interventions 15:7 57:22 58:15 153:19	investments 165:8 207:17	204:8 228:19 232:23
integrated 21:1 39:16 159:11	intentionally 67:13	internal 152:16, 17	intimate 185:17	invites 234:15	J
integrating 61:1 140:7	intentionally 67:13	interrupting 147:24	introduced 88:20 198:15	inviting 134:13 198:1	Jackson 125:16, 17, 21
integration 28:2, 7 29:13 194:19	intentionally 67:13	intersectional 62:17	introduced 88:20 198:15	involved 55:13, 15 88:10	jail 129:21
integrity 118:7	intentionally 67:13	intervene 228:4 229:12	introduced 88:20 198:15	isolate 213:1	Janairys 125:8 130:7
Intellectual 33:1 54:20 145:24 197:22	intentionally 67:13	intervention 76:15 77:18 78:11 81:5, 22 82:13 100:10,	introduced 88:20 198:15	issue 25:22 26:9, 10 27:4, 7 38:2 66:24 67:2 68:19 70:24 106:5 160:6 162:14	Javier 129:14, 15
	interest 85:6		invaluable 139:20		jeopardize 209:8
	interact 40:14 47:2 61:19 93:17		invest 21:6, 19 66:11 211:7		Jimmy 42:21
			invested 20:10 40:5		job 26:14, 15 42:7 98:18 128:17

186:5, 19 244:1 252:10, 11 jobs 19:18 107:2 186:20 Joe 47:10, 11 John 104:2 join 89:12 joined 88:8, 15 joining 72:10 73:22 Jones 41:7, 8 48:6 51:6 170:13 journey 53:22 68:7 Juan 138:10 139:5 156:16 judgment 45:13 July 233:11 June 233:11	Justice 87:18 K K&a 72:24 K-12 155:15 keeping 34:15 80:14, 15 Kehinde 197:19 Kensingt on 11:24 14:9 15:1, 8 23:1, 7 24:4 25:19 29:20, 24 30:4 41:15, 18, 23 43:4 66:4, 20 70:18 72:16, 20, 21, 22 73:16 75:6 79:1 82:15 83:18 84:10 85:2, 13, 14	86:17 87:1 103:22 106:3 107:15, 16 113:13 114:21 115:4 116:11 117:2 118:4 119:16 121:16 126:23 130:9 131:3 134:17 139:21 141:4 144:1, 3 145:2, 10, 16 149:2 156:21 160:12, 19 162:6 163:20 164:8 165:20 166:13 170:12, 14, 16, 22 171:3, 4 182:23 192:3 194:5 198:6, 16, 21 202:19,	22 204:22 205:6 206:23 208:2, 5 210:22 211:11, 17 212:21 213:2, 9, 15, 17, 19 214:21 217:5, 20 218:3 222:7 230:16 236:6, 10, 12 249:12 253:2, 7 255:16, 24 Kensingt on/ harrowga te 24:15 53:1 key 104:18 149:24 165:3 224:10 kick 139:15 241:6 kicked 226:17	kid 40:19 45:21 46:13, 21 48:21 49:2, 23 50:5, 9 51:4 115:15 142:10 180:6 183:23 236:24 238:4 241:20, 21 245:21 246:2 kid's 51:2 145:11 kids 13:3 14:16 18:9, 15 19:2 20:6, 15 21:16 22:1 23:22 24:21 25:3, 13 32:13 39:21, 24 42:2 46:22 47:1, 21 48:2 56:15 61:13	62:13 66:4 80:14 85:19 96:10, 15, 19 100:8 103:14 106:21 107:18, 20, 23 108:13, 14 112:12 116:15, 17 117:16 123:16 124:9 130:13, 22 131:1, 11 141:21 144:2, 7, 14 145:16 157:14 167:6 171:5, 6 184:15 185:4, 9, 16, 18 187:2, 6, 13, 15, 16 188:18 189:14 190:20 191:20 194:23 195:23
--	--	--	---	--	--

213:2	132:4	launch	79:7, 15	leaves	234:2
214:24	knowing	180:1	88:22	13:22	levels
236:23	20:7	launched	139:20,	leaving	209:7
237:8	22:19,	178:14	22	247:16	234:3
238:18,	20	203:10	leading	left	245:16
20	163:9	Lauren	41:11	14:12	Lewis
243:5, 6	243:7	74:6, 19	219:8,	190:9	132:15
244:4	knowledg	82:21	13, 24	legal	152:24
247:8	e	103:17	leak	235:3, 4	liaisons
248:2	109:9	law	69:15	legislat	174:6,
250:19	Korea	99:23	leaking	ive	10
kids'	86:23	100:1	70:1	134:7	Liam
96:3	Kumbaya	layer	lean	lend	74:7, 21
213:4	59:9	104:12	61:20	73:15	86:17
kill		laying	82:3	lens	librarie
126:9	L	135:12	leans	52:11	s
killed	laborato	Laylah	100:21	221:16	123:18
81:9	ry	112:14	learn	223:8	license
killling	253:8	113:6,	34:19	letter	150:15
126:8	lack	11	40:14	235:2	licensed
kind	98:22	lays	171:16	letting	82:4
40:19	240:1	126:4	189:15	48:18	153:23
84:4	lacking	lead	192:15	114:16	life
144:13	191:10	87:4	222:23	level	14:5
167:14	landscap	214:11	learned	19:12	42:9
254:3	e	224:11	46:11	28:23	43:5
kinds	226:4	248:24	159:23	29:14	44:2
29:1	large	leader	learning	31:7	51:2
56:9	75:18	70:21	81:1	41:1, 2	65:18
140:13,	93:2	193:4	101:14	54:12	89:13
19	97:3	leaders	189:20	81:21,	104:18
Kitchen	161:24	16:15	200:20	23 96:9	111:13
131:5	largest	135:17,	leave	102:14,	133:22
knew	75:24	22	96:17	23	134:9,
57:11	lastly	178:22	117:20	105:1	16
128:2	146:17	215:1	136:3,	147:20	139:10
190:8	Latino	leadersh	14, 16	152:4	156:23
knitting	12:4	ip	171:21	174:4	180:3
131:19		41:13		216:23	238:14
					241:7,

21,23	listen	64:18	29:22	123:6,	130:11
242:11	188:22	lives	location	8,10	131:21
lifespan	190:23	25:9	95:9	124:10	154:13
199:12	223:20	48:5	location	Lord's	161:23
light	238:4	50:19	s	100:2	162:16
146:14	listenin	66:18,	85:9	lose	166:9
lightly	g	19 88:6	213:19,	233:8	177:22
205:14	116:20	113:19	21,24	loss	179:2
limbs	120:24	123:1	locked	158:11,	181:21
121:22	123:3	139:21	124:5	12,13	189:8
limitati	listing	160:3	long	lost	191:12
on	175:8	161:2	40:5	13:19	192:7
208:11	litany	212:11	55:12	121:21	194:20
limitati	159:19	222:2	56:1	161:23	199:21
ons	literall	242:6	58:22	233:8	216:1
225:2,	y	living	105:12	lot	lots
17	78:17	13:14	117:21	18:10	102:15
limited	live	57:18	119:16	30:2,7,	123:22,
34:7	13:9	64:7,9	124:14	11 34:6	24
55:12	52:24	111:20,	188:10	36:1,12	124:7
65:20	67:9	21	196:23	39:1	love
143:5	106:20	119:18	226:18	46:3	59:8
206:20	107:14	129:2,5	long-	48:2	95:3
253:17	107:14	177:11	term	49:24	118:18
limits	114:20	201:8	90:23	50:12	124:5
227:14	115:4,6	222:5,	154:2	51:11	131:24
lined	118:7	14	160:21	54:7,8	191:4
49:4	127:10,	223:3	longer	57:17	228:16
lining	24	231:23	46:12	59:16	252:15,
125:7	128:3	238:8,	longitud	77:6	16
linkage	141:4	24	inally	95:12	254:3
200:11	187:8,	240:4	55:17	101:18	loves
list	9,12	loan	longstan	102:18	137:20
104:8	230:9,	210:18	ding	103:16	loving
105:17	11	local	165:2	104:6	50:4
listed	243:5	19:22	looked	105:23,	lower
203:1	252:21	27:12	29:4	24	67:11
	253:22	59:23	Lopez	107:12	Lozada
	254:18	209:19	119:5	120:9	11:11,
	lived	located		128:9	21
	53:14				

22:15	160:9	180:9	major	198:5, 8	101:2
29:16	166:1	lunchtime	184:18	214:20	154:16
31:17	170:3, 7		majority	218:23	229:15
32:10	176:1	171:17	43:2	221:24	management
36:9	181:19		make	232:6	
41:4	196:4	M	20:16	239:5,	77:1, 3
51:8	197:8,	Madam	22:7	9, 11	162:18
66:7	24		26:4, 24	241:8,	163:14
71:8, 14	211:22	41:9	28:17	9, 10	201:3,
72:6	212:16	51:7	30:23	252:10,	13
73:21	213:7	53:9	34:2	12, 17	manager
74:9, 23	214:4,	72:13	35:17	253:8,	150:3
75:8	15	73:19	37:2	12, 19	managers
91:10	217:17	74:3	61:17,	254:7	79:14
96:12	219:12	99:20	21	255:13	
98:4	220:13	109:24	63:19	makes	manages
103:6	222:11	110:7	65:12,	117:8	199:8
110:1	224:22	136:21	19 66:3	123:12	managing
111:24	230:13	197:1	70:22	126:21	102:2
112:19	235:21	made	80:4	129:1	mandate
113:8	245:4	46:3	92:7	148:5	210:8
114:23	246:4	59:22	96:14,	246:5	219:22
116:21	247:1, 9	99:12	19	253:23,	220:2
118:23	248:4,	206:14	99:11	24	252:12,
121:2	18	238:13	106:7	making	15, 16
122:10	250:12,	246:16	111:14	16:16	253:11
123:4	24	252:23	118:19	28:22	254:24
125:1,	251:7	madness	120:17	31:8	mandates
12	255:6	178:17	123:19	63:20	252:9
126:11	Lozada-	main	131:18	105:22	manipulating
129:10,	119:7	77:13	134:15	130:20	
24	Lozada-	maintain	135:19	134:22	190:18
131:9	meneses	56:12	136:8	138:17	manner
132:10	125:5	163:23	137:21,	144:2	70:19
133:1, 9	126:13	164:2, 9	23	148:1	Marin
136:12	luck	maintain	140:18	206:9	37:22
137:10	20:19	ing	144:10	214:24	Mark
138:5,	luckily	204:20	173:8,	246:19	
15	252:1	217:3	10	250:8	140:4
139:13	lucky		181:3	manage	179:21
148:12			189:1	19:6	
156:13					

market	Mayor's	77:21	233:6	156:7	65:18
13:10	149:8	93:8	246:15	Mejias	68:14
married	211:14	media	medicati	119:8	71:24
42:7	Mcdowell	71:6	on	125:6	87:19
Mary	74:6,	Medicaid	45:6	132:14,	141:17
119:15	17,18	142:5,	201:2,4	15	142:20
251:22	75:1	17	mediocre	member	144:5
mass	94:2	146:20	60:23	234:21	145:14,
14:9	98:2	147:1	meet	235:6	24
massive	99:22	148:2	17:13	members	146:13
95:13	100:18	199:11	19:14	11:22	147:22
material	Mcpherso	204:12,	48:16	36:11	148:24
s	n	17,19	78:22	56:13	149:12,
132:2	247:13,	206:21	95:21	71:12	17
145:15	14,21,	207:18,	103:4	99:16	153:7,
matter	24	21	176:16	136:13,	23
14:19	meaningf	208:10	192:11	14	154:9,
20:19	ul	209:4,	203:13	151:3	19,21
29:6	230:12	5,13,21	204:14	163:7	155:2,
31:5	means	217:9	210:6	197:13	14,24
44:12	20:22	225:2,	231:17	215:2	156:6
48:1	85:15	15,20,	245:10	230:4	157:4
184:20	86:4	23	meeting	234:24	166:10,
190:6	127:2	226:4	35:14	235:7	20,22
238:8	184:23	227:4	79:12,	247:5	167:16,
240:21	190:13	231:1	14,16,	Memphis	22
242:20	207:5	233:2,	17	189:11	168:6,
mattered	241:6	13	82:10	men	14,17
51:4	242:14	234:5,	104:17	13:21	172:10,
matters	meant	12	151:22	Meneses	21
18:1	120:21	245:7,	181:6	119:8	174:12
90:14	measure	21	196:9	mental	179:13
maximize	31:3	246:10,	202:13	17:9	180:4,5
216:8,	58:4,6,	20	220:5	19:13,	183:10
14	19	247:4	245:9	24 21:2	184:3
217:15	measures	medical	meetings	23:8	192:14,
227:20	56:8	19:13	80:3	31:12	17
Mayor	measurin	159:22	247:17	36:13,	198:19
244:19	g	204:12	meets	19	214:22
		221:6	89:21	55:21	239:2
					246:7
					248:5

mentally 222:16	mid-year 232:3	135:9	11, 24	11, 12,	monitori
mention 75:13	Middle 153:3	misbehav	203:9	15	ng 200:6
mentione	middle-	195:21	210:2	94:1, 6,	201:4
d	class	241:12	model's	7 97:24	monitors 204:5
24:7	49:3	misconce	26:10	98:3, 5	month 162:3
31:18	million	ptions	models	105:23	monthly 204:7
43:23	151:8,	30:8	13:24	106:3	months 55:16
66:10,	12	missing	34:14	107:11,	58:20
16	179:9	62:9	58:13	12	249:2, 3
93:1, 21	181:5,	141:23	169:6	108:6	morning 53:19
159:13	16	mission	206:17	110:13,	115:5, 7
213:13	213:4	17:8	mold	15	171:7,
229:7	233:14	64:6	96:8	114:1	20
230:21,	mind	misuse	mom	128:18	172:1
24	33:3	83:7	46:19	140:13	mother 148:4
mentor	137:1	mitigate	114:2	142:23	158:20
87:3	234:17	18:5	129:23	147:7, 9	mothers 33:4
89:4	minds	159:10	148:6	164:7	157:10
mentored	87:12	164:14	158:24	167:19,	motivate
88:18	mindset	mixed	241:24	20	s 44:3
mentorin	44:8	25:11	245:8,	185:12	mouths 135:3
g	mine	149:22	10, 19	186:18	move 15:21
165:13	25:20	mixture	246:1, 9	188:4, 6	45:19
207:3	51:21	169:18	moment	216:13	59:9
message	67:10	mobile	46:4	219:7	62:20
77:13	68:10,	34:6	57:1	223:20	72:7
messages	16	200:1	160:5	224:6	81:18
71:1, 4,	219:17	modality	227:24	233:8	85:3, 21
7 140:9	minimum	89:22	239:14,	236:15	
met	151:1	model	16	237:17,	
23:3	154:24	37:9	moments	18	
38:13	minute	77:22	12:12	242:13	
252:5	148:3	79:2	Mommy	243:12,	
metrics	minutes	100:11,	135:11,	16	
164:24	17:24	24	12	244:22	
165:5	mirror	150:4	money	252:19	
	69:11	169:7,	27:10,	monies	
		9, 10,	13	65:4	
			68:13	monitor	
			92:2,	204:7	

86:12	16	needles	neighbor	229:2	nonclini
103:1	narrow	13:11	hood's	networks	cal
175:21	206:18	115:11	96:11	57:24	228:13
193:13	207:12	117:6	neighbor	174:8	nonmedic
215:11	national	126:5	hoods	news	al
moved	26:10	132:4,	18:20	185:12	159:21,
162:7	nature	19	20:1	240:9	24
188:15	26:1, 22	negative	25:12	244:5	nonprofi
moving	39:19	19:3	47:16	nice	t
25:8	navigati	89:15	61:17	119:24	83:1
47:4	on	232:22	66:11,	night	109:16
182:3	162:19	neighbor	13	53:17	nonprofi
MTSS	navigato	hood	67:12	183:1	ts
151:21	r	13:14	68:10	223:22	54:17
multi-	169:13	25:7, 8	91:1	Nina	nonprogr
generati	Nayeli	41:20	189:22	53:7	ammatic
onal	112:14	49:6	190:1, 3	220:19	164:7
44:23	113:4	61:16	208:4	Noah	Nonviole
multi-	116:24	67:22	247:13	112:13	nce
tiered	necessar	84:23	s	113:5	87:17
150:5	ily	85:4	11:23	115:2	normalcy
151:21	28:10	87:24	33:15	119:3,	48:22
multi-	44:1	89:5	61:18	13	normaliz
year	60:12,	91:24	134:5	non-	ed
85:16	15	103:15	217:5	negotiab	14:1
90:11	245:24	107:24	234:7	le	North
multiple	necessit	111:22	net	15:18	25:5
32:4	y	118:2	234:6	non-	72:15,
78:16,	82:11	187:17	network	public	18, 19
19 95:8	204:12	188:11,	30:22	76:7	Northwes
97:5	needed	17, 18,	79:20	non-	t
102:3	102:24	19	201:22	reimburs	62:5
254:18	111:15	189:23	204:6	able	notably
Munoz	needing	190:7,	212:3	162:16	76:9
37:22	82:9	19	213:18	164:22	notice
N	needle	192:4	216:18	non-	154:9
names	81:18	195:24	226:6,	violence	noticeab
112:7,	157:19,	198:21	11	175:3	le
	21	248:2	228:22		
		249:5			
		250:20			

83:21	35:1	offices	opened	18:21	organiza
November	obligati	235:10	88:1	22:2	tion
217:22	ons	official	openly	88:20	17:7
nuanced	95:23	48:10	67:15	193:12	32:2
174:2	occurrin	180:1	141:5	207:4	35:17
175:7	g	official	operate	208:24	75:23
number	51:20	ly	235:6	opportun	77:7
31:12	of-the-	178:13	operates	ity	79:20
93:2	art	official	147:3	17:23	84:5
97:3	88:2	s	203:23	51:22	155:23
101:1,5	offer	191:6	210:1	61:11	225:10
176:8	81:15	older	operatin	64:11	organiza
182:8,9	87:19	81:10	g	86:15	tions
194:2,	146:10	120:11	144:4	89:14	19:23
23	186:15,	152:1	Operatio	131:2	23:6
213:8,	17	189:16	ns	193:20	31:20
10,11,	200:8	oldest	156:17	197:16	59:8
12	offered	179:20	opiate	198:12	85:12,
216:18	83:14	one-on-	206:1	207:14	17 86:6
233:5	152:6	one	15:5	211:12	99:1
236:3	offering	88:24	198:18	215:20	165:1
242:20	s	194:11	opinions	217:8	234:23
249:6,8	87:10	one-time	94:4	230:7	organize
numbers	offhand	145:17	opioid	oppositi	195:8
92:23	248:14	ongoing	12:16	onal	organize
194:22	office	156:5	14:11	30:13	d
195:19	15:24	onsite	23:9	order	107:9
nurse	16:3	34:11	117:4	58:1	174:9
156:19	101:3	open	119:17	64:15	Ortiz
nurture	142:12	38:18	121:12	78:20	112:13
70:12	148:5	124:6	141:14	82:15	113:5
nurturin	149:8	161:14	143:21	87:18	115:1,2
g	178:23	162:1	144:8,	96:2	OST
19:16	199:24	188:2	9,17,21	97:20	88:14
	203:11	190:11	145:5,	113:2	out-of-
o	Officer	222:24	18	138:23	school
objectiv	17:5	open-	157:6	172:2	83:12
es	156:17	drug	211:5	214:20	
30:19		13:10	opportun		
			ities		

out-of-school-time	59:7 64:15 93:6 76:22 205:20	196:21 197:2 225:1 245:6 251:3	parks 61:12 123:18 127:6 134:3	212:13 214:16 227:17	pass 45:13
outcome-based	224:17	panelists	part	partnering	passage
55:7	overwhelm	138:16	23:5	152:9	165:9
outcomes	189:8	215:21	24:4, 6	partners	passed
19:4	owed	panels	52:14	15:20	14:5
77:21	244:3	251:5, 8	55:3	57:24	47:1
142:22	P	panic	58:4, 8	60:2	117:7
152:12	p.m.	157:22	63:23	149:10	185:23
202:18	255:24	pantry	66:9	178:5	passionately
outlet	PA	191:19	70:13, 23	195:2	17:9
88:12	232:11	paragraphs	72:18	207:7	past
outlined	package	141:13	91:16	210:11	92:7
148:21	15:8	parent	141:1, 8	220:23	119:22
198:14	paid	48:12	170:5	231:3	177:3
outpatient	13:18	135:10	221:22	232:2, 20	243:9
200:23	181:9	parenting	229:2	partnership	252:5
outreach	231:22	40:7, 9	partial	28:3	pathway
157:18	pain	parents	200:3	148:23	89:15
162:18	47:17	15:12	participants	153:12	147:21
outweigh	paint	19:19	88:8, 18	203:4	patience
49:21	234:3	40:12	89:11	partnerships	138:20
overcome	panel	107:3	participated	19:21	195:13
50:11	11:2	127:2	203:7	39:14, 17	196:24
overdose	72:8	135:16	parties	87:8, 16	patient
s	74:1	137:19	205:24	160:18	57:6
12:17, 24	96:18, 22	151:22	partner	163:6	65:13
overseeing	99:22	175:1	32:15	165:10	162:2
ng	100:15	246:18	85:14	210:19	168:6, 8, 14, 16
178:22	112:8, 9, 10	park	86:3	229:9	patients
oversight	138:7	116:4	163:8	parts	162:1, 5, 24
t	140:10	146:16	192:21	62:5	164:11
			205:23	170:19	pattern
			211:13	230:19	29:8
					pay
					127:5

146:21	147:21	110:17,	185:22	period	36:24
148:2	152:10	24	191:14	56:4	37:10
181:8	184:16	113:21	218:21	105:12	52:19
185:7	people	114:3,9	223:2	178:24	62:3
186:2,	13:5	115:9	227:15	permanen	64:8,10
3,16	20:2	117:5,	230:3,	tly	72:18,
206:22	21:5	7,10,14	16	39:22	19 77:9
225:24	23:16	118:9,	233:2,	persiste	83:16
243:22	25:7	16	5,7,11,	nt	84:13
247:5	26:12,	119:20	16,20	193:11	86:12,
paycheck	14,17	120:13,	237:20	person	19,24
88:23	27:19	22	238:23	40:18	114:21
paying	36:2	121:20,	239:8,	55:9	118:13
48:17	42:11,	24	15,19	64:9	120:21
147:1	12,14	123:11	240:22	65:21	127:15
228:11,	43:3,7	124:21	241:19	66:17	138:12
12	46:1	126:1,	243:24	70:21	139:11
pays	52:10,	8,19	244:4	150:22	144:19
199:7	18	127:5,	246:23	167:5	148:20
peace	54:10	24	249:23	169:8	149:7
121:1	57:12,	128:3,	254:10	179:21	151:7
pediatri	13 58:7	8,9,11,	people's	184:1	179:6
c	61:18	19	126:2	228:9	180:10
161:24	64:16,	129:2,	Perez	person's	184:18
162:5	18	5,16,18	138:10	49:8	185:11
pediatri	67:9,16	130:9,	139:4,5	52:4	199:5
cians	68:4	11	156:15,	personal	202:2
158:8	69:1	132:18	16	20:4	203:5
peer	72:2	135:4	perfect	78:5	204:22
150:3	73:12	136:16	235:15,	154:17	209:1
169:13	78:22	137:1	16	Pew	210:5
peers	84:3	138:19	performa	184:14	212:8
56:12	87:6	140:15,	nce	Philadel	213:6
Penn	88:7	20	38:3	phia	230:9,
48:24	89:12,	141:5	56:7	16:2,23	10,11
Pennsylv	21	144:22	152:13	17:20	231:19
ania	90:3,5,	163:2	performi	25:6	233:12
141:18	16,23	164:10	ng	26:9	234:5,
142:16	91:7,20	168:23	63:5	27:7	13
	93:18	178:5	206:6	33:23	254:7
	106:7	180:15			
		182:14			

Philadel	piecemea	187:20	53:12	pointed	135:20
phia's	l	193:2	61:13	57:10	160:13
83:2	215:16	239:4	113:17	pointing	177:20
153:13	229:19	243:8	116:2,	44:21	207:4
199:11	pieces	249:17	5,15	223:24	possibil
Philadel	63:10	250:3	118:1	poisons	ities
phian	piggybac	255:3	123:17	126:21	38:19
73:17	k	placemen	124:8,	policies	possibly
Philadel	53:10	t	13,23	19:20	107:21
phians	pillars	228:10	127:4	20:22	post-
217:4	87:8	248:11	130:19	21:10	covid
Philly	pilot	places	131:21	111:18	178:20
72:16	34:24	116:15	134:3,5	146:19	post-
190:23	143:24	123:14,	234:1	policy	secondar
216:4	145:7	17,20,	243:22	22:6	y
228:1,	216:5	23	playgrou	234:11	88:19
12	228:3	124:1,	nd	politica	post-
PHLPREK	piloting	7,8	13:1	l	surveys
101:21	147:17	127:12	124:3,	216:24	108:24
phone	pisses	128:22	16	populati	pot
148:5	236:20	158:14	playing	on	219:6
242:20	241:19	175:20	88:14	76:10	223:19
physical	Pizarro	placing	124:17	174:3	potentia
19:23	119:4,	39:22	157:16	199:11	l
61:4	12,13	plain	243:20	portion	17:16
155:14	place	237:2	Playmake	104:9	83:2
157:3	20:18	plan	88:16	223:19	234:10
pick	40:3	144:22	plethora	position	pour
224:14	87:9	174:12	121:18	151:2	94:7
pickups	90:4	244:14	poignant	169:21	163:19
127:7	93:16	247:15	157:13	position	223:12
picture	95:15	planning	point	s	pouring
234:4	99:10	200:10	55:22	169:15,	69:16
piece	124:12,	plans	111:14	16,20	70:2
26:7	15	76:5	163:1	252:3	142:23
82:12	127:10	platform	164:5	positive	powerful
223:15	132:19	87:23	228:22	71:4	26:2
253:1	146:20	play	234:20	106:15,	40:24
	175:19		252:24	17	

practice	92:7	83:10	151:19	problem	15
124:13	105:11	104:15	246:5	43:15	173:3
practiti	136:7	105:8	principa	44:20	176:5,
oners	150:23	144:11	ls	61:23	19
154:12	presenta	174:5	136:5	65:9	processe
pre-	tion	175:4	176:20	69:17	s
108:23	194:4	194:14	192:12	70:14	108:21
predator	presente	203:11	prioriti	83:8	produce
s	d	206:22	es	122:16	62:18
43:19	77:16	207:15,	15:18	128:23	professi
44:16	presiden	24	prioriti	142:7	onal
predator	t	208:13,	ze	145:8	184:3
y	12:1	17	174:14	221:20	professi
42:13	74:4	209:15	prioriti	232:24	onals
predicat	pretty	210:12	zed	238:5,	23:23
ed	47:12	211:1,8	192:2	10,12	154:22
225:19	165:23	217:10	priority	problema	tic
pregnanc	222:13	preventi	217:2	208:4	program
y	232:8,	on-	private	problems	32:23
160:16	19	focused	39:15	13:4	33:21
Prek	prevent	207:6	40:6	21:8	34:24
101:21	120:18	preventi	202:3	30:3	68:14
prepared	221:14	ve	privileg	41:16	80:21
215:1	preventa	31:11	e	60:19	83:12,
preschoo	tive	141:21	87:2	93:22	23,24
l	90:1	prevents	proactiv	177:10	85:20,
19:17	146:11	30:20	e	181:24	23 86:9
prescrib	preventi	previous	30:5	193:11	88:15,
ed	ng	38:22	31:21,	253:5	16
76:3	147:22	priceles	24	problems	91:22
prescrib	202:10	16:21	35:13,	olving	98:16
ing	preventi	primaril	21 90:1	204:2	102:10
201:3	on	y	141:10	proceed	104:11,
presence	76:21	40:6	145:19,	246:19	13
89:6	78:11	146:4	21	process	105:3,5
present	81:1,4,	principa	proactiv	36:20	109:4
75:17	21	l	ely	37:1	144:11
85:10	82:14,	136:6	32:11	102:23	146:15
	23			152:8,	148:21
					149:4,5
					167:3,

4, 5, 9	82:6	Properly	proud	97:10	158:9
168:22	83:10	90:8	33:19	108:24	168:9,
169:4	85:7	propose	84:2	155:21	15
173:5,	91:23	199:1	114:20	194:7	179:15,
22	92:17	protect	121:9	255:18	16
175:4	93:11,	42:20	140:1	provider	194:1
178:13,	12, 15	70:11	provide	28:18	201:23
18	98:11,	73:7	26:12,	31:2	202:21,
193:23	19	115:14	14 34:5	37:20	24
194:6,	106:1	209:4	39:24	38:10	203:14,
17	118:9	227:4	54:6	41:1	16
207:12	130:14	protecti	66:23	55:11,	204:3
225:3,	150:15,	ng	67:19	20	205:18
12	21, 24	204:19	69:19	78:16	206:12
226:21	151:8,	210:3	80:9	104:5,	213:13,
228:2	10	protecti	86:2	11	14, 18,
233:7	152:23	on	92:22	108:18	20
246:17	163:14	199:2	99:1	109:4	216:16,
Program-	167:21	protecti	101:6,	155:13	18
206:16	168:2	ve	18	200:16	221:4, 7
Programm	194:14	18:4, 22	105:17	202:24	224:9,
atically	201:8	19:4, 11	110:12	204:6	15, 16
87:9	205:21	20:5,	154:13,	212:3	225:21
programm	208:9	17, 21	14	246:20	226:8,
ing	216:5	21:7	162:17	provider	12
76:23	228:21	25:16	163:10	s	231:20
87:8	247:17	49:17,	165:12	19:24	234:24
90:2	248:1,	21	172:14	20:1	236:5
160:15	5, 8	50:2, 8,	173:13	27:18	242:16
162:20	progress	17	175:8	37:14	253:6
163:15	31:4	53:11,	176:14	38:1	254:16,
248:7	65:19,	20 54:5	192:8	54:18	18
programs	20	66:2	198:13	56:23	providin
15:11	179:23	77:22,	207:10	65:5	g
19:18	206:10,	23 78:9	224:13,	86:4	16:5
30:17	14	81:24	17	94:21	26:11
39:18,	promise	86:1	236:2	96:5	38:10
19	195:14	140:14,	248:12	108:22	65:5
40:8, 9	promotin	17	249:23	109:2	68:13
67:18	g	provided	61:2	135:18	76:1, 13
	83:1			153:16	77:11

85:16	91:1	189:11	43:1	12	ratings
94:16,	165:7	228:20	45:9	108:18	56:9
22	202:2	239:4	55:4	quiz	rats
174:18	208:15	249:17	60:12	104:2	127:1
212:19	209:18	puts	65:3		ravaging
249:7,9	251:5,	126:5	95:10	R	157:6
psychiat	10,11,	putting	141:9	raining	reach
ric	18	143:3,8	143:7	240:2	17:15
45:4	255:10	puzzle	179:1	raise	33:21
200:3	publicly	223:16	215:6	147:7,8	64:12
201:3	23:18	PYB	235:20	186:3	84:3
202:11	140:11	160:19	236:13	raised	105:13
psychiat	pull		245:6	24:3	235:9
rist	98:24	Q	247:12	75:15	reached
65:11	99:3,13	qualifie	question	113:13	231:4
psychiat	purpose	d	ing	121:16	reaching
rists	90:4	157:2	48:20	raises	39:20
184:14	133:17,	qualify	question	178:24	84:9
psychiat	18	204:15	s	ran	226:24
ry	222:8	quality	71:11	107:19	react
184:21	purse	20:24	99:15	range	46:24
psychoed	244:23	21:21	100:19	207:24	reacting
ucationa	pursuing	75:9	146:24	ranges	46:14,
l	75:9	83:24	167:13	253:18	17
76:2	purview	85:21	176:11	rate	reaction
psycholo	147:16	133:21	178:10	56:15	s
gical	push	134:9	179:3,	84:18	46:2
45:5	96:9	quarter	16	218:10,	reactive
psycholo	pushing	140:3	17,19	11	18:12
gist	242:8	quarterl	181:1	231:20	26:1
65:11	put	y	211:21	232:3	27:4
psychosi	15:2	152:19	212:14	rated	30:2
s	54:9	question	230:23	83:24	31:19
147:22	68:22	14:20,	238:22	rates	reactive
PTSD	71:5	21	Quetcy	227:6	ly
73:10	108:6	24:10	131:9	231:16,	21:8
public	139:2	32:21	quickly	23	reactive
16:3	145:16	36:10	38:21	232:12,	ness
63:7,14	146:20	38:23	100:9,	24	26:7

read 112:7	127:4	99:17	158:2	referrin g 180:6	regulati on 145:13
readines s 150:11	reasons 47:23	103:8	recreati on 165:13	reflect 156:4	154:1
ready 46:15	rec 39:18	110:4	recruitm ent 210:15	reflects 89:10	regulati ons 144:17
171:16	receive 34:18	136:18	rectify 232:14,	reframin g 18:13	reimburs able 225:20
205:22	68:13	137:11	15	refreshi ng 136:23	reimburs ed 142:5
222:23	209:22	183:5	red 90:19	refuges 128:7,	reimburs ement 163:11
223:11	223:11	recogniz ing 196:9	redeterm ination 233:22	10	164:20
real 26:5	245:12	recommen d 107:4	reduce 19:3	regard 41:13	reinforc ed 29:2
28:24	246:10	recommen dations 199:1	red 249:16	region 17:21	143:13
68:9	received 202:6	209:3	reducing 83:3	regional 173:11	reintegr ation 201:11
71:23	231:16	220:10	refer 91:15	regional ized 37:13	rejected 180:7
100:11,	receives 80:4	record 11:14	163:8	203:8	related 76:3
12	receivin g 32:18	74:13	176:5,	regions 37:14	relates 47:18
180:3	37:3	112:24	14, 16	register ed 156:19	168:17
244:4,	recent 39:10	121:4	referral 173:4,	regular 63:14	214:22,
14	84:11	125:14	5, 10	73:9	23
reality 30:14	recently 157:14	129:12	246:6,	172:8	relation ship 28:16,
89:10	recogniz e 43:16	130:2	16, 19	242:9	20
95:17	66:24	132:12	referral s 151:23	248:7	192:21
135:5	72:8	138:21	152:2		225:7
171:1	205:7	148:15	176:21		
realize 40:17	recogniz ed 76:9	197:10	177:6		
88:11	recogniz es 41:6	251:17	referred 151:18,		
realizin g 91:2	53:6	recorded 84:18	20		
realtime 210:8		records 57:2			
reason 23:18		recover 47:21			
48:8		118:10			
59:1		recovery 15:11			

relation	141:2	233:21	resilien	172:13,	135:23
ship-	reminded	requirem	t	22, 23	177:12
building	120:2	ents	20:15	173:9,	respondi
89:20	remotely	176:17	21:16	12, 24	ng
relation	155:16	206:19	210:23	175:10,	21:8
ships	remove	233:24	242:5	18, 21,	206:9
28:23	78:1	245:9,	resoluti	23	response
56:10,	removed	11	on	194:20	15:2
12	46:8	requires	104:21	195:1,	71:13
90:15	228:5	45:3	198:14	4, 7	154:11
203:15	removing	169:7	255:10	198:23	199:24
relentle	52:1	204:13	resolved	199:4	231:5
ssly	repair	209:13	137:8	207:3	responsi
75:9	164:9	requirin	resonate	210:12	bilities
relevant	repeatin	g	165:22,	216:9,	42:1
145:15	g	206:12	23	15	responsi
rely	237:13,	research	resource	217:15	bility
82:8, 9	14	18:16	22:13	227:3	52:8
237:23	reported	89:18	75:18	249:14	183:3
238:1	83:20	152:10	resource	253:17	198:8
relying	84:21	resident	d	resourci	205:10
230:6	represen	75:14	207:15	ng	responsi
remain	t	140:1	resource	respect	ble
154:4	73:16	resident	s	93:10	37:15
211:12	121:9	ial	23:16	103:16	responsi
remainin	represen	200:24	32:18	108:1	ve
g	ted	201:6	66:23	118:8	12:9
150:17	32:5	resilien	67:17	190:24	156:11
remarks	request	ce	68:19	respond	rest
255:12	151:23	16:13	80:8	23:8	39:2
remember	requesti	18:8,	89:8	24:1	restrict
47:10	ng	15, 23	91:6	32:12	ions
72:20,	105:14	202:16	110:12,	68:12	142:17
22, 23	require	210:23	24	154:18	result
118:18	76:19	resilien	111:2	170:15,	83:22
120:2	required	cy	118:10	17	151:20
195:19	150:21	47:22	141:22	172:4	234:11
remind	230:11	160:2	143:3,	responde	results
12:23			9, 10	d	58:21
			147:15		

84:12	17	roll	running	118:8,	208:15
107:12	245:1	53:15	92:18	21	210:11
109:2	ride	228:16	167:14	119:24	234:6
144:13	48:2	roller	191:6	124:12,	sale
147:13	rights	183:9		20, 22	140:22
243:3, 4	13:15,	rolls	S	125:24	143:18
250:19	16	233:3,	sad	128:5	sanitati
retentio	15:17	13, 17	115:19	129:15	on
n	235:1	roof	117:10	130:15	165:8
210:16	rigid	63:16	119:20	164:12	Santiago
rethink	206:19	room	122:2	165:9	125:8
236:14	riots	40:18	123:12,	198:6	130:6
retreat	14:9	63:16	14	207:2, 9	SAP
235:17	risk	94:4	126:10	208:7,	76:14
return	77:21	138:17	128:1	22	101:11
16:20	78:2	179:21	129:21,	Safe-	102:7,
226:19	84:12	root	23	74:7	8, 9
revenue	102:12	69:21	130:11	Safe-hub	104:4,
233:4	200:4	root -	safe	86:19	11
review	road	83:5	13:2	87:7	105:5
152:18	37:21	Rosa	14:18	88:4	172:19
232:3	226:18	125:8	15:9	89:6	173:2,
reviewed	Roberto	130:4	19:15,	safely	3, 10, 17
152:3	153:3	131:13	17	86:7	sat
reviewin	Roblox	roundtab	20:11	118:1	221:3
g	131:21	le	21:4, 21	safer	254:10
152:15	Rodrigue	234:15	31:13,	116:14	satisfie
reviews	z	rowing	14	safest	d
206:7	119:9	220:24	32:22	187:21	38:4
revolvin	125:6	rule	33:12	safety	save
g	127:18,	253:23	34:16	14:15	62:12
177:3	22	rules	61:12	15:3, 16	240:22,
rewarded	role	44:5	62:19	31:10	24
29:2	13:23	206:20	80:6	84:8	241:1
rid	53:12	207:12	84:16	122:3	saving
108:11	roles	254:1	87:5	123:1	139:21
128:12	149:21,	run	90:22	125:19,	SCA
242:15,	22, 24	120:4	91:5	23	108:19
	150:23	254:19	93:15	161:13	109:1,
			115:24	191:3	
			117:21		

13	8, 15	14	23	17:14	152:22
scale	52:3	150:1,	191:19	18:20	153:17
49:13,	54:24	6, 10,	194:15	19:2	154:23
14, 16	56:7	11, 18	202:1,	20:24	155:1,
50:3	68:4	151:4,	13	21:22,	4, 6, 10
178:20	76:16	6, 9, 15,	203:1,	23	166:18,
185:7	79:4, 8,	18, 24	2, 5, 7,	28:19	21
186:2, 3	12, 15	152:4,	10, 13,	32:4, 16	167:17
216:8	80:7, 9	19, 24	20	36:14,	169:9,
227:21	83:14	153:1,	204:3	18	17
scales	84:14,	2, 3, 4,	205:23	37:16	170:9,
56:14	15, 16,	22	206:5,	56:8	10
scared	17 85:1	154:5,	14	60:23,	171:2
106:2	86:8	6, 24	215:18	24	174:9
115:16,	88:7, 14	155:3,	217:10	63:6, 7,	175:11,
18	89:3, 8	5, 6, 16,	221:5	13, 14	23
116:16	94:18	19, 22	222:22	66:13	178:3
124:23	104:8	156:10	223:10,	69:7	180:5
129:17	105:4	166:11,	14	76:1, 7,	183:11
Scarlet	111:20	12, 23	227:18	8, 12	188:2
119:8	113:12	167:8	246:5	77:2, 4,	190:21
scars	114:4	168:20	249:21	10	193:3,
14:12	115:3,	171:9	school's	78:15,	6, 9, 10,
schedule	7, 22	172:8,	169:23	24 79:5	14
d	117:2,	12, 19,	school-	81:14	194:4
247:18	3, 22, 23	24	37:10	83:20	200:15
scholars	118:6	173:1,	149:22	94:17	201:24
hips	119:15,	7, 19, 23	151:7	95:14	202:2,
210:18	23	174:2,	155:12	101:1	3, 4, 22
school	120:4	10, 23	school-	103:19,	203:14,
15:8	121:9	175:4, 7	based	22	19
20:13	122:5,	176:9	101:19	104:9	205:13,
28:14	21	177:14,	150:24	105:7,	18, 19
34:10,	130:13	21	201:18	9, 13, 18	218:7
13, 17,	138:12	179:4,	203:24	107:5	249:8,
20, 22	139:11	6, 7, 11	school-	125:18,	12
35:8	141:24	180:22	funded	22	schools'
36:23	143:6	182:11	169:19	134:21	76:5
38:2, 4,	144:11	183:10,	schools	145:10	schoolwi
	147:10	13, 18	13:13	149:20	de
	148:19	185:11		150:9,	194:9,
	149:6,	187:19,		16, 17	

16	self-	36:22	24:21	20	24
science	refer	79:21	26:11	99:2, 4	201:7,
49:12	152:2	102:5	27:20	101:17,	16, 18,
77:16	sell	139:9	29:9	20	20
scope	129:16	146:5	30:22	104:14,	202:6,
204:10	240:18	158:21,	33:3, 9	15	11
208:10	selling	23	34:2, 18	105:14	204:11,
scream	126:7	161:11	37:4,	141:17,	16, 24
223:20,	send	227:16	11, 12	21	205:5
22	71:1	served	38:5	142:1	206:7
screamin	128:7	17:6	39:24	143:8	207:22
g	163:2	82:11	54:8	146:2,	208:15
63:12	185:8	95:7	56:1	11, 21	209:10,
183:21	213:10	156:22	58:8, 22	149:11,	16
screen	sending	202:23	59:6	18	212:20
159:15	163:4	serves	60:8	150:15	213:5
secret	senior	24:8	61:1, 2,	151:16	214:2,
184:13	89:4	77:7	5, 6, 7	152:6,	23
sector	seniors	service	62:17	12	224:12
59:13,	34:7	29:6	64:4	153:11	225:20
19	sense	54:17	65:6	154:14,	226:9
109:16	46:3	66:6	67:19	22	227:20
208:14	50:10	79:2	68:15	155:20,	228:13
secure	89:1	80:2	69:20	24	235:3,
16:23	95:6	96:10	72:1	162:17,	4, 6
209:12	215:7, 8	100:14	75:12,	18, 19	245:13,
seeking	230:2	103:3,	19	163:16	14, 19
88:12	separate	18	76:4,	164:20,	246:7,
sees	80:22	104:24	16, 21	22	10
148:3	separati	168:7	77:12	167:10	247:5
seize	on	173:21	78:16,	168:18	248:11
64:10	57:17	203:17	20	171:3	249:7,
self-	Septembe	253:6	79:13	173:13	9, 24
145:12	r	serviced	81:6, 13	176:7	251:24
self-	217:23	services	83:14	179:14	252:6
medicati	serve	11:8	87:20	194:19	253:18,
ng	17:9	12:3	92:23	197:22	19
48:13	24:13	16:1, 6	94:22	199:10,	serving
	25:3	21:3	95:5, 8,	15, 20,	12:7
			15	23	57:8
			97:9, 21	200:10,	94:8
			98:13,	13, 17,	

194:23	sharing	shovelin	sidewalk	single	situatio
set	71:16	g	115:10	13:8	ns
27:18	133:12,	129:22	sidewalk	51:5	51:11
232:13	15	show	s	101:6	six-
setting	134:18	187:12	117:6	221:17	month
54:24	sharps	223:21	134:4	242:15	185:20
149:15	165:8	234:8	signific	sirens	sixth
settleme	sheep	showed	ant	12:23	25:2
nt	42:3,	51:3	47:12	sister	skill
15:5	17,22	97:11	90:21	115:8,	154:2
141:14	shelter	showing	156:2	12	skills
143:21	240:2	56:15	209:6	159:2	88:23
144:8,	shepherd	139:22	232:5,8	189:17	89:13
9,18,21	42:21,	shown	signs	sisters	104:19
145:5,	24	77:22	154:9	189:19	145:13
18	shepherd	shows	silence	242:3	200:20
seventh	s	18:18	14:18	sit	202:17
25:3	42:17	100:11	silos	64:17	skin
severe	Sheppard	shrink	109:21	79:6	126:6
40:19	104:4	226:6	silos	223:11	skip
sex	shit	sick	27:9	sites	141:8
159:4	236:23	114:10	95:18	29:21	sleep
shame	243:23	141:19	100:14	83:15	12:23
73:13	shop	142:10,	244:16,	86:9	183:1
shaping	113:15	21	20	162:4	sleeping
160:3	216:21	143:1	252:20	163:18,	115:10
share	shopping	sickness	255:2	21	slime
96:20	72:22	127:1	similar	200:16	131:18
134:13	short	side	42:19	sitting	small
137:2	56:4	20:5	simple	53:21	41:18
179:9	188:14	49:14,	35:12	240:5	63:19
193:21	short-	16	237:2	situatio	154:15
215:9	term	50:3,8	simply	n	175:2
231:8	84:6	53:17	88:9	46:6,7	228:14
243:15	90:13	101:9	122:4,	99:6	232:4
shared	shot	111:16	20	111:3	smaller
169:5	84:22	sides	sin	137:23	101:7
172:9	116:10	50:15	73:13	190:18	170:18

smallest	212:12	sounds	55:11	216:22	212:19
46:16	219:10,	99:23	86:16	236:4	213:4
smart	19	source	92:5	247:12	spoke
187:15	sold	80:23	108:18	specific	60:10
191:22	128:22	sources	137:1	ally	140:15
smartest	solidari	78:21	141:13	22:22,	sport
22:7	ty	95:19,	171:1	24	86:21
smooth	73:4	20	198:2	24:12	89:19
203:19	solution	173:23	SPEAKER	37:23	sports
sneakers	s	175:22	222:9	76:6	50:22
240:2	45:12	South	speaking	78:24	115:23
sobriety	71:23	86:22,	37:19	79:2	124:11,
48:23	86:6	23	94:19	85:5	14, 18
soccer	155:22	space	225:18	164:8	130:19
87:13	solve	32:7	special	171:2	spot
88:2,	43:15	38:17	11:22	202:20	224:24
10, 15	solving	52:20	75:6	213:1,	Squilla
89:12	44:20	87:22	97:1	22	110:5, 6
131:3	somebody	132:2	180:11	214:3	136:19,
160:19	's	176:13	198:15	230:8	20
social	42:8	spaces	211:10	231:19	Squilla'
26:11	108:8	21:5	217:19	specific	s
49:1	147:9,	29:12	255:15,	s	140:5
71:5	10	39:17	23	100:10	stab
87:15,	244:2	87:5	speciali	spectrum	43:13
18 91:3	someone'	90:22	st	157:5	stabbed
101:13	s	91:1, 6	104:16	199:8	84:22
159:16	117:13	131:11	speciali	spend	stabilit
162:19	sons	207:2, 9	sts	106:3	y
163:12,	44:17	208:8	36:13,	194:16	13:23
16	sort	span	19	195:5	stabiliz
166:23	45:16	75:20	184:21	242:13	ation
200:20	55:6	spanish	specific	243:13	154:3
226:1	64:17	126:14	37:24	spending	201:5,
social-	229:11,	127:18	57:6, 7	59:12	10
80:24	19	133:13	64:22	140:12	stabiliz
Solanke	sound	speak	79:18	179:8	e
197:4,	232:12	12:15	178:2	spent	170:14
18, 20		18:3	182:7	39:4	218:3, 4
		37:6	206:17	97:4	

228:10	218:1	8, 11	5, 16,	140:22	153:8
stable	219:4	180:12	21, 22,	218:19	192:18
19:15	220:11	184:16	23	238:7	stream
20:23	229:24	197:9	150:10,	239:7	207:22
staff	started	209:6,	14, 20,	242:12	streams
17:18	32:21	19	22	stopped	96:7
39:22	33:11,	225:15	151:7,	41:11	209:18
75:24	13, 14,	227:7,	10, 15	47:20	street
155:9	15 34:9	10	152:3,	131:4	53:16
169:12,	197:23	231:3,	11, 22	store	111:3
18	228:3,	17	153:5, 9	189:11	114:14
172:7	14	232:2,	167:3,	stores	116:1, 5
192:14	starting	22	21	113:15	120:14
230:10	104:1	234:2	168:22	stories	123:11
231:22	193:16	state-	169:4,	12:20	128:1, 4
staffing	starts	88:1	22	50:20	129:3
204:7	51:2	stated	172:6	storm	130:10
stakehol	102:7	178:12	173:21	235:15	143:11
ders	141:12	states	174:15	storms	187:10
211:15	190:20,	146:19	178:13	235:16	189:12
stand	21	stats	190:3	story	238:24
73:4	state	84:5, 24	193:22	51:2	239:18
133:6	11:13	stave	194:1, 6	89:9	streets
205:22	27:13	160:23	196:13	184:10	113:22
stands	59:23	stay	216:1	strategi	116:14
148:22	74:12	55:13,	steps	c	118:9
start	95:22	15	51:1	16:9	121:21
25:2	112:23	80:19	152:5	26:22	126:18
34:23	121:3	118:11	Stetson	64:3, 15	127:6
47:3	125:13	240:7	104:5	174:12	128:20
69:1	129:11	steady	stint	strategi	129:6
113:9	130:1	89:5	188:14	es	130:12
169:3	132:11	steal	stood	26:21	222:7,
178:15	138:20	240:18	12:7	77:18	15
182:13	140:12	stemming	stop	82:14	223:3
185:5	144:21	198:17	43:21	100:23	238:9
189:10	146:3,	step	110:20,	strategy	241:18
198:11	18	148:21	21	78:2	strength
214:13	147:20	149:4,	134:10,	149:12	en
217:18	148:14		11, 12		18:7
	179:5,				

22:4	struggli	17,19	submit	suffered	39:15
160:13	ng	152:1	176:4	119:17	40:21
199:2	104:23	153:19	233:21	sufferin	50:5
200:19	117:15	154:3,	submitte	g	68:14
207:8	201:1	16,20	d	129:2	73:6,15
strength	stuck	155:15,	176:21	145:11	75:5
ening	157:19,	20	subseque	158:4,	80:2
21:11	21	156:2,7	nt	6,22	81:16
210:3	student	172:24	254:16	sufficie	82:16,
strength	81:10,	174:19	substanc	nt	24
s	12	175:2,5	e	216:17	85:19
12:13	82:24	177:7	23:10	suggesti	87:21
stress	83:11,	178:15	57:15	on	90:18
46:7	21	182:9	83:7	220:12	91:4
strides	104:10,	192:8	159:4	summer	101:18,
65:12	13	193:8	199:9	76:23	22
strings	105:2	194:12	200:22	summit	102:19
244:23	113:12	195:9	218:15	220:5	118:8
strong	119:14	Study	222:6	sunsetti	148:22
19:20	121:8	184:14	subtract	ng	149:18
21:18,	139:10	stuff	ion	226:20	150:6
20	152:12	49:19,	62:9	superint	151:22
28:15,	173:4,6	24	succeed	endent	154:1
20 50:2	182:11	50:7,12	22:2	139:10	159:18
95:15	students	69:24	185:5	193:18,	160:9
118:12	84:4,9,	181:13	successf	19	163:13
210:24	14,20	191:15	ul	superint	167:16
strongly	85:1,2	223:6	26:18	endents	172:24
192:6	86:2	236:19	33:17	192:5	174:18,
231:15	92:24	243:21	51:23	suppleme	19
structur	104:17,	248:9	69:9	nt	193:13
e	23	stumblin	154:4	209:20	194:2,
27:17	121:14	g	192:10,	suppleme	7,9
158:12	131:7	254:20	19	ntal	199:2
241:17	133:4,	Stylize	Suddenly	support	201:5,
struggle	5,7	15:13	51:1	20:23	9,14
s	136:2,	subjecte	suffer	26:14	207:1,
12:13	14	d	44:14,		19
	149:1,	53:2	19		208:8
	14,18				210:14
	151:14,				211:2
					245:2

250:11, 18 254:9 supported 20:12 32:24 76:4 80:18 201:24 supporting 165:10 174:21, 23 supports 44:8 76:17 79:11 81:19 95:7 148:24 153:10 156:8 172:11 174:13 199:4 205:21 207:11 209:11, 22 supposed 106:14 108:4, 5, 9 surround 161:16 surrounded 13:9	surroundings 18:19 survey 84:13, 19, 21 surveys 109:3, 7 153:21 survival 159:4 survive 44:11 sustain 90:10 sustainability 161:5 sustained 56:5 87:15 91:2 sustaining 226:11 swallow 64:17 sway 254:5 swings 124:16 switched 234:20 symptoms 58:5 60:18	system 26:4 27:22 28:8, 14 31:1, 3 40:21 54:21 60:18 63:20, 23 146:23 147:1, 3, 6 151:21 152:16, 18 181:8, 14 205:9 229:20 systems 24:5, 23 25:24 26:16 27:8, 15 28:8, 21 30:2 150:6 193:5 208:19 210:24 217:6 220:4 234:9 T T.V. 71:5 table 11:10	74:16 112:18 119:11 125:11 138:14 143:3 197:7 251:20 tailor 207:19 tailored 199:16 takeaway s 215:12 takes 45:6 83:5 90:9 137:20 181:11 188:4 220:18 236:24 taking 30:5 75:2 136:4 191:2 talk 17:24 20:6 33:13, 14, 15 37:8 67:3 77:19 91:19, 22 93:15	106:20 121:10 150:12 151:13 166:17, 19 171:10 183:24 187:13 189:14 191:16, 21 192:13 193:7 197:16 218:5, 6, 8, 9, 10, 12, 13, 14 227:19 235:7 237:1, 2, 4 250:22 talked 36:12 47:23 93:14 102:8 120:9 141:20 142:2 146:12 166:9 167:2 172:17 191:19 214:19 223:5 252:14	talking 18:11 25:17 48:7 68:18 79:1 107:3 109:15, 16 131:13 157:15 215:14 218:19 223:4 229:18 236:22 242:19 252:21 254:21 tanks 53:15 tape 90:19 Tapia 119:4 121:6, 7 122:12 target 159:14 targeted 15:14 task 254:3 tasks 35:11 taxes 27:12 teacher 109:6
---	--	---	--	---	--

145:9	170:2	242:23	211:12	therapeu	61:7, 9,
148:5	172:6	tend	251:9,	tic	16, 20
191:16,	173:7,	27:8	15	153:18	67:4, 7
17	11	46:1	testifyi	162:23	95:2
teachers	174:6	tenure	ng	165:14	104:21
40:2	193:17	204:6	197:3	therapy	105:24
83:19,	194:10	term	251:16	34:6	106:19,
24	203:24	56:2	testimon	88:21	24
137:19	204:5, 7	terminat	y	146:14	109:8
151:18	206:6	ion	11:15	200:15,	114:2,
175:1	228:7, 8	235:2	22:10	18	7, 11, 19
176:20	teams	terms	71:17	thing	116:7
182:12	79:7	26:3	74:14	37:24	118:2,
185:8,	150:22	27:5	91:17	38:21	16
16	153:22	57:1	93:1	40:4	120:14,
186:7,	174:11,	101:16	96:21	46:11,	17
10, 14,	15	163:19	110:3	16	121:18,
22	200:1	212:10	112:3	50:23	23
188:24	203:20	217:14	113:1, 9	184:12	122:1, 8
190:23	technica	231:13	121:5	189:24	130:20
194:13	lly	terrible	125:3,	196:7	132:18
218:13	38:14	45:23	15	232:9	133:24
223:12	teen	terror	129:13	239:22	135:15
teaches	158:24	49:5	130:3	240:12	140:14,
118:6	teenager	test	132:13	241:7	20
teaching	158:24	229:11	138:22	244:8	141:15
104:18	teeth	testifie	139:16	things	143:24
185:24	254:4	d	141:1,	26:2, 23	145:7
team	tele	137:15	9, 12	27:21	147:11,
75:24	192:17	testify	148:11,	35:13	17
79:16	teleheal	11:3	16, 17,	38:23	159:19
84:2	th	74:2	19	39:11,	163:11
87:5	155:13	112:8,	166:3	19	164:23
148:22	192:17	22	172:15	40:23,	175:16
149:23	telemedi	119:2	193:22	24	184:2
151:3,	cine	133:5	196:17	45:23,	188:7
24	155:17	138:7,	197:11	24	189:9
152:3	telling	17	198:13,	47:3, 18	222:24
164:19	184:8, 9	196:21	22	52:2	223:1
166:6			255:8,	54:8	224:1,
169:8			19	56:14	23
					226:1,

14	throw	91:8	78:18	133:11,	140:17
227:21	105:23	97:13	80:17	13	177:14
229:9,	throwing	105:12	102:15	135:12,	234:17
13,17,	92:10,	112:12	127:6,8	13	topic
22	11,12	113:14,	176:8	136:2	22:13
231:21	126:20	17,23	245:17	138:2,	63:15
235:18	225:3	117:17,	tinker	19	75:4
240:1	237:17	21	229:1	139:16	121:11,
243:3	tier	119:16	tiny	141:2	12
thinking	77:2	120:7	221:22	195:13	topics
47:13	146:12,	122:11	tired	197:17	81:2
115:22	13	130:21	243:21	201:21	total
145:19	150:7,8	132:8	title	205:3	213:20
158:1	154:13	134:22	120:19	212:4,	totally
171:18	155:24	136:4	titles	10,18	179:17
172:21	174:20	144:20	169:15	214:18	touch
185:6	179:13,	147:17,	today	218:24	55:2
189:10	15	20	11:13	229:24	102:20
192:24	193:9	161:1,4	12:14	248:20	146:14
217:13	tiered	162:8,	17:24	251:1	tough
239:15	105:1	10,13	18:11	255:16	136:24
thinks	193:5	168:24	22:5,9,	told	144:20
18:14	tiering	175:14	17 27:3	191:20	tour
173:11	193:8	181:23	32:5	244:18	192:4,
thought	till	189:7	37:19	254:13	12
48:21	142:20	194:15	53:22	tomorrow	track
240:3	time	195:6	59:21	22:4	48:11,
threat	16:7,8	211:3	63:12	135:21	16
209:6	22:9	222:17	71:16	tons	tragic
226:5	25:9,10	227:12	72:10	147:4	121:23
thresholds	40:5	235:16	73:23	Tony	122:12
204:15	47:19	243:18	74:2	11:4	tragical
thrive	51:5	244:7,	75:3,17	17:3	ly
19:2	58:22	9,10	77:6	24:7	81:10
21:14	62:11	250:23	87:4	30:1	train
85:15	63:18	time-	89:3	66:15	145:9
87:7	75:3	limited	91:13	142:23	185:19
230:7	86:10	143:22	110:3	top	trained
	88:11	times	116:20	28:9	88:16
	90:9,21	20:8	121:10	104:4	
		23:4			

154:8, 18 training 145:13 146:13 174:24 175:1 186:17 194:13 trajecto ry 211:16 transfer red 36:8 transfer s 206:15 transfor m 123:22 transiti on 251:9 transiti ons 203:20 translat ion 126:14 127:19 133:13 transpar ency 109:12 transpar ent 196:8	transpor tation 15:10 84:8 201:16 trash 123:24 126:20 127:1, 7 132:17, 20 trauma 13:6, 24 14:4 16:12 19:7 23:22 30:8 32:13 36:3 43:18 44:24 45:1 46:23 49:15, 22 51:14, 20 53:2, 14 73:11 90:8 102:18 103:14 110:18 111:4, 11 140:23 145:11 147:24 154:11 159:15	171:8, 15, 19, 24 184:22 198:17 202:15 208:5, 20 211:4 221:16 222:19 237:12 241:14 250:2 trauma- informed 12:10 15:15 17:18 34:12 40:10 88:17 150:5 199:16 traumati c 52:9 traumati zes 242:7 traveled 72:19 travels 42:1 treating 45:1 60:17 treatmen t 11:6	17:6 60:17 76:15 200:10, 22, 24 201:6 206:9, 13, 22 207:22 211:2, 9 213:5, 23 228:11 treatmen t-based 39:8 tremendo us 57:1 trouble 26:19 truancy 77:3 79:11 141:22 205:21 trucks 132:21 true 39:6 54:12, 23, 24 57:11 89:1 110:15 183:16 trust 90:15 93:18 122:24	144:21 240:9 trusted 34:23 85:23 87:21 truth 12:15 186:9 198:2 tub 69:17 turn 36:10 241:13 twofold 110:22 Tyjay 124:4 type 44:8 45:2 types 56:14 typicall y 174:15 227:11 U ugly 46:4 ultimate ly 89:13 unable 212:24	unblock 90:18 uncle 244:2 understa ffed 235:11 understa nd 35:22 45:7 47:6, 14 50:15 63:9 79:21 141:16 181:12 218:2 221:2 229:20 237:7 239:24 242:10 understa nding 44:22 69:11 195:6 Understo od 250:21 unemploy ment 218:10 unhappy 242:18 UNIDENTI FIED 222:9
--	--	---	--	---	---

unintended 229:3	urgent 206:1 208:24	Velez-santos 125:9	22 119:14 121:8	115:7, 24 117:8	war 53:15
unique 27:7 79:22 89:10 207:14 215:19	usage 113:18	version 41:18	visitors 137:14	119:22, 24 134:1 142:11 167:6, 7 171:6, 11, 14 222:21	Washington 79:4 81:11
unit 33:21	utilize 58:12	vibrant 222:24	vital 91:2 204:24 205:4		waste 13:12 132:19 244:9, 10
University 152:9	utilizing 57:23	victims 43:20 44:14 45:14	vocal 147:19 214:6	walk-ins 199:24	wasting 244:7
unnecessarily 249:18	V	view 179:18	voices 135:3 137:5	walkability 161:6	watchdog 243:17
unnecessary 202:10	Valdes 11:5, 18, 19 17:1, 4 24:24 37:5 45:16 49:11 55:10 60:9 62:21 63:1 69:14 72:5	violence 32:23 57:13, 16 65:16 81:3 83:7 161:17 175:3 194:14 218:6	void 163:4	walked 171:7 176:9	water 69:16 70:2 255:5
unpopular 226:14			voluntarily 186:1	walking 32:6 33:9 36:15 85:8 166:14, 18	wave 14:11
unsafe 117:9 120:20 126:1			W		ways 39:5, 21 40:13 174:20 180:14 206:3 229:23 249:15
uphold 229:5	valuable 160:1 206:18	Virgin 119:15	wage 231:23	walks 148:4	website 203:2
upstream 144:2 147:12, 18 160:23 208:20	vaping 81:3	visibilty 161:17	wait 26:11, 13 117:20 120:5 142:20, 24	walls 35:16 51:14	Wednesday 162:3
urgency 215:8 230:2	variety 101:24 252:2	visit 33:9 166:21 176:9 187:11	waited 196:23	wanted 38:20 56:20 181:18 254:22	week 12:19 127:7, 8 192:1
	varying 101:3	Visitati on 113:12 115:3 117:1,	wake 53:18	wanting 88:10 227:1	
	vast 43:2		walk 12:10 114:5		

weeks	49:5	15:13	133:14,	250:5	24
175:15	winter	22:17,	20	252:3,	140:8
192:1	33:7	20, 21,	135:18	19	147:5
244:12	wisely	23	137:5	253:9	166:5
weighed	227:3	30:17	142:2	254:9,	172:9
50:7	witnesse	31:24	144:6	14, 15	175:5,
well-	d	33:24	159:5, 9	255:21	17
80:21	121:17	36:23	164:16	worked	185:10
well-	witnesse	37:1	165:2	31:20	192:16,
being	s	38:24	166:3	32:11	23
156:9	11:2, 9	40:12	167:17,	86:20	194:17
wellness	74:15	49:1	22	203:12,	195:2,
15:8	112:17	52:4	168:17,	18	14
146:13	119:10	54:13,	22	215:24	208:18
160:14	125:10	14, 15	174:10	251:23	218:21
Welsh	138:13	55:7	179:22	worker	226:19
104:2	197:6	71:17,	180:18	144:6	234:22,
West	251:19	22	181:16,	166:23	23
107:16	witnessi	76:6, 12	22	workers	253:12
whatsoev	ng	78:13	188:8	166:10,	workplac
er	122:7	79:15	189:3	20	es
243:4	wolf	81:22	191:2	171:4	21:4
wider	42:23	82:4, 8	196:12,	workforc	works
253:18	wolves	86:1, 10	18	e	58:16
widespre	42:11	88:5	211:6	210:15	76:1
ad	woman	89:17	212:2, 5	working	161:9
208:6	47:2	91:13	213:23	24:17	185:13
wife's	wonderfu	92:3	216:3	28:9	228:8
188:13	l	94:17	218:20,	31:8	253:2
Willard	109:6	96:4	22	34:12	world
187:10	138:2	100:2, 6	219:14,	49:3	126:9
William	252:8	101:10,	20	61:3, 9	190:24
153:1	word	11	220:11	65:7	worlds
willingn	165:21	103:11	226:12	94:24	254:18
ess	words	105:19	229:12	95:16	worried
112:22	122:13	106:8, 9	230:9	103:13	116:7, 9
wind	177:24	109:5	233:23	109:20	117:9
42:7	work	111:9,	234:8	134:6,	worry
		14, 16	237:22	11	122:2
		112:4	248:24	137:7,	226:5
		117:23	249:1,		
		120:16	20		

240:13	130:23	162:9,	228:9
worrying	131:8	12	230:3
189:17	145:4	164:5	249:23
worse	151:9	178:17	Young's
25:21	178:7	180:2	140:2
63:21	202:7	183:23	younger
120:18	206:5	187:7	81:11
122:19	213:3	188:12,	159:1, 2
177:11	224:19	14	youngest
182:1	227:6	226:7	88:18
233:19	231:14,	229:11	youth
worsen	15	236:16	75:21
63:22	232:1,	237:6	76:11,
worth	7, 10, 13	251:24	24
164:6	233:22,	Yelexis	84:12
wraparou	23	119:5	86:21
nd	years	123:9	111:19
87:20	12:6	130:24	199:5,
wrapped	17:8	YMCA	13
101:15	23:13	130:19	201:1
writing	26:24	young	202:9
176:4	39:10	26:18	youth-
wrong	46:19	42:12,	serving
45:8, 21	52:15	14	85:12
112:16	53:5	43:3, 7	86:5
142:11	60:8	72:2	
	67:6	73:12	
	69:3	78:22	
	77:12	87:6	Z
Y	83:4	88:6	zip
yarn	84:19	89:11,	25:10,
132:4	88:9	21	11
year	93:24	90:3,	29:22
12:8	94:5	16, 23	77:8
17:17	100:7	91:7	202:22
33:20	131:4	135:4	
81:8	144:12	136:16	
83:13	145:4	137:1,	
84:4	156:22,	14	
88:1	24	138:19	
124:14	158:11	198:1	