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FERGUSON COMMISSION MEETING

RECORD OF PROCEEDINGS

MAY 11, 2015

ST. LOUIS GATEWAY CLASSIC FOUNDATION

2012 DR. MARTIN LUTHER KING DRIVE

ST. LOUIS, MISSOURI 63106

5:33 p.m. - 8:50 p.m.

1	I N D E X	
2		Page
3		
4	Roll Call - Ms. Johnson-Javois	4
5	Invocation - Chaplain Lawrence Olatunde	6
6	Opening Remarks - Reverend Wilson	8
7	Audience Polling - Ms. Thomas	10
8	Past Meeting Overview/Findings - Ms. Johnson-Javois	18
9	Public Open Mic	
	Donna Pupillo	24
10	Bill Monroe	25
	Lynn Hunt	26
11	Dan Hyatt	28
	K.L. Williams	30
12	William Bruen	33
13	Guest Presentations	
	Ryan Barker	34
14	Robert Fruend	53
15	(Session Break)	72
16	Q&A Session for Mr. Barker and Mr. Fruend	73
17	Commission Planning and Administrative Work	
	Mr. Carr/Reverend Blackmon	103
18	Ms. James-Hatter	110
	Mr. Sly/Ms. Pulliam	125
19	Managing Director Reports	
20	Ms. Johnson-Javois	136
21	Closing Remarks - Reverend Wilson	147
22		
23		
24		
25		

1 FERGUSON COMMISSION  
2  
3 CO-CHAIRS  
4 Rev. Starsky Wilson  
5 Rich McClure  
6  
7 MEMBERS  
8 Scott Negwer  
9 T.R. Carr  
10 Becky James-Hatter  
11 Felicia Pulliam  
12 Byron Watson  
13 Daniel Isom  
14 Rose Windmiller  
15 Bethany Johnson-Javois  
16 Gabriel Gore  
17 Patrick Sly  
18 Rev. Traci deVon Blackmon  
19 Rasheen Aldridge, Jr.  
20 Sgt. Kevin Ahlbrand  
21  
22 Also:  
23 Monique Thomas  
24 Jerrica Franks  
25

1 (Whereupon the meeting began at 5:33  
2 p.m.)

3 MS. JOHNSON-JAVOIS: First, we want  
4 to start off by welcoming everyone. This is the  
5 11th Ferguson Committee Meeting. Today is Monday,  
6 May 11, 2015. Our location, and we're grateful for  
7 it, is the Gateway Classic Sports Foundation.  
8 Thank you for hosting us tonight at the meeting.  
9 This serves as your Council order, and roll call  
10 will begin officially now.

11 Commissioners, if you would please  
12 signify by saying "aye" that you are present.

13 Reverend Starsky Wilson.

14 REVEREND WILSON: Aye.

15 MS. JOHNSON-JAVOIS: Rich McClure.

16 MR. McCLURE: Present.

17 MS. JOHNSON-JAVOIS: Kevin Ahlbrand.

18 MR. AHLBRAND: Here.

19 MS. JOHNSON-JAVOIS: Rasheen

20 Aldridge, Jr.

21 MR. ALDRIDGE: Present.

22 MS. JOHNSON-JAVOIS: Pastor Traci

23 Blackmon.

24 REVEREND BLACKMON: Aye.

25 MS. JOHNSON-JAVOIS: T.R. Carr.

1 MR. CARR: Here.

2 MS. JOHNSON-JAVOIS: Gabe Gore.

3 MR. GORE: Present.

4 MS. JOHNSON-JAVOIS: Becky

5 James-Hatter.

6 MS. JAMES-HATTER: Present.

7 MS. JOHNSON-JAVOIS: Dan Isom.

8 MR. ISOM: Present.

9 MS. JOHNSON-JAVOIS: Scott Negwer.

10 MR. NEGWER: Here.

11 MS. JOHNSON-JAVOIS: Brittany has an

12 excused absence.

13 Felicia Pulliam

14 MS. PULLIAM: Present.

15 MS. JOHNSON-JAVOIS: Pat Sly.

16 MR. SLY: Here.

17 MS. JOHNSON-JAVOIS: Grayling Tobias

18 also has an excused absence.

19 Byron Watson.

20 MR. WATSON: Here.

21 MS. JOHNSON-JAVOIS: And Rose

22 Windmiller.

23 MS. WINDMILLER: Here.

24 MS. JOHNSON-JAVOIS: Thank you so

25 much, Commissioners, for being in attendance

1 tonight. At this time, we have an invocation that  
2 is coming from Chaplain Lawrence Olatunde from the  
3 BJC Spiritual Care Team. Please, Chaplain, greet  
4 us at this time. Thank you.

5 CHAPLAIN LAWRENCE OLATUNDE: We are  
6 so thankful for everyone and the sacrifice that  
7 each of us has made to be present here today. We  
8 are thankful for all our families, our health, our  
9 jobs, our roles that we are assigned in our  
10 community.

11 We pray that as we gather here today,  
12 in discussing the issues facing our community and  
13 propose solutions, we pray today for wisdom and  
14 understanding, we pray for the ability to listen  
15 carefully to one another, knowing that we are all  
16 here for the same purpose, I know. We pray for  
17 peace in our communities, neighborhood, and homes.

18 As a result of our meeting this day  
19 today, may this day mark a new chapter in our  
20 lives, homes, and community. We pray these with  
21 all our hearts. Amen.

22 MS. JOHNSON-JAVOIS: Thank you so  
23 much for that invocation. Vanessa Hughes is here  
24 tonight to welcome us. And Ms. Hughes, as you come  
25 to greet the audience, the commissioners were

1 interested to know more about the actual building  
2 and the services of Gateway Classic Foundation, so  
3 please share with us in purpose as well as the  
4 welcome. Thank you so much for coming.

5 MS. VANESSA HUGHES: Good evening.  
6 Thank you so much for coming here this evening and  
7 for actually using the center for your event. We  
8 appreciate you.

9 I am the chief operating officer here  
10 at the Gateway Classic, which is currently now  
11 known as the Gateway Community Foundation. The  
12 name has been changed. The founder, Earl Wilson,  
13 Jr. was my uncle -- the late Earl Wilson was my  
14 uncle, my mother's brother. However, we are not  
15 Mr. Wilson, we are sitting on the foundation that  
16 Mr. Wilson left us. Our vision here is to open the  
17 doors of the community, to turn this building into  
18 a community center so that the families and the  
19 youth in this community will have access to  
20 everything that's in this building. That is our  
21 vision. That is our mission.

22 And again, we -- the doors are still  
23 always open as they were in the past, but we will  
24 be on this corner here at 2012 Dr. Martin Luther  
25 King Drive until they run us off, and I don't think

1 that's going to happen.

2 So thank you for coming here. Hope  
3 you enjoy the facility, and we appreciate you.

4 (Applause.)

5 There's a story behind us. He pushed  
6 me here. And I was mad at him for pushing me here  
7 because of what he said to me. I was so angry at  
8 him for bringing me to reality for some things that  
9 no one needs to know about, but he pushed me and I  
10 truly appreciate it. Thank you.

11 REVEREND WILSON: Good evening. My  
12 name is Starsky Wilson. I'm blessed to serve as  
13 co-chair of the Commission with my friend and  
14 brother Rich McClure. We are pleased that all of  
15 you came out tonight.

16 We thank you, Chaplain Lawrence, for  
17 guiding us tonight and helping us to enter in. How  
18 appropriate is it that you provide our opening  
19 invocation tonight as we focus on health.

20 We thank Sister Vanessa for her  
21 leadership and guidance here keeping these doors  
22 open and for caring for young people of our  
23 community in so many ways.

24 Tonight, that Commission's work will  
25 focus on health and well being. We understand this



1 to be a cross-cutting theme for all of our work as  
2 we listen to those leaders in the space of public  
3 health in our community. We can hear the phrases  
4 that health is everything and everything is health.

5 So we understand this as a frame that  
6 will impact all of the policy recommendations that  
7 we make in our respective areas.

8 Though the Commission's work focuses  
9 on developing policy recommendations that seek to  
10 address the root causes of systemic and structural  
11 inequities in region, our focus of course tonight  
12 is health and well being, which is a cross-cutting  
13 theme.

14 And tonight the Commission will hear  
15 an overview of health policy that impacts health  
16 access and disparities for the most vulnerable  
17 populations from Ryan Barker, the Vice President of  
18 Health Policy for Missouri Foundation for Health.  
19 We'll also hear expert testimony from Robert  
20 Fruend, the CEO of the St. Louis Regional Health  
21 Commission that will examine the regional data on  
22 trends over the past ten years and share lessons  
23 learned on the design and sustainability of what  
24 has become a national endeavor and innovator and  
25 model in fostering regional collaboration and

1 enhancing access to coverage and services for low  
2 income residents in St. Louis City and County.

3 I know it, as well as I've said in  
4 other settings, that the Regional Health Commission  
5 is also one of those success stories of  
6 collaboration, a continuing collaboration in our  
7 region that we have much to learn from.

8 So we're pleased that all of you are  
9 here today, and look forward to moving forward in a  
10 positive and productive manner.

11 Now our assistant director, Monique  
12 Thomas, will come and provide us guidance on our  
13 audience polling.

14 MS. MONIQUE THOMAS: Thank you. Good  
15 evening.

16 All right. So it is our tradition,  
17 our practice to poll and see, get a sense of who's  
18 in the room. So right now, Jerrica and Daniella,  
19 as well as Erin will be giving out keypads for  
20 polling. So once that's complete, everyone has  
21 their keypads, we'll be able to get started.

22 So essentially, we typically just  
23 poll for demographics to get a sense of who's in  
24 the room, but we're doing something a little  
25 different this time. We're also asking about

1 engagement in general. So we have, I think, four  
2 additional questions that gauge your level of  
3 participation, engagement, and interest. So that's  
4 different for both the audience members and the  
5 commissioners.

6 So once we have that -- show of  
7 hands, who does not have a keypad. All right.  
8 Okay. Show of hands who has a keypad. All right.  
9 So putting that right there in front of you, who  
10 has never had or used a keypad before? Who's never  
11 used a keypad before? It's your first time. It's  
12 okay. It's fine.

13 So it's easy, it's really  
14 straightforward. So if you look at your keypad,  
15 you have numbers and letters -- go ahead look at  
16 your keypad -- you have numbers and letters. So  
17 we'll ask a question and you'll be asked to answer,  
18 you're giving your best response, and you're -- the  
19 answer choices will be lettered or numbered. And  
20 so your job is to just respond to the question that  
21 corresponds with that letter or number. Okay?

22 So don't worry, we'll do a practice  
23 test. Okay, so it's easy. You ready? We'll ask  
24 what is your favorite color. I'll just note this,  
25 I'll ask the, I'll read the answer choices. You'll

1 see that to the top, on the top right-hand corner,  
2 it's polling closed, and it's red. And then it  
3 will also take down the number of responses.

4 At the bottom right-hand corner,  
5 you'll see that you'll know how much time you left  
6 to complete it. It sounds more complicated than it  
7 is, but let's do a test run. Okay.

8 So, what is your favorite color? A  
9 is black; B is brown; C, blue; D, green; E, orange;  
10 F, purple; G, red; H, yellow; I, white; and J,  
11 other. Polling is open. So we have about 10  
12 seconds left before polling is closed. All right.  
13 Polling is now closed. 37 percent have chosen blue.  
14 That's been consistent across full Commission  
15 meetings. Blue seems to be generally the favorite  
16 color.

17 All right. So that was pretty  
18 simple, basic. And if you ever change your mind,  
19 just -- it will only save the last entrance -- the  
20 last response you enter. So you can change your  
21 mind as long as the polling is open. Okay.

22 So polling is closed. I'll just read  
23 the question first. In what demographic area is  
24 your primary home or residence located? A,  
25 St. Louis City; B, St. Louis County; C, St. Charles

1 County; D, Jefferson County; E, Franklin County; F,  
2 St. Clair County; G, Madison County; H, Monroe  
3 County; and I is other. Polling is closed.  
4 Polling is now open. All right. Okay. So we have  
5 over 40 percent for St. Louis City, and 43 for  
6 St. Louis County. Nearly equals with, and then  
7 other.

8                   Next question: In what geographic  
9 area is your primary work and/or school? If you're  
10 retired, you can note "other." A is St. Louis  
11 City; B, St. Louis County; C, St. Charles County;  
12 D, Jefferson County; E, Franklin County; F,  
13 St. Clair County; G, Madison County; H, Monroe  
14 County; and I is other. Polling is now open.  
15 About 10 seconds left. Okay. 6 out of 10 of you  
16 actually work or attend school in St. Louis City.

17                   Next question: With which gender do  
18 you identify? Please select one. A, female; B  
19 male; C, other; and D is decline. Polling is now  
20 open. About 10 seconds left. All right. Strong  
21 amount, 66 percent female. That's different. Last  
22 meeting, we had majority male.

23                   All right. So how would you describe  
24 your ethnicity or race? A, white; B, black or  
25 African American; C, Hispanic, Latino, or Spanish

1 origin; D, Asian; E, American Indian or Alaskan  
2 native; F, native Hawaiian or Pacific Islander; G,  
3 other; and H is decline. Polling is now open.  
4 Five seconds left. All right. 45 percent have  
5 identified as white; 33 black, African American;  
6 there's a split between other and decline.

7 All right. Self-reported, and it's  
8 anonymous, but we're going to ask an age question.  
9 Okay. So in what age group do you belong? Select  
10 one. A, 21 and under; B, 22 to 34 years; C, 35 to  
11 44; D, 45 to 54; E, 55 to 64; F, 65 and over; and G  
12 is decline. Polling is now open. About 10 seconds  
13 left. Okay. So we have some interesting  
14 proportion across all, but we have 30 -- about 50  
15 percent of you are 55 and over; 15 between 45 and  
16 54; and we have a couple of near millennials, 17  
17 percent, between 22 and 34.

18 Okay. So this is the 11th Ferguson  
19 Commission Meeting. How many previous meetings  
20 have you attended? Here, I'll note that we are  
21 making a distinction between Working Group meetings  
22 and full Commission meetings, so we're not asking  
23 you to count Working Group meetings, just full  
24 Commission meetings like this one. Okay. So how  
25 many previous meetings have you attended? A, none

1 -- you select that if this is your first one; B, 1  
2 to 2; C, 3 to 4; D, 5 to 6; E, 7 to 8; F, 9 to 10.  
3 Polling is now open. About five seconds left. All  
4 right. Welcome. 32 percent of you, this is your  
5 first meeting. We have a couple of strong ones at  
6 8 percent who have attended nearly all, so thank  
7 you. New ones and people who consistently come, we  
8 appreciate you.

9           So now we're going to go into our new  
10 set of questions, so that 8 percent, this is new  
11 and exciting for you. So we're asking -- we're  
12 trying to gauge engagement, so how did you learn  
13 about today's meeting. Check all that apply. So  
14 here, you can select all. So let's say you learned  
15 across all of these mediums, if that's the case, A  
16 B, C, you select all -- select them all, okay.  
17 Does that makes sense?

18           So I'll read them first before we  
19 open polling. So how did you learn about today's  
20 meeting? A, Facebook; B, Twitter; C, e-mail; D,  
21 newspaper; E, radio; F, word of mouth from a  
22 friend, a coworker, a relative, etc.; G, Ferguson  
23 Commission website -- that's [stlpositivechange.org](http://stlpositivechange.org);  
24 or H is other. Okay? Got that? Polling is open.  
25 Please recall, you can select multiple. About 10

1 seconds left. All right. Looks like about -- okay  
2 word of mouth, about 31 percent was invited or  
3 heard about it via word of mouth or the website.

4 Okay. About 60 percent, that's the case. Okay.

5 How would you rate your interest in  
6 the work of the Ferguson Commission? A, I am very  
7 interested; B, I am generally interested; C, I am  
8 not really interested. Polling is now open. About  
9 10 seconds left. Great to hear. Okay. About 70  
10 percent of you are very interested in the work, 6  
11 percent were dragged here, clearly, by that friend  
12 who invited you, about a quarter are generally  
13 interested.

14 How would you rate your interest in  
15 the work of the committees? Here, "committees"  
16 means the Working Groups, okay. So same question  
17 but applied specifically to the Working Groups.  
18 For those who don't know, we have Working Groups in  
19 citizen-law enforcement relations, municipal courts  
20 and governments, child well-being and education  
21 inequity, and then economic inequity and  
22 opportunity, those are our four Working Groups. A,  
23 I am very interested; B, I am generally interested;  
24 C, I am not really interested. Polling is open.  
25 Less than ten seconds. All right. Fairly



1 consistent. 65 percent are -- also have identified  
2 as being actually interested, very interested in  
3 the Working Groups.

4                   How would you rate your involvement  
5 in the work of the Ferguson Commission Working  
6 Groups? Here again, specific to the Working  
7 Groups. A, I am very involved (attended all or  
8 most meetings); B, I am occasionally involved  
9 (attended a few meetings); and C, I am not involved  
10 at all (never attended a meeting). This is just  
11 for the Working Groups and not for the full  
12 Commission meeting. Polling is open. Ten seconds  
13 left, a little less.

14                   Well, welcome. If you go to the  
15 stlpositivechange, you can note all the Working  
16 Group meetings. It's public. Because 60 percent  
17 of you have never attended, but 22, nearly a  
18 quarter, have occasionally, so you've been to a few  
19 and you've come back for more, that's great. And a  
20 few of you are very involved. You've attended  
21 nearly all.

22                   So thank you. That's the last  
23 question.

24                   And now I'm going to put you back in  
25 the hands of our managing director, Bethany

1 Johnson.

2 MS. JOHNSON-JAVOIS: Thank you. Just  
3 one more polling question before we move on to  
4 tonight's presentation. How many people in the  
5 room have a birthday that is today? Raise your  
6 hand. Rich McClure. Happy Birthday, Rich.

7 (Applause.)

8 MS. JONES-HATTER: It's my birthday  
9 too.

10 (Applause.)

11 MS. JOHNSON-JAVOIS: Happy birthday  
12 to Becky.

13 I just want you to know that this  
14 does mean we're independent commissioners who  
15 really don't know a whole lot about each other,  
16 but we are learning as we go. Fantastic. Happy  
17 birthday to Becky. Happy birthday to Rich. Thank  
18 you for spending your evening with us to help  
19 improve the community. We appreciate your  
20 commitment.

21 So it's my role job now to -- that's  
22 funny, I really didn't know that. It's my job now  
23 to take a look at our findings. So for those of  
24 you who are new to this process, we like to engage  
25 you by letting you know what happened at the prior

1 meeting, and we take public comment very seriously.  
2 So as individuals come up to share with us within  
3 their two-minute time frame, we record that and we  
4 capture that in these discussions of findings.

5           So from last time that we met, 9 of  
6 10 attendees resided in either the City or the  
7 County of St. Louis. You can see the statistics  
8 here that 8 of 10 attendees worked or attended  
9 school either in St. Louis County or St. Louis  
10 City. The County was represented 41 percent by the  
11 audience at our last meeting. And slightly over 50  
12 percent of our attendees last time that we convened  
13 were male. Nearly two-thirds of attendees were  
14 over 55 years old. Nearly two-thirds of attendees  
15 when we convened were white. And 3 of 10 attendees  
16 have participated in at least one other Commission  
17 meeting.

18           So the polling results, we had asked  
19 over the past two meetings people's thoughts and  
20 perceptions about the disparities in health care,  
21 and this is what we found. The question that we  
22 asked was what three issues have the greatest  
23 impact on our community's health and well being,  
24 and the top issues that were chosen were ability to  
25 pay, 64 percent; neighborhood safety at 60 percent;

1 and stress at 49 percent. The other categories,  
2 for those who can't see, is insurance coverage is  
3 next at 44 percent, and then the rest go from  
4 there.

5           What three issues again have the  
6 greatest impact on our community's ability to  
7 access health care services? Here, 78 percent said  
8 cost of health care is the top reason; followed by  
9 having health insurance, 51 percent; and the third  
10 is maneuvering or navigating the health care system  
11 received the top votes in the answer to that  
12 question.

13           Again as comparison of issues  
14 impacting community well being based on the two  
15 groups that we asked, so basically we got the same  
16 responses on ability to pay as the high impact to  
17 community health and well being and then  
18 neighborhood safety.

19           We were in one location where we had  
20 a smaller group that was convening in the Clayton  
21 area that said stress was -- 26 percent of people  
22 said stress was the number 3, and then when we  
23 convened again in South City, it was 49 percent.  
24 So just a showing of the numbers overall between  
25 the two meetings and how the polling differed.

1                   So for public discussion, we had open  
2 mic sessions in which individuals came, and these  
3 are the summaries of community feedback. One was  
4 around police accountability as essential to public  
5 service. Those that reported out to us said that  
6 unfair policing tactics need to have  
7 accountability. That "protect and serve" is a  
8 mantra, it's a mission, it's a calling. That we  
9 need to restore that as well. And officers should  
10 function in community service roles as a way to be  
11 acquainted with their local neighborhoods and  
12 citizens that they support.

13                   The second is a call for municipal  
14 reform that's needed now. The summary of comments  
15 you can see here, questionable satisfaction among  
16 residents in some of the municipalities. A  
17 specific comment about the Municipal League not  
18 reporting misconduct from judges, and a sense of  
19 mistrust that was communicated to us.

20                   There was a shout-out to our City  
21 defenders for their work in the space for years.  
22 Is anyone from our City defenders here? I saw a  
23 couple smiles. Well, you've been acknowledged here  
24 by the community, and the need for reform affects  
25 citizen-law enforcement interactions, with the

1 focus, said the participant, in North County.

2 More public comment, evolving demands  
3 need a new St. Louis. St. Louis is part of a  
4 declining economy, was the perception from those  
5 that reported to us. We cannot attract businesses  
6 if schools are poor and municipalities are not  
7 running as effectively as they can.

8 Many identified that we have other  
9 cities to compare ourselves to, and that they're  
10 beating us. Louisville, Kentucky, Indianapolis  
11 were three that were mentioned, and the real need  
12 to stay competitive.

13 Again, other comments, bold actions  
14 needed to achieve education equity. A lot of  
15 interest and passion around this topic. Funding  
16 should go towards scholarships for kids of people  
17 who are incarcerated. Redefine success in  
18 education reform to include civic engagement. We  
19 hear that quite a bit. Students need active roles  
20 even within the Ferguson Commission, and  
21 place-based strategies are the key to success for  
22 reform. The first step, said one participant who  
23 came to us, of merging school districts.

24 And so with that, that is our summary  
25 of polling from our last meeting.

1 Starsky's going to come down to move  
2 us into the introduction for our speakers tonight.  
3 Oh, public comment. Sorry.

4 So Jerrica, you're going to do public  
5 comment for us.

6 MS. JERRICA FRANKS: Good evening.  
7 Thank you all for being in attendance. And just in  
8 case, if we missed any keypads, could you please  
9 raise your hand so I could have Daniella -- there's  
10 one right here. Anyone else with a keypad? We're  
11 good. Okay. As we always say, they're only good  
12 inside of here. They cannot open your garage door.  
13 They cannot open up your cars. So they will do you  
14 no good.

15 So now we are going to do the public  
16 open mic. We do record all of your comments,  
17 suggestions, and questions as Bethany just showed  
18 you. I will pull from the fish bowl. It just  
19 gives everyone a fair chance to speak this evening.  
20 You will have two minutes, two minutes, okay, I  
21 will stop you, I will have a watch. Please do not  
22 go over two minutes, and please state your name so  
23 that our court reporter may be able to correctly  
24 get your name for record purposes. Okay?

25 First, we will have Donna Pupillo.

1 Donna? And after Donna, we will have Bill Monroe.

2 And after Bill Monroe, we will have Lynn Hunt.

3                   Could you please pronounce and spell  
4 your name for --

5                   AUDIENCE MEMBER DONNA PUPILLO: Sure.

6 My name is Donna Pupillo, P-U-P-I-L-L-O. I'm from  
7 Deaconess Faith Community Nurse Ministries, and I  
8 work with low income adults within the City and  
9 within the County. And my plea is that health is  
10 fundamental and health is fundamental in  
11 neighborhoods, where we work, live, and play, and  
12 that we need to invest in communities to be able to  
13 do that, because we saw 5,117 low income adults at  
14 screenings in this last year, and all of them had  
15 no health insurance. We see people who are in  
16 their 40's who, yes, the stress affects them and  
17 they wind up having diabetes and they wind up  
18 having heart disease and they come to us with no  
19 health insurance and no access.

20                   So we're spending all of our energy  
21 and time helping them do that. We have a free  
22 clinic where 258 people came and were seen, with 39  
23 therapies being offered to them, and 39 days of  
24 service. So the need we have is great to be able  
25 to offer services to our folks. And to invest in



1 them.

2 MS. JERRICA FRANKS: Thank you,  
3 Donna. Bill Monroe.

4 AUDIENCE MEMBER BILL MONROE: Good  
5 evening. I've been to 10 out of 11 of these  
6 meetings. And I agonized over the fact that I  
7 missed one. I'm a pro to the back surgery. It  
8 ain't always easy. I'm here -- I've been here.  
9 Stand up, young man. I know it's uncomfortable.  
10 Stand up. Just stand up. I know it's  
11 uncomfortable for him. He's the reason that I'm  
12 here. And I think he's a little underrepresented  
13 on this panel. But you're the reason I'm here. I  
14 want to say that.

15 (Applause.)

16 I looked into this study and, and I  
17 heard the young lady mention in public comments  
18 open mic how many times poor schools are mentioned  
19 and the need for bold action. I'm Bill Monroe, I'm  
20 a member of the elected board for the board of  
21 education, I'm an ex-cop, I'm a charter school  
22 advocate, I was the founder of Thurgood Marshall  
23 Charter School that got sidetracked, killed.

24 But I'm here because all of these  
25 disparities, everything that I've heard before this

1 Commission that involved black people, black  
2 people. We talking about black people now is bad;  
3 schools, police problems, health, salary,  
4 everything is bad. And I'm glad that this  
5 Commission is active, and I believe in you guys.  
6 Don't let me down. I've been stalking you a long  
7 time. I'm just slowing down a little bit. And  
8 when you go before the governing bodies and you  
9 speak to what it really needs is a community  
10 reinvestment alliance.

11 I've been to about eight banks in  
12 this town, and they refuse to fund education for  
13 black children. You've got to start there. And  
14 you can do something about this with education,  
15 skills, and job training. Thank you.

16 (Applause.)

17 MS. JERRICA FRANKS: And after Lynn  
18 Hunt, we will have Dan Hyatt and K.L. Williams.

19 AUDIENCE MEMBER LYNN HUNT: My name  
20 is Lynn Hunt, L-Y-N-N, H-U-N-T. I am with the  
21 Torts Justice Group of First Unitarian Church.  
22 Unitarian universalists have a long history of  
23 advocating for racial justice in our country from  
24 the early abolitionists like Theodore Parker to the  
25 martyrs of the Civil Rights movement, Reverend

1 James Reed and Viola Liuzzo. This is history and  
2 forms our work as well as our firm belief in  
3 justice, equity, and compassion for all. We want  
4 to encourage this Commission to be bold and  
5 courageous in the recommendations you make. You  
6 are in a unique position to put the St. Louis area  
7 in the forefront of moving our country forward in  
8 dismantling the systems of power that it -- that  
9 have been established by our government to benefit  
10 the lives of people who look like me.

11 Reverend Dr. Martin Luther King  
12 delivered the eulogy of James Reeb who had his life  
13 taken from him 50 years ago in Selma, Alabama. In  
14 the eulogy, Dr. King said, "Naturally we are  
15 compelled to ask the question who killed James  
16 Reeb, but there is another haunted poignant  
17 desperate question we are forced to ask. It is the  
18 question of what killed James Reeb."

19 We find ourselves in a similar  
20 situation. While we do know the name of the person  
21 who killed Michael Brown, we also know that there  
22 is an awful lot of "what" that was instrumental in  
23 his death. Again, it is to all of that "what" that  
24 you Commissioners have been given the  
25 responsibility and the opportunity to boldly

1 address.

2 This is not a time for safe  
3 suggestions, but a time for courage over caution.  
4 Thank you for your work and for your time.

5 (Applause.)

6 AUDIENCE MEMBER DAN HYATT: Hi, my  
7 name is Dan Hyatt, H-Y-A-T-T. Happy birthday,  
8 happy birthday, Commissioners. And what I wanted  
9 to talk about tonight was at the governance and  
10 courts meeting, I want to make something clear,  
11 Senate Bill 5 attempts to address the illegal  
12 behavior of revenue enforcement which violates  
13 Article 10 taxation, Missouri Constitution, and 30  
14 40 10 which gives the cities permission to pass  
15 traffic laws, but it forbids them from doing it for  
16 revenue.

17 What Senate Bill 5 does was attempts  
18 to cap it to limit the difficulty to prove revenue  
19 enforcement.

20 I wanted to point out the mayors keep  
21 claiming they do good. And I'd point out that  
22 article 1, section 2 of Missouri Constitution talks  
23 about the city, the government of good which  
24 protects the people's rights. And it says those  
25 governments have failed to do this, failed in their

1 chief design.

2                   And yet, I continue to hear  
3 unrepentant muni officials such as the major of  
4 Cool Valley at the workshop two weeks ago who says  
5 they do good things with the money. Well I asked  
6 the Commission to commission the study, go to the  
7 people in North County, go to the professional  
8 black women, go to the people on the street and ask  
9 them if they think their city does good things.  
10 Ask them if their neighbors think the cities do  
11 good things. I've talked to over a hundred of  
12 them. None of them think their cities do good  
13 things.

14                   So if they're failing in their chief  
15 design according to Missouri Constitution by  
16 violating our rights including enjoyment of their  
17 -- our hard work.

18                   And lastly, one of the things that I  
19 continually hear is cities talk about the loss of  
20 infinite power. Actually most of the  
21 municipalities are third and fourth class cities.  
22 They are little more than corporations. And they  
23 do not have a lot of power. Ask them what law they  
24 are referring to. Thank you.

25                   MS. JERRICA FRANKS: After K.L.

1 Williams, we will have William Bruen (phonetic). I  
2 hope I pronounced that right.

3 AUDIENCE MEMBER K.L. WILLIAMS: K.L.  
4 Williams, W-I-L-L-I-A-M-S. I'm the director of the  
5 Institute of Justice and Accountability. I just  
6 want to have a little bit of a recap on some of the  
7 things we've talked about in the past, both from  
8 the committee meetings and some of the things we're  
9 dealing with now, such as giving officers greater  
10 alternatives instead of constantly going to "I was  
11 in fear of my life." "I had to shoot." We have to  
12 understand that for an officer to use deadly force  
13 the actions must not only just be fear of your  
14 life, the actions must be reasonable and necessary.

15 But one thing I want to take a minute  
16 to talk about, I read an article the other day that  
17 said that law enforcement is the fattest  
18 profession, followed by firefighters and security  
19 guards. And it just seems amazing to me how a  
20 profession that demands that you have physical  
21 agility, certain skills could be the most obese.  
22 But if you think about it, if you have professional  
23 individuals who are obese or out of shape, and then  
24 we constantly reinforce only firearms training for  
25 these officers, guess what you're going to see.

1 It's what you're seeing right now.

2 So we have to take the time and  
3 effort to give the officers greater amount of  
4 skills to use when they are engaged in the  
5 community.

6 Also I came across an article on how  
7 prisons have become a cash cow for the rich. So we  
8 have to look at this industrial pipeline that we  
9 have out there that's taking our young people,  
10 putting them in a system that is destined for their  
11 failure.

12 But one thing I wanted to talk about  
13 in particular, and I don't hear a lot about it, but  
14 we just cannot get away from is racism. Racism in  
15 law enforcement, racism in our community. I turn  
16 on the television every day, I see another police  
17 officer doing something crazy. I think in Delaware  
18 we see an officer kicking a guy in the head who was  
19 compliant with the officer's demands. Also we have  
20 San Francisco that has hundreds of texts from  
21 racist officers and homophobic that might put 3,000  
22 cases in jeopardy.

23 We have to keep in mind that racism  
24 is a system. It's a system that focuses in  
25 economics and education and law enforcement and so

1     forth. Thank you very much.

2                     (Applause.)

3                     AUDIENCE MEMBER WILLIAM BRUEN: I

4     just have a question. William Bruen.

5                     I've been dismayed in the last couple  
6     of years that people on the left, people on the  
7     right don't seem to hear what the concerns of one  
8     another are. And I just have a question. It seems  
9     people who are on the left lament racism and people  
10    on the right lament bad behavior. And I was  
11    wondering where the two meet.

12                    There's an editorial in Saturday's  
13    Wall Street Journal, I think, by a man. He always  
14    comes across as a (unintelligible) of God to me,  
15    he's just obnoxious. But he stresses his  
16    conservative point of view of bad behavior. And I  
17    was wondering -- what I'd like to talk to the  
18    people about is how these two different world views  
19    meet.

20                    MS. JERRICA FRANKS: All right. Well  
21    that completes our segment for the public open mic.  
22    We will now turn it over to Starsky.

23                    Again, I do thank you all for coming  
24    out this evening and we hope to see you again for  
25    our meeting as well.



1 REVEREND WILSON: I want to thank you  
2 all for your comments and your sharing with us. At  
3 this point, I just want to give confidence to those  
4 and appreciation to everybody who has sympathy for  
5 me. I'm not doing all of the leadership tonight  
6 because the birthday boy, it's his birthday. He's  
7 just taking the late part. I'm taking the early  
8 part. Amen.

9 So we'll now have one of our expert  
10 presentations, first from Ryan Barker from the  
11 Missouri Foundation for Health. The Missouri  
12 Foundation for Health, also MFH, as some of us  
13 affectionately know it is a resource for the region  
14 working with communities and nonprofits to generate  
15 and accelerate positive changes in health.

16 As catalysts for change, the  
17 Foundation approves health of Missourians through  
18 partnership, experience, knowledge, and funding.  
19 MFH takes a multifaceted approach to health issues  
20 understanding that programs, policy, and education  
21 all play a role in making lasting positive change.

22 By listening and responding to  
23 communities in the region, the Foundation works  
24 toward the well being of all Missourians enabling  
25 them to take an active role in health issues by

1 making health information accessible,  
2 understandable, and useful.

3 And so that is the lengths to which  
4 we will judge Ryan's presentation on tonight, on  
5 disparities and opportunities for health policy  
6 reforms, whether it is accessible, understandable,  
7 and useful. Please welcome Ryan Barker.

8 (Applause.)

9 MR. RYAN BARKER: No pressure. Thank  
10 you, Reverend Wilson. I'm pleased to be here  
11 tonight. Thank you for the invitation, and I'm  
12 pleased to speak to the community.

13 I wanted to talk a little bit tonight  
14 about health disparities, especially those that  
15 impact our community here in the St. Louis region,  
16 some strategies about what can we do about it, and  
17 then one specific action that would have a huge  
18 impact on disparities in our -- in our state and  
19 our region.

20 So first, I just want to just talk  
21 about what are health disparities, what does that  
22 mean? Health disparities are when we see  
23 differences in health outcomes that are population  
24 specific. So when we see differences in health  
25 that are related to the presence of disease, health

1 outcomes or access to care that are different  
2 across populations. So whether you're comparing  
3 whites and African Americans or whites and  
4 Hispanics, or the heterosexual population to those  
5 who are gay and lesbian.

6           Some examples of presence of disease  
7 would be if we saw differences in the presence of  
8 diabetes, which we do. Health outcomes, do we see  
9 differences in death rates for different health  
10 disorders; and yes, we do. And then the ability to  
11 access care, whether it's primary care or specialty  
12 care. We see differences based on race, ethnicity,  
13 sexual orientation.

14           So where do these health disparities  
15 come from? Why do they exist? One, just a basic  
16 difference in the ability to access health  
17 insurance coverage. We see large differences along  
18 racial and ethnic lines when it comes to health  
19 insurance coverage. Currently, in the U.S. about  
20 11 percent of whites do not have health insurance  
21 compared to about 18 percent of African Americans  
22 and 23 percent of Hispanics. That is changing with  
23 the Affordable Care Act and health reform, and I'll  
24 talk a little bit about that toward the end of the  
25 presentation.

1                   Limited availability of culturally  
2 competent care. So when we go to the doctor, when  
3 we go to the hospital, we want our health providers  
4 to be able to understand where are we coming from  
5 in terms of our own culture, our own neighborhoods,  
6 what does health mean to us. And that's really  
7 important -- if you go and access care and you  
8 don't feel warmly welcomed, accepted that your  
9 doctor understands you, you may not go back.

10                   Absence of medical settings that are  
11 affirming and free of discrimination. So if you  
12 access care and you feel like you have been  
13 discriminated against, you are less likely to go  
14 back and access more care at that same place. So  
15 working on cultural competency and moving our  
16 health care system to be more affirming and free of  
17 discrimination.

18                   Unhealthy behaviors. So we do see  
19 disparities related to tobacco use, drinking,  
20 substance use, that are higher for minority  
21 communities compared to majority communities. And  
22 that does get hit on a lot, that there's these  
23 unhealthy behaviors. So that often gets spun as  
24 minority communities are doing it to themselves;  
25 that they are smoking more, that they are drinking

1 more, they're using drugs. The question often  
2 doesn't get asked why.

3           So if you're experiencing oppression,  
4 discrimination on a daily basis, day after day  
5 after day, we call these unhealthy behaviors coping  
6 mechanisms. They are a way for us to deal with the  
7 mental stress of experiencing oppression and  
8 discrimination throughout our lives, both at work,  
9 at home, out in the community.

10           And then finally, social and economic  
11 systems that have not supported and protected  
12 minorities in the history of the U.S.

13           So these disparities are rooted in  
14 oppression and discrimination. And when I talk  
15 about oppression and discrimination, we're talking  
16 about discrimination happening at an individual  
17 level so individual interactions between -- between  
18 folks.

19           But oppression and discrimination can  
20 also occur at an institutional level. So when I  
21 talk about institutions, schools, universities,  
22 hospital systems can have policies and procedures  
23 in place that are actually discriminatory, and then  
24 at the societal level, and the different policies  
25 and procedures we have throughout our country.

1                   The tough thing about addressing  
2 health disparities is that they are also rooted in  
3 what we call social determinants of health. So  
4 what are those things that we don't necessarily  
5 associate with health care but they impact our  
6 ability to be healthy? And those are things like  
7 having a job. In this country, having health  
8 insurance still is tied to employment in many  
9 circumstances. Having access to reliable  
10 transportation. The environment. If we don't have  
11 clean air and clean water, it affects your health.  
12 The violence and safety in our neighborhoods  
13 affects not only our physical health but our mental  
14 health also. Having access to clean and affordable  
15 housing, good education, and understanding health  
16 literacy.

17                   So I was talking to my -- I have a 16  
18 year old. I was talking to him the other day and  
19 he never had health class, really. They had little  
20 sections, snippets of it. But when I was a kid, we  
21 had like a year-long health class and they don't --  
22 we don't have that anymore. And you don't learn  
23 some of that basic health activities, understanding  
24 your body and food and how all that works.

25                   So health literacy is just a basic

1 understanding of staying healthy.

2 So I don't want to give a lot of  
3 data, I'm good at that, but I don't want to bore  
4 you and put you all to sleep. But I wanted to give  
5 you some examples of what do health disparities  
6 look like. So I just have a couple of slides.

7 This data is from -- it's a little  
8 old, it's from 2007 and 2009, but often data runs  
9 behind, especially when you get down to the zip  
10 code level. So these are seven zip codes in the  
11 north St. Louis City area. And they are looking at  
12 the four different indicators: So infant  
13 mortality, child with lead poisoning rates,  
14 diabetes mortality, and gonorrhea. And you could  
15 see towards the bottom of each of those, there are  
16 little lines that go across that say Missouri and  
17 the U.S. And those are the average rates for these  
18 four health issues in the state and in the country.

19 Then there's a line a little higher  
20 than those that is St. Louis, and that's for the  
21 St. Louis region. And then each of the colored  
22 bars are the seven zip codes. And you will notice  
23 in most cases all seven of those zip codes have  
24 higher rates compared to the St. Louis region and  
25 definitely compared to the U.S. Those are health

1 disparities.

2 AUDIENCE MEMBER: What are those zip  
3 codes?

4 MR. RYAN BARKER: The zip codes are  
5 63112 is orange; 63120 is green; 63147 is red;  
6 63115 is yellow; 63113 is purple; 63107 is blue;  
7 and 63106 is turquoise. And those are all zip  
8 codes in north St. Louis City.

9 Another way of looking at health  
10 disparities, and this is from the data book that  
11 there are some extra copies sitting at the table if  
12 you're interested that was produced by the  
13 Foundation, this is examples of emergency room  
14 visits. This is a direct tie to insurance or lack  
15 of insurance. So we know when people are uninsured  
16 they don't access preventative care because of  
17 costs, they wait and wait and wait until they have  
18 to go to the hospital, and then they show up in the  
19 emergency room. And we see huge differences in ER  
20 visits between whites and African Americans. And  
21 most of this can be prevented through preventative  
22 care.

23 So asthma, 5.5 compared to -- for  
24 every 1 white in the ER for a visit related to  
25 asthma; diabetes -- complications related to



1 diabetes, a little over 3 to 1; eye infections, 3.2  
2 to 1; hypertension, 3.9 to 1; epilepsy, 2 to 1; and  
3 schizophrenia, 7 to 1.

4 Which goes into -- that last one goes  
5 into my next slide which is mental -- I'm sorry  
6 this is very data "wonkey," I would say mental  
7 health related ER visits, though the data book uses  
8 mental disorders. And there is a disparity between  
9 whites and African American.

10 Now we did see in the early 2000's  
11 mental health related ER visits increased for both  
12 African Americans by 27 percent and for whites by  
13 55 percent. A lot of that was related to the  
14 recession. We saw drops in employment which means  
15 drops in health insurance coverage. So when folks  
16 don't have health insurance, they're more likely to  
17 be using the ER.

18 One of the points I wanted to make  
19 sure I mentioned was that African American males  
20 have 50 percent more mental health related ER  
21 visits than African American females. A lot of  
22 that is due to insurance. The stigma related to  
23 mental health disorders, there's a stigma to begin  
24 with, and then when you throw in the stigma of  
25 gender bias and men are weak if they admit they

1 need help with mental health, you see results such  
2 as this.

3           The data book also points out you  
4 could have the statewide rate -- this is asthma  
5 related ER visits, which whites compared to African  
6 Americans, African Americans have about a 6 times  
7 higher rate of asthma related ER visits. This is  
8 an easily prevented ER visit. If asthma is handled  
9 through a primary care setting, we can prevent kids  
10 from ending up in the ER. But then you can also  
11 break it down by counties and you can see the  
12 disparity gap widens. St. Louis County is 2.5  
13 compared to 18.4. And St. Louis City is 3 compared  
14 to 23.6.

15           So what do all those disparities  
16 result in? They result in differences of life  
17 expectancy. So in -- and this is Missouri  
18 specific, in Missouri, the average white individual  
19 lives 76.7 years, the average African American  
20 lives 71 years.

21           When you break that down by both race  
22 and gender, we see between African American men and  
23 white women 15.5 year difference in life  
24 expectancy. So what are the strategies? And I  
25 wish I had the answer. But there are many

1 strategies because this is such a complex issue.  
2 And some of them fall out of -- fall outside of the  
3 normal definition of health.

4 So those social determinants that we  
5 were talking about, strategies related to housing,  
6 education, jobs, transportation, financial support  
7 programs, there is data and research out there that  
8 ties all of these to improved health outcomes.

9 We can -- we can come up with policy  
10 changes related to housing, employment, school  
11 policies, improving cultural competency, building  
12 of health literacy among our children and adults,  
13 improving workforce diversity, quality improvement  
14 initiatives in health care, and increasing  
15 insurance coverage and access for everyone.

16 I wanted to talk through some of  
17 those strategies and tie them directly to some of  
18 the work that we are doing at the Missouri  
19 Foundation for Health right now. We have five  
20 target -- four target, I just added one. We have  
21 four target initiatives that we're currently  
22 working on that I think relate directly to the work  
23 of health equity.

24 So we have an initiative focus on  
25 healthy schools, healthy communities. That is

1 about working in school districts across the state  
2 to improve health -- food options within the  
3 schools. And it's very much left up to the schools  
4 with some guidance and assistance and technical  
5 support, to help increase kids' access to healthy  
6 food, physical activity to reduce childhood  
7 obesity.

8                   Flourish STL is -- we have an infant  
9 mortality initiative that is focused on north  
10 St. Louis and the Bootheel of Missouri where we see  
11 huge disparities between African American and white  
12 women when it comes to infant mortality. And they  
13 just named themselves Flourish STL. And that is a  
14 community collaborative project here in the  
15 St. Louis area.

16                   We have an oral health initiative.  
17 You may have noticed there is a new building over  
18 on 18th near Park by the old City Hospital. That  
19 is the new Grace Hill dental clinic and will be  
20 open very soon to patients -- lower income patients  
21 needing dental work.

22                   And then finally, marketplace  
23 coverage and helping Missourians enroll into the  
24 new health insurance marketplace offered through  
25 health reform. In St. Louis, we have enrolled

1 112,000 St. Louisans into health insurance coverage  
2 through the marketplace.

3 In the health policy shop which I  
4 run, a couple of examples of projects which I know  
5 that you have heard from Dr. Jason Purnell in the  
6 For Sake of All projects, the Foundation is the  
7 major funder of the For Sake of All project and  
8 Dr. Purnell's work.

9 Juvenile Justice Project, we're just  
10 getting into, so we're working with the Incarnate  
11 Word Foundation, Judge Edwards and Mason in the  
12 City of St. Louis. There are huge disparities in  
13 kids that are getting sent to the Juvenile Justice  
14 system in the City. And when Judge Edwards and  
15 Mason presented the data to me, I was appalled.

16 So in the City of St. Louis last  
17 year, over 1100 African American kids were referred  
18 to Juvenile Justice, 63 white kids, and 11 Hispanic  
19 kids. I'm going to say that again, 1100 African  
20 American juveniles were referred to Juvenile  
21 Justice Center, 63 white kids. So this project is  
22 working with schools to help reduce referrals to  
23 Juvenile Justice, reduce referral or reduce  
24 suspensions and expulsions. Because the two major  
25 referrals to Juvenile Justice are schools and law

1 enforcement.

2 But law enforcement will tell you, a  
3 lot of times they're picking up kids because  
4 they've been suspended or expelled from school.

5 We also are funding some media and  
6 education work, the Health Matters section of the  
7 St. Louis American. We helped fund that a couple  
8 years ago so they could put it out more often and  
9 help educate the community on health-related  
10 issues. And we also are funding some work with NPR  
11 to talk actually about the issue of Ferguson and  
12 health equity work throughout our community.

13 And then finally a couple of  
14 responsive projects, we have funding the Urban  
15 League for a medical mobile unit. And then Family  
16 Care Health Center and Places for People are  
17 partnering to bring primary care to the places for  
18 people -- behavioral health care setting on  
19 Lindell. So combining mental health care and  
20 physical health care in the same location.

21 So the Affordable Care Act is a good  
22 start for the reducing disparities. It is not  
23 sufficient. It is not the end. However, in order  
24 to even have it be the beginning, it's really  
25 important that we embrace what the Affordable Care

1 Act and health reform is trying to accomplish in  
2 terms of insurance for all Missourians.

3 So there really were two parts of  
4 health reform that we're trying to reduce the  
5 number of uninsured in our state. One of them is  
6 the new health insurance marketplaces which are up  
7 and running and available. The other is Medicaid  
8 expansion.

9 And I want to talk a little bit about  
10 Medicaid expansion and what's going on here in the  
11 state of Missouri.

12 So originally, when health reform  
13 passed, Medicaid expansion was mandatory. The  
14 Supreme Court ruled in June of 2012 that it was  
15 optional for each state to decide whether to  
16 implement a Medicaid expansion. And currently, you  
17 can see the states colored in red have expanded  
18 Medicaid, the states in dark blue have chosen not  
19 to expand Medicaid. The states in purple are  
20 considering a Medicaid expansion, and it's being a  
21 little generous with Missouri saying that we're  
22 considering it. I will say this is changing.  
23 Montana has recently moved down the path to  
24 expanding their Medicaid program.

25 So I wanted to start with what does

1 Medicaid look like in the state of Missouri. A lot  
2 of people think that if you are low income you have  
3 Medicaid coverage. And that's absolutely not true.  
4 So not only do you have to be low income but you  
5 have to fit in certain categories. So in Missouri  
6 currently to be Medicaid eligible, children can be  
7 in families up to 300 percent of poverty. We are  
8 one of the top five more generous states when it  
9 comes to kids and having Medicaid or CHIP coverage,  
10 the Children Health Insurance Program.

11 On the flip side, we are one of the  
12 bottom three states for covering parents with  
13 Medicaid. We only cover parents up to 18 percent  
14 of poverty. What does 18 percent of poverty look  
15 like? Single mom, two kids; family of three. For  
16 that mother to be Medicaid eligible in the state of  
17 Missouri she has to make less than \$3,600 per year.  
18 Per year.

19 Pregnant women, we cover up to 196  
20 percent of poverty. I will give you dollar numbers  
21 in two slides for what all these percentages mean.  
22 Individuals who are blind, up to the poverty level.  
23 Individuals who are over age 65 or disabled, up to  
24 85 percent of poverty. And if you are a childless  
25 adult, you don't have kids living in the home, you



1 aren't over 65 and you aren't disabled, you are not  
2 Medicaid eligible. It doesn't matter how little  
3 income you have.

4 60 percent of the homeless in the  
5 state of Missouri are not Medicaid eligible.

6 What does health reform in the ACA  
7 call for? Simply this, it is expanding that parent  
8 eligibility category up to 138 percent of poverty  
9 and creating a brand new category for childless  
10 adults.

11 So just what are those dollar numbers  
12 associated with all those categories? 85 percent,  
13 it's based on family size. So when you hear  
14 poverty level, poverty line, it's talking about a  
15 hundred percent of poverty. So individuals who are  
16 disabled or elderly are at 85 percent of poverty.  
17 Individuals who are blind at the poverty level. If  
18 we expand Medicaid, we are talking about a family  
19 of three making 27,000 a year. These are not high  
20 income individuals.

21 Pregnant women at 196 percent of  
22 poverty, and children at 300 percent.

23 Parents are sort of a separate  
24 category. And you can see them along -- that we  
25 figure that calculation differently in the state of

1 Missouri. You can see that along the bottom.

2           So there was, when the Affordable  
3 Care Act came to pass, there was -- they actually  
4 -- there was a beauty to the way they did it,  
5 believe it or not. I know it's a very  
6 controversial law; people love it or hate it. But  
7 the way they constructed it was that everybody  
8 would have access to affordable insurance.

9           So using Missouri as an example, you  
10 can see on the slide, there's a very -- that little  
11 tiny green box is the currently eligible parents in  
12 the state of Missouri. If we had expanded  
13 Medicaid, it's the yellow up to 133 or 138 percent  
14 of poverty.

15           And then we have this new marketplace  
16 where you can go online and purchase private  
17 insurance and there's help for you to pay your  
18 premiums. And those subsidies that help to pay  
19 your premiums starts at a hundred percent of  
20 poverty, and it goes up to 400 percent of poverty.  
21 And it's a sliding scale.

22           The Supreme Court ruling, what it did  
23 was made the yellow box optional. So right now, in  
24 the state of Missouri, if you are above the poverty  
25 level you can get help paying your monthly

1 insurance premiums through the marketplace. If you  
 2 are in that little green box as a parent or child  
 3 of a parent, you can get Medicaid. If you are in  
 4 the solid yellow area, there's absolutely nothing.  
 5 There is no access to Medicaid, and you are not  
 6 eligible for subsidies in the marketplace. Folks  
 7 under the poverty level cannot afford private  
 8 insurance without assistance. And Missouri has  
 9 chosen not to expand our Medicaid program to  
 10 include those folks.

11 So why does it matter? Insurance  
 12 affordability, quality of care are the starting  
 13 points. This is where we should be working from.  
 14 Because they're not the solution, they're not the  
 15 end game. Because there's so many other issues  
 16 that go into truly addressing health disparities.

17 It is a little bit cyclical which is  
 18 why those of us in this field struggle with it a  
 19 lot. In order to be healthy, you have to succeed  
 20 in school and work. You have to have safe housing  
 21 and neighborhoods, access to transportation,  
 22 healthy food, clean air, coordinated successful  
 23 health care in order to be healthy. So it's a  
 24 constant circle of how do we get there.

25 But insurance is a good place to

1 start. It provides access to primary care. It  
2 helps people stay healthy instead of waiting until  
3 they're at their sickest and accessing emergency  
4 room care.

5 Thank you for having me.

6 (Applause.)

7 Mr. McCLURE: We want to thank Ryan  
8 for a very thoughtful presentation and for his hard  
9 work and for the work of the Foundation in this  
10 area. It's been both illuminating as well as very  
11 convicting. So thank you very much for your work.

12 Before we do questions and answers  
13 for the Commission and also from the audience,  
14 we're going to have our second presentation for the  
15 evening. And so it's my pleasure to introduce  
16 Robert Fruend who is a long-term, very thoughtful  
17 and highly respected leader in this phase. And  
18 here's why: Among the most recent recognitions for  
19 its ten plus years of work, the Regional Health  
20 Commission was recognized earlier this year by the  
21 U.S. for Health Care Research and Quality as a  
22 national innovator in fostering the collaboration  
23 of enhancing access to coverage and services for  
24 low income residents in St. Louis City and County.

25 The U.S. Agency for Health Care

1 Research and Quality highlights the Commission's  
2 collaborative structure, the administration of  
3 coverage for low income residents of St. Louis City  
4 and County, for the consortiums developed to  
5 improve quality and integration of care, and the  
6 public reports they have done to improve  
7 transparency and decision making. And Robert has  
8 been an incredible leader in this space, along with  
9 many of his colleagues, some of whom include our  
10 Commissioner Emeritus-Managing Director, Bethany  
11 Johnson-Javois, have been leaders in this space.

12 And so we're really pleased, Robert,  
13 you could be here tonight. Thank you very much.  
14 We're looking forward to hearing from you.

15 (Applause.)

16 MR. ROBERT FRUEND: Thank you. And  
17 just how do we click the slides? I'm going to  
18 stand over here -- I'm going to -- if that's okay.  
19 That way, I can see everyone. You're making me  
20 nervous with my back to you. Especially a couple  
21 of you I know, I don't want my back to you.

22 I want to thank everyone for coming  
23 out tonight. I see a lot of friends in the  
24 audience, so thanks for coming out. Especially  
25 Dr. Bob Hughes, who's a St. Louis Regional Health

1 commissioner. Appreciate seeing you in the room  
2 here tonight. Thank you for coming out here.  
3 Both Ryan and I, you got a double dip tonight, so  
4 thanks for coming out.

5 A little bit about what we do at  
6 Regional Health Commission. And we obviously chose  
7 this quote, everything we do at the Commission is  
8 about making our health care system more equitable.

9 As Ryan -- and Ryan and I did  
10 coordinate ahead of time, so a lot of what I would  
11 normally say he said, so I'm not going to repeat  
12 it. I'm going to build on his presentation around  
13 health disparities and what we can do about it.

14 And the Commission was formed to  
15 improve access to health care and reduce health  
16 disparities. What we know is Ryan just said is  
17 that in order to be successful you need to be  
18 healthy. There's many things that go into making a  
19 person healthy. One of which is access to health  
20 care. It's not the only thing. But if you're sick  
21 and you don't have access to the same medicines or  
22 the same hospital or the same physicians as  
23 somebody right down the street from you just  
24 because of where you happen to work, you feel that  
25 injustice almost as much as any other injustice

1 there is. And according to Dr. King, it's the most  
2 shocking and most inhumane.

3 So because of its vital importance to  
4 our economy, because of its vital importance to the  
5 health of and our success of our community, but  
6 also because it's just the right thing to do. We  
7 believe getting folks access to care is vital for  
8 our community.

9 And we've come a long way since 2000.  
10 So you might have heard a lot of challenging  
11 stories the commissioners have over the last couple  
12 of nights. I'm going to tell you a good story.  
13 We're always challenged. We're in Missouri. But  
14 it's a good story of us persevering and succeeding  
15 despite those challenges.

16 And you've got to go back in time. I  
17 saw a lot of -- most folks are over 50 in the room  
18 tonight, I think I saw. So you -- many of you know  
19 this story. I won't have to explain it all. I've  
20 got to cram 120 years of health care history into  
21 20 minutes so I'll skip over a bunch.

22 But needless to say, go back to  
23 around 2000. We had a bad story in St. Louis going  
24 on. We had just lost our last public hospital.  
25 Back in the day, the old timers will tell you about

1 Homer G., which is on the north side, they'll tell  
2 you about City One which was on the Lafayette  
3 Square. They'll tell you the County had a public  
4 hospital, and those all closed over a series of  
5 years.

6 We had Regional Hospital on Delmar  
7 that was a not-for-profit with a public mission.  
8 And in the late '90's, interestingly enough, we  
9 just approved managed care in the rural areas, but  
10 when managed care came to Missouri, one of the  
11 first things that happened is Regional Hospital  
12 pretty well emptied out in the late '90's; went  
13 from a census of the over 300 to less than a  
14 hundred in about a year and a half.

15 All sorts of legends and stories  
16 about what happened. But the end result was  
17 Regional closed. And these were the headlines,  
18 "The Health Care Safety Net Unravels," "Who Cares  
19 for the Poor in St. Louis?" One of my favorites,  
20 "Robbing the Lemonade Stand." And it went on and  
21 on and on.

22 And so at that center of crisis,  
23 there was actually protests outside of some of our  
24 hospitals, down at the board of aldermen. Folks  
25 were going to jail over this thing. When I used to



1 tell this story, people would say, really. And now  
2 I think we know because people really do get upset  
3 over injustices. And as I said, health care is a  
4 huge injustice when it's not done correctly.

5 A commission was formed. So the  
6 civic progress got together with a couple of the  
7 other leaders and formed the Commission. This was  
8 called the St. Louis Regional Health Commission.  
9 And our mission was to one, improve access and  
10 reduce health disparities; but two, get us out of  
11 this crisis and figure something out.

12 We've been working hard at it. We  
13 don't have a perfect system. Nobody in this  
14 country does. But we're getting there.

15 And I'm going to tell you a little  
16 bit about that story. I'm going to have --  
17 introduce Ms. Rosetta Keaton who worked at  
18 Regional, now is a patient ombudsman over at the  
19 RHC. I'm going to give you a high level, sort of  
20 from the rooftop, so she'll tell you what it's like  
21 on the ground, and then we'll take your questions.  
22 So that's what we're planning for tonight.

23 To tell you this story, how we got to  
24 reconnecting care, how we got to mending the safety  
25 net here in our town. And we have made a

1 difference. While Ryan's right, we still have  
2 health disparities and we still have a long way to  
3 go, we're getting better. As you can see, the age  
4 adjusted mortality rates in the City and the County  
5 have gone down over the last 10 years, 15 years.  
6 And they've gone down faster in the City than  
7 anywhere else.

8           You can see the cancer mortalities  
9 here, breast cancer, and if you could see, on the  
10 left is Caucasian women and on the right is African  
11 American women. You can still see that gap Ryan  
12 talked about, but you can see it getting better for  
13 both categories.

14           Likewise, for prostate cancer, we've  
15 actually seen been a bigger rate of decline over  
16 the last 10 to 15 years for African American men in  
17 our region than for their Caucasian counterparts.  
18 And colorectal cancer, again, we've seen  
19 improvements across the board. Heart disease, you  
20 can see the massive improvements we've made in  
21 heart disease. We've seen over a 30 percent  
22 improvement in heart disease mortality in this  
23 region over the last ten years.

24           Same thing with cancer -- I said  
25 cancer. Same thing with strokes, same thing with

1 COPD. One indicator after another, we've improved  
2 and we've improved dramatically and for every one  
3 across the board.

4 One of the tools we've used is to  
5 increase access. Because while access alone won't  
6 make a difference, we know if folks can get in to  
7 see their doctors, have access to medications, can  
8 get the right treatment plans, they can -- they can  
9 become healthier.

10 And as you can see, we've increased  
11 access to care, in primary and specialty care, by  
12 25 percent, especially for the low income folks,  
13 uninsured Medicaid folks. We're very proud of  
14 that. It's taken a lot of hard work.

15 And my friend, Bethany, and I have  
16 been at it, I've been at it now 12 years, and  
17 Bethany, eight of those. And we've really made a  
18 difference and we're very proud of that.

19 We work with a lot of partners, very  
20 important partners, and particularly, our  
21 community, because we don't have a public hospital  
22 left, put a huge bet on community health centers.  
23 So I don't know, how many of you have heard of  
24 People's Health Center. It's good, because their  
25 name's on the door. I'll tell them they're doing a

1 good job. People's runs three sites.

2 How many folks have heard of Grace  
3 Hill or now Affinia? A lot of folks. Great.  
4 Grace Hill. Grace Hill, and you can see on the far  
5 left, those are the number of visits. Grace Hill  
6 sees nearly 150,000 folks for medical care each and  
7 every year. That's lot of visits, okay. And over  
8 two-thirds of them are low income folks who are  
9 uninsured.

10 Has anyone heard of Myrtle Hilliard  
11 Davis? A number of people know Myrtle. Now  
12 they're in some really tough zip codes. They're  
13 over on Martin Luther King, they're in The Ville,  
14 they're up on Riverview and West Florissant. And  
15 they do great work, serve the community over 40  
16 years.

17 How about Family Care in the Grove?  
18 I've got to tell Bob he's got to get to marketing  
19 out there. They're in Carondelet and in the Grove;  
20 and they run two sites. Myrtle runs three; Grace  
21 Hill runs four; People's runs three. St. Louis  
22 County, St. Louis County runs -- sees almost a  
23 hundred thousand folks in three health centers.  
24 Very critical access points that St. Louis County  
25 Department of Health runs in Berkeley, in North

1 County, and in Pine Lawn. And in South County,  
2 right at Gravois and Affton.

3 So those five see the vast majority  
4 of folks in our community. We have some other  
5 partners, but those see the bulk. And they take  
6 care of over 700 -- it's 750,000 encounters are  
7 seen that serve over 300,000 people in our region.  
8 That's huge.

9 And again, just to point them out,  
10 they're scattered across the region, they're both  
11 in the City and the County, there's over 20 sites.  
12 And these are little pictures of what they look  
13 like. Grace Hill's new dental clinic which Ryan  
14 mentioned is on the left. And the Children's  
15 wellness center going up on Delmar, where Betty  
16 Jean Kerr runs. And the rest -- the brand new  
17 building in the County.

18 We have a program that fills in the  
19 gap right now in St. Louis City and County. Ryan  
20 mentioned for those childless adults and those  
21 adults that make over \$10 a day, we have a program  
22 for them here in St. Louis City and County, if  
23 you're in poverty and need insurance, called  
24 Gateway to Better Health. We're very fortunate.  
25 The Commission administers it. It provides a gap

1 for outpatient services for those in poverty.

2           It's -- we're fortunate to have this  
3 in our region. It's something that a lot of other  
4 places that haven't expanded Medicaid haven't  
5 gotten. It's something the Commission's worked  
6 hard, worked with our hospital partners, and  
7 St. Louis City provides 5 million, and our hospital  
8 partners provide 25 million through funds that come  
9 through the Federal government.

10           And we're able to provide over 70,000  
11 medical visits to the folks in poverty and pay for  
12 over 230,000 prescriptions. We prevent 50,000  
13 emergency department visits and we cover about 40  
14 percent of the uninsured in poverty in the City and  
15 County.

16           So we do have a safety net in  
17 St. Louis. And it's -- it's -- on our good days,  
18 it's working pretty well.

19           I'm going to turn it over to Rosetta.  
20 As -- as we heard, we're fortunate to win some  
21 awards. But more importantly than that is what the  
22 folks say about us. Rosetta works with our Gateway  
23 folks every day. And I wanted to give you a brief  
24 overview of what we do, but I wanted to let Rosetta  
25 talk about kind of her experience dealing with the

1 patients every day and what she sees.

2 And then we'll wrap up talking about  
3 stress because it's so important that we really  
4 want to make sure that we cover that.

5 MS. ROSETTA KEATON: Hello,  
6 everybody, and thank you for allowing me to speak  
7 from the human side. I love seeing statistics and  
8 data, but I always think it's important that people  
9 understand what poor uninsured and underinsured  
10 people think and how they feel about the services  
11 that they receive.

12 First, let me say above all and  
13 everything, I'm so grateful that we have a system  
14 in place right now that can help people who don't  
15 qualify for Medicaid and are just up to that limit  
16 where you can't even get on the Obamacare -- that's  
17 the Affordable Care Act, AKA.

18 These people are hardworking, every  
19 day people. They're not just people lying on the  
20 streets where you can form your opinion. You see  
21 these people in most any service job that is low  
22 paying, they're a part of Gateway. And they have a  
23 hard time making it a lot of times because they go  
24 to the emergency room because they can't take off  
25 from jobs because they don't have any money and

1 they don't have any insurance so they can't take  
2 off from their jobs a lot of time, so they miss  
3 appointments.

4                   And thank God we have now a system  
5 that has primary care and a system that has  
6 encouraged the other health organizations that  
7 provide specialty care to help and assist to make  
8 sure that these people can maintain a healthy  
9 lifestyle and become more alive and well.

10                   They say to me, if I had to pay for  
11 my medicine for my heart, I couldn't do it.  
12 Gateway pays for medicine for your heart and dare  
13 anybody to charge somebody over 2 or \$3 for it.  
14 And I don't know what the exact cost is, but I know  
15 people are able to get some medication because  
16 there is a Gateway today. It may not be here next  
17 week and -- well next year. This is -- we got it  
18 to 2015, so -- but it may not be here.

19                   And if we don't have that system to  
20 help support the people and kind of relieve that  
21 stress a little bit from them, we're going to be in  
22 really bad shape here in Missouri.

23                   Recently, I did some -- I held some  
24 orientation sessions for people who are on Gateway.  
25 And it kind of broke my heart a little bit because,



1 first, let me say I've been advocating for patients  
2 for about 25 years, so I get to see a patient here  
3 and a patient there and a patient here, patient  
4 there one at a time, but it's not often that you  
5 get an opportunity to see a group of people come  
6 together who you know some things about that you  
7 don't even have to look -- look into the data to  
8 find. Because like we know if you're above 100  
9 percent of the poverty guideline, you'll qualify  
10 for Gateway. And what was it, the 18 percent for  
11 Medicaid? I never really knew that, but that's  
12 pretty low. So those people that's down here and  
13 right to here get to get some Gateway coverage.

14 One of the things that really, that I  
15 really saw was the men, the African American men  
16 who sat in my orientation. Maybe half of the  
17 people, I'm saying like 50, 60 people at an  
18 orientation. And do you know that possibly 20 --  
19 15 to 20 people in that room were African American  
20 men? That says something very serious.

21 First of all, we know that they  
22 didn't make more than 11,000 a year. Secondly, we  
23 knew that they were sick. Thirdly, we could wonder  
24 did they have families. What was happening to  
25 them? They couldn't stay well because I'm sure it

1 was some stress in there somewhere.

2                   These people, when I would say to  
3 them, "Are you stressed?" They go, "Oh my God,  
4 yes. Can you help me with the stress?" We already  
5 know -- or we're finding out more and more that  
6 stress cannot be relieved if you're sick. If you  
7 have stress, it doesn't help your sickness.

8                   So -- so we got a whole group of  
9 people that here in St. Louis City and St. Louis  
10 County that we have to pay attention to because we  
11 don't know what we're dealing with. It's still  
12 explosive.

13                   I've been doing this, and I'm telling  
14 you in 1999, 2000, the same questions and the same  
15 feelings that these people express, "I don't have  
16 health care" are the same questions and expressions  
17 I hear today, "I don't have health care." The  
18 good thing is we have something in place. It's not  
19 the best. As Rob said, it's not the best plan, but  
20 it is a plan, and it's all that we have.

21                   So you know, let's -- let's know  
22 about Gateway. If you don't know it, please find  
23 out about it. And maybe you know somebody who  
24 would benefit from it.

25                   (Appause.)

1 MR. ROBERT FRUEND: Thanks, Rosetta.  
2 Thanks. And with that, I'd like my team from the  
3 RHC to stand. Angie Brown is director of Gateway  
4 operations, the rest of the Gateway RHC team, stand  
5 up. Let's see you all stand, please. Don't clap  
6 -- you can clap if you want, but why I want them to  
7 stand is with Rosetta, if you all know of anybody,  
8 anybody that needs health care and can't get it,  
9 you come see us after this presentation. Because  
10 there shouldn't be anyone not getting health care  
11 on my watch, in my town today. Now there's a few  
12 that might fall in the cracks, but we'll work it,  
13 and we'll work it, and we'll work it until it gets  
14 done.

15 Now as Rosetta said, we're guaranteed  
16 to be around until the end of this year. We'll --  
17 hopefully we'll get a renewal, but if sometime  
18 Gateway gives out, because it's a temporary  
19 program, and the Feds are just going to go take  
20 Medicaid expansion and go away, or just go away.  
21 So, but for now, we have a system. So if you could  
22 see one of Emily, Ricky, or Susan, Angie -- Angie's  
23 really the one you want to get to, she runs the  
24 shop -- or me, or Rosetta afterwards, and we'll get  
25 some names and we'll take your information and get

1 you in.

2 Rosetta was mentioning about stress.

3 And I do want to end with this and then take  
4 whatever questions you have, because toxic stress  
5 and trauma in the region are making us sick. And  
6 we're hearing more and more about it. And, in  
7 fact, if we would have done this poll ten years ago  
8 that we just saw tonight on what's making you sick,  
9 toxic stress wouldn't have made the list.

10 We're so stressed out. This is  
11 across the board. This is folks in Wildwood, it's  
12 folks in Affton, it's folks in Lemay, it's folks in  
13 Penrose, it's folks in Normandy, it's folks in  
14 Ferguson, folks everywhere. And it's folks across  
15 this country.

16 And what the science is telling us,  
17 and this is a fancy slide that basically said if  
18 you have trauma or toxic stress, you're going to  
19 get sick. The science is getting clearer and  
20 clearer. We can predict it. And we know what  
21 happens in your body. Your adrenaline gets so  
22 jacked up that your blood sugars and your blood  
23 pressure rise and you become sick.

24 45 percent of the people on our  
25 Gateway plan, about 22,000 people, 45 percent of

1 them have diabetes, hypertension, or both. We  
2 started diving into why, why. And more and more as  
3 we dive into root cause, stress and trauma.

4 We have the host of our Alive and  
5 Well program -- Bethany, do you know how to play  
6 this? Someone press play.

7 (A video is being played.)

8 MR. ROBERT FRUEND: So that -- let's  
9 all gave Bethany applause. Let's embarrass her  
10 some more.

11 Now you can see though why we gave  
12 Bethany -- why the health care system gave Bethany  
13 to the Ferguson Commission for a year, because we  
14 will not get healthy unless we deal with what's  
15 going in our City and deal with the stress. The  
16 Alive and Well Program, we've got a partnership  
17 right now with Radio One.

18 And that was a very -- for those of  
19 you who listen to hip hop or old school, you know  
20 Tony Scott. For those who don't know Tony, tune  
21 in.

22 We have also have a show on  
23 Hallelujah 1600 that we do weekly, and Bethany is  
24 on the radio weekly. And we also have a  
25 partnership with St. Louis American. And we're

1 very fortunate to be doing articles with them.

2 We'll also be engaging some more  
3 media partners as well as in the trenches. We've  
4 got 60, 70 ambassadors signed up, a lot of  
5 programming partners. We are doing a lot of  
6 training around stress and trauma with our social  
7 service providers, schools, how they can become  
8 really thoughtful about how to deal with kids who  
9 are going through stress and trauma.

10 As Ryan said, expelling them at the  
11 drop of a hat is not a trauma-informed response.  
12 We need to do better. Working with our courts,  
13 working with a number of folks, and not just across  
14 the community, not just, you know, in Ferguson, but  
15 everybody, how we can become alive and well.

16 So I'm going to wrap with some key  
17 principles, and I'm going to take one more minute  
18 to do this. And we've come a long way as a region.  
19 We're threatened without Medicaid expansion, but  
20 we've come a long way. We're very proud of it.

21 And we've got some lessons learned  
22 that might be informative to the Ferguson  
23 Commission. We're very thoughtful about how we  
24 make decisions at the Regional Health Commission.  
25 I think you are too, about allied input when

1 accepting (unintelligible) and centralizing  
2 decision-making processes.

3           We've really focused and implemented  
4 over 200 recommendations over 15 years, but we  
5 don't do it all at once. And we focus our efforts  
6 and then when we get some progress, we move on.  
7 And then we measure and publicly report our  
8 results.

9           You have in your -- the commissioners  
10 have, and we can have on our website available all  
11 sorts of reports that we do. We track data with  
12 extraordinary precision. We spend a lot of time  
13 and effort on it and publicly report it so that we  
14 know how we're doing as a region. And that's very  
15 important.

16           So with that, I know you know  
17 St. Louis isn't always known for being on the  
18 cutting edge. We are here and we are, despite  
19 being in some of the most difficult circumstances  
20 statewide and being in Missouri, we've made a huge  
21 difference. We continue to make a huge difference.

22           I want to thank all my partners in  
23 the room that have been with the Commission since  
24 the start that has helped us make this difference.  
25 And if any commissioners have any specific

1 questions on how we did it, I'll be happy to  
2 address them during the Q and A. Thanks.

3 Mr. McCLURE: Rob, thank you very  
4 much.

5 So to Rob and Rosetta and Bethany,  
6 thank you for the thoughtful presentation. Despite  
7 the fact that St. Louis has a long way to go as  
8 we've heard, we need to be grateful and recognize  
9 and acknowledge the significant progress that has  
10 been made over time by very thoughtful leaders who  
11 have led in this space.

12 We're going to do something now we  
13 haven't done before, but listening to feedback from  
14 commissioners, we're going to take a -- exactly a  
15 7-minute break. We would ask the audience, you  
16 have time the break any time you want, but please  
17 stay with us because after that, we're going to  
18 come back and Starsky will moderate a Q and A for  
19 both Ryan and Rob and any others.

20 And Scott Negwer, sitting on the end,  
21 if you would be the timer, and in seven minutes  
22 come to the microphone and call everybody back up  
23 here. Would you mind?

24 Okay. Seven minutes. Thank you all.

25 (A short break was taken.)



1 REVEREND WILSON: We'll have a period  
2 to ask questions. We'll first begin with  
3 commissioners and then ask the members of the  
4 public and community if you have questions of Ryan  
5 or of Rob. Ryan, is your mic on?

6 So first, Commissioners, there are  
7 mics behind you. And if they are not already live,  
8 just say what number and we can make sure we bring  
9 it up for you. They're all live, so we're ready to  
10 go.

11 Any questions from the commissioners  
12 for Ryan or for Rob?

13 Commissioner Windmiller.

14 MS. WINDMILLER: Thanks very much for  
15 your presentations. They were fascinating. My  
16 name is Rose Windmiller and I work at Washington  
17 University. And one of our employees, Pete Sortino  
18 is, of course, on the Regional Health Commission.  
19 But I have a question for both of you, and it goes  
20 to one of the things that I've been working on, as  
21 many of the commissioners have for several years,  
22 is Medicaid expansion.

23 What I'd like to know is I'm not  
24 going to ask you how we get that done politically.  
25 That's the question I get all the time -- unless,

1 of course, you'd like to tackle that one. I'm not  
2 hearing any resounding answers there. But if we  
3 are able to get Medicaid expanded, what -- how will  
4 that affect the safety net and the work of  
5 Missouri, the Commission, the Foundation?

6 MR. RYAN BARKER: So I -- the --  
7 actually, I will sort of answer your first question  
8 because we've been talking about it a lot of how we  
9 get Medicaid expansion to happen in Missouri. And  
10 there is some discussion of the political makeup of  
11 our state. That's not an area, like electoral  
12 politics, the Foundation gets into in any sort of  
13 way.

14 But what we are interested in is  
15 changing the conversation at a local level, so  
16 changing the conversation about health and the  
17 health of our communities, and how the health of my  
18 neighborhood impacts my health. And that is a  
19 strategy that we're leaning towards of really  
20 changing the conversation around what it means to  
21 be healthy in our local areas.

22 In terms of the impact of Medicaid  
23 expansion, one of the things that I think about it,  
24 and probably Rob does too, is access and what does  
25 that do if we all of a sudden have -- so if we

1 expanded Medicaid, we have about 300,000  
2 Missourians that would be newly eligible for the  
3 Medicaid program. So the first question is how do  
4 we get all those folks enrolled. And then do they  
5 have a place to receive care or are we going to  
6 overwhelm the health care system.

7 Now, you start thinking about what --  
8 where is the safety net, what are those safety net  
9 institutions that are already seeing uninsured  
10 patients. We have the RHCs. We have the County  
11 Health Department; in more rural parts of the  
12 state, rural health clinics, family planning  
13 clinics. We have seen a good number of uninsured.  
14 And the lessons learned of other states that are  
15 already expanded is it doesn't kill access. That  
16 is really sort an argument that people are making  
17 against Medicaid expansion. But in other states  
18 that have already expanded, we're not seeing  
19 six-month waiting lists for people to get into  
20 primary care. It's just not happening.

21 The other thing we have to think  
22 about with Medicaid expansion is the impact that's  
23 already happening, is our hospital systems get a  
24 lot of money from the Federal Government to help  
25 them see uninsured patients. That money's going

1 away. It was part of the Affordable Care Act. If  
2 we're going to expand insurance coverage to all  
3 these new Americans, we can take some of that money  
4 we're spending on uninsured folks.

5 So our hospitals are being put into  
6 this place where we don't have Medicaid expansion.  
7 And they're losing billions of dollars a year that  
8 is being pulled, it's something called DSH dollars  
9 that goes to hospitals to see uninsured patients.  
10 So access is a question, but I don't think it's  
11 much of a issue. The bigger issue is the cost.

12 MR. ROBERT FRUEND: Just a couple  
13 things that would be huge for our patients,  
14 especially those in poverty, we stitch it together  
15 every day, but we stitch it together. And if folks  
16 had coverage, they would have a shot.

17 Gateway, we've talked a little bit  
18 about today, has big holes in it. We don't cover  
19 inpatient, for example. Now, our hospitals do a  
20 good job with funding they have from the Feds now,  
21 seeing folks. But as Ryan said, that's going away.  
22 It's very worrisome, the inpatient in our region  
23 over the next five years. We don't cover mental  
24 health. We would love to, we just can't.  
25 And so the fact we don't have Medicaid, I think

1 that will probably be the biggest enhancement is we  
2 would get more mental health services to those  
3 folks that need it, so they'd have a shot to living  
4 healthier lives.

5 And then we don't cover brand-named  
6 drugs. That's huge. And folks really struggle  
7 with the price of their meds if they're not  
8 generic. And it breaks our heart. And so it would  
9 be a huge advancement for our patients.

10 As Ryan said, we've already --  
11 because of money that's been pulled back, my folks  
12 in the business community might like to know this,  
13 we've already lost right around 3,000 jobs in the  
14 health care sector in St. Louis over the past year  
15 or two. And that's only going to get worse. We've  
16 had several major health care providers go through  
17 layoffs. And one of our major safety net providers  
18 closed. And that's only going to get worse. We're  
19 going to see more and more places close.

20 We almost, however, our mental health  
21 hospital in the City, our acute mental health  
22 hospital almost closed. We are thankful BJC  
23 stepped in and picked it up, or else we would have  
24 had a real mess on our hands, the one on Delmar and  
25 Union.

1                   We're fortunate that they're able to  
2 cover that place's losses for now because of some  
3 of the money they get. That money's going away.  
4 So if we don't act soon, you're just going to see  
5 our health care system, not just our safety net,  
6 but especially our safety net, deteriorate year  
7 after year after year, as we become less and less  
8 competitive to those states that have taken the  
9 expansion money.

10                   REVEREND WILSON: I want to ask one  
11 quick follow-up for Rose's question, and not to get  
12 to the politics too much, but do you have any  
13 polling statewide on the desire of the community  
14 for expansion versus what we're getting into as far  
15 as action and output from the legislature?

16                   MR. RYAN BARKER: So yes, and it's a  
17 tricky question, because Medicaid is well-liked in  
18 the state of Missouri. So when you poll on  
19 Medicaid, about 60 percent of Missourians like  
20 Medicaid.

21                   Now, you can't go too deep on  
22 Medicaid because people really don't understand  
23 what Medicaid is. And when you talk about  
24 expanding Medicaid and describing the population,  
25 it's a majority that support it. Part of the

1 problem we see is that we're five years into the  
2 Affordable Care Act. And the politics around that  
3 law have not gone away. So it's very easy if you  
4 throw in the attack of Medicaid expansion is  
5 Obamacare, it plummets.

6 So it's very easy and very sound  
7 biting to take away support for Medicaid expansion  
8 just by tying it to Obamacare.

9 REVEREND WILSON: Thank you.  
10 Commissioner Blackmon.

11 REVEREND BLACKMON: This wasn't my  
12 question, but what you just said, I want to say in  
13 a different way. In other words, if you describe  
14 what the Affordable Care Act is to the people, they  
15 are in favor of it; but if you say it's from Obama,  
16 they're not in favor of it; is that correct?

17 MR. RYAN BARKER: That is correct.

18 REVEREND BLACKMON: Thank you. The  
19 question that I have is safety net for me, by  
20 virtue of its name, means that people have already  
21 fallen. And my question around that is that with  
22 the number of people that you see accessing safety  
23 nets, do you have any data on whether or not these  
24 people are accessing safety nets only for incident  
25 driven care or are they actually getting

1 preventative care?

2 MR. ROBERT FRUEND: So that our  
3 community health centers we described, while they  
4 do have primary care physicians, they're medical  
5 homes. And so they are working on prevention.  
6 It's prevention and primary care.

7 And safety net is kind of a tricky  
8 word, because if you go back in time 10, 15 years,  
9 these are places, our community health centers were  
10 the places of last resort. It's where you go when  
11 you couldn't get in anywhere else. We've gone on a  
12 really wonderful 15-year transformation journey in  
13 terms of building brand new spots, working on our  
14 quality, working on our service metrics.

15 And so I personally use a community  
16 health center, not because I'm making a big  
17 political statement, but because it's up the street  
18 from me. I get good care. The physical plant's  
19 great. The parking is easy. It's where I go.  
20 It's easy.

21 And so more and more what we have is  
22 high quality health care in your neighborhood.  
23 It's not a safety net. It just happens to be these  
24 neighborhoods are all across the community and not  
25 just focused in West County. We're very proud of



1 that.

2 REVEREND BLACKMON: I recognize that  
3 those services are available. My question is the  
4 people who come, those 700,000 people that you see  
5 a year, are they coming for primary care or are  
6 they coming for intervention?

7 And let me tell you why I ask that  
8 question. Because it's also tied to poverty, it's  
9 tied to the kind of jobs they have. I work with a  
10 medical unit that is partly sponsored by MFA. And  
11 I know that many of the people who come on do not  
12 have the luxury, the privilege of primary care or  
13 preventative care, because they can't get off if  
14 they have a job, or they don't have access. So  
15 they end up coming only if they're ill.

16 I'm asking is there data that  
17 addresses whether or not the people who are counted  
18 as being seen are being seen preventatively on a  
19 routine schedule to prevent illness or are they  
20 showing up when they are sick, irregardless of if  
21 you have any primary care physicians?

22 MR. ROBERT FRUEND: So, no. There's  
23 not hard data on that that I know of. Now, I will  
24 answer this question, is that our people show up  
25 sick. Not all of them, but a lot of them. Do they

1 come for routine checkups? Yes. Do they normally  
2 come when they're sick? Yes. Do a lot of our  
3 folks have very complex medical histories that  
4 require frequent intervention by the physicians or  
5 their team? Yes.

6 45 percent of our folks have  
7 hypertension, diabetes or both. We have to see  
8 them frequently to keep them in check. Is that  
9 prevention or is that seeing you when you're sick?  
10 Yes. I mean, that's why the data is kind of tricky  
11 on that because are folks partial to coming when so  
12 sick. And it's part of the history, you know.  
13 Sometimes they didn't have access before.  
14 Sometimes they're living lives that are tough and  
15 making them sick.

16 So are folks who are showing up to  
17 our clinics, not only are a lot of them sick, we  
18 treat them, we try to get them well, get them back  
19 on the street. Sometimes we don't see them for a  
20 while. Sometimes they come back. It just depends  
21 on the person.

22 Now, more and more we're seeing them  
23 less and less in the emergency room, and we're very  
24 proud of that. Nonemergent emergency room visits  
25 are actually down in the region. So they're using

1 primary care more and the emergency rooms less.

2 That's a good equation.

3 Now is that everybody? No. Are  
4 there sick people that don't get in to see a  
5 doctor? Yes. Do we wish we could see everybody?  
6 Yes. You know, if we see roughly, now 700,000  
7 visits but roughly 300,000 people a year, could we  
8 see 5? Yes. There's a lot of reasons why we're  
9 not.

10 And again, that partially gets back  
11 to the medical model can only go so far too. And I  
12 think Dr. Purnell was chatting with you about  
13 different strategies he thought about that's added  
14 to the medical model, not replacing, because when  
15 you are sick, you should see a doctor. But getting  
16 out into the streets with some our stuff, getting  
17 into the schools, getting into places where people  
18 are and talking wellness. That's what a lot of  
19 it's all about too. It's talking about reducing  
20 the stress or dealing with it better and not just  
21 waiting until you're sick. So that's a big piece  
22 of the puzzle as well.

23 So it's a very complicated answer.  
24 Are we doing prevention or are we seeing people  
25 when they're sick? The answer is yes. And the

1 answer is we still need to do a lot more to get a  
2 healthier population.

3 REVEREND BLACKMON: One last question  
4 and I will be quiet.

5 MR. ROBERT FRUEND: Tricky question,  
6 by the way.

7 REVEREND BLACKMON: I'm grateful that  
8 BJC is a taking over the mental health beds in the  
9 City. But simultaneously, they're also closing the  
10 County locations and combining those in the City.  
11 So we'll have one less facility for mentally ill,  
12 even if we don't have less beds.

13 My concern also is that when people  
14 come to the safety net or the full health care  
15 centers, whatever you want to call them, if they're  
16 in need of specialty care, if they're in need of  
17 surgery, I'm wondering what the lag time is in  
18 connecting them with the few resources that we have  
19 left.

20 And lastly, I have a great concern  
21 that when people fall through the cracks on when  
22 there is not enough health care and there still  
23 isn't, that the onus for that will fall on those of  
24 you who are trying desperately to make it better,  
25 rather than on the politicians where it belongs.

1                   And I'm very concerned about that.  
2    Because there's a moral accountability for taking  
3    care of citizens. And St. Louis, Missouri is  
4    failing miserably at that.

5                   MR. RYAN BARKER: On the mental  
6    health, there's no good answer. We have a mental  
7    health crisis, not only in this city, but in this  
8    country. And I -- all I have to say is an  
9    anecdotal story.

10                  So I'm the father of a son who we  
11    fostered and adopted. He happens to be an African  
12    American who's now 16, God bless my soul. But when  
13    we got him, he was 7 years old, as a foster child.  
14    And he had a really crappy seven first years of  
15    life. And he came to us with several mental health  
16    diagnoses.

17                  So he came to us as a foster child on  
18    Medicaid. And for months, probably two months, I  
19    searched for a child psychiatrist in the City that  
20    took Medicaid. There are none. I finally, through  
21    a friend, because I happened to work in health  
22    care, was able to find a doctor, child psychiatrist  
23    who comes across the river once a month, has an  
24    hour-long clinic. I learned my lesson.

25                  So the first time I called and made

1 an appointment for 2 p.m., apparently they give 40  
2 people a 2 p.m. appointment. So I get there at 2  
3 p.m. and was the last to be seen because they just  
4 put you on the list of when you walk in the room.

5 And then when we finally got in to  
6 see the doctor, he saw my son for 4 minutes, asked  
7 him what his favorite video game was and wrote a  
8 controlled prescription. I was horrified.

9 So I was very excited when we adopted  
10 him because I would be able to put him on my  
11 private insurance through the Foundation, because I  
12 thought if I have private insurance, I can access  
13 mental health care.

14 I got private insurance through work,  
15 put him on it, made a phone call to a local child  
16 and adolescent psychiatric through Wash U for  
17 private insurance. It was a seven-month wait for  
18 our first appointment. I'm not blaming anybody.  
19 We have a mental health crisis. We do not have  
20 access to mental health services in the City. And  
21 it's not just St. Louis. It is nationally. But  
22 it's something we have to address, and it goes back  
23 to what Bethany and Rosetta were saying about the  
24 stress and the toxic stress. We know. It ties to  
25 our physical health.

1 MR. ROBERT FRUEND: Ryan, Bethany,  
2 and I, and the team that's out there, we've got a  
3 -- we feel like we've got our fingers in a lot of  
4 dikes. We've got holes in the dikes and they're  
5 breaking. We put it here and it squirts out here.  
6 We plug it over here. And this is back when I  
7 mean, the water was flooding us 10, 15 years ago.  
8 And the dam's about to break again.

9 So yes, we're doing our best. I  
10 share your last concern that when it breaks, and  
11 it's going to break, I keep telling people, without  
12 Medicaid expansion, here's what's going to happen.  
13 Hospitals will close. You can't pull -- I thought  
14 Ryan was going to have this number and he didn't.  
15 He took it out. But the hospitals in Missouri are  
16 going to lose 4 billion dollars over the next seven  
17 years. That's a lot of money. That's a lot of  
18 money across Missouri.

19 When that money gets pulled out,  
20 you're going the see rural places close. And we've  
21 already seen a couple close. You're going to see  
22 urban areas go. Truman's days cash on hand --  
23 hours cash on hand right now. a couple of our  
24 other safety net providers are hanging by a thread.  
25 You're going to see some services for the mental

1 health get even more concerning. You know why I  
2 know those three? Because that's where people  
3 can't pay.

4           You know, we'll still have our  
5 facilities out at 40 and Ballas. I promise you.  
6 Now, those will be the last to go. You know why?  
7 Amen. So without, you know, some sort of  
8 intervention soon, we're going to give out. We  
9 just will. It's predicted.

10           You can't pull 7 billion dollars --  
11 or 4 billion dollars out of the system in seven  
12 years and expect it to be status quo. We're doing  
13 our best. In fact, we've done pretty darn good  
14 over the last decade with meager resources. But  
15 we've got a long way to go and it's highly fragile,  
16 highly fragile.

17           REVEREND WILSON: Other questions  
18 from commissioners?

19           MS. PULLIAM: I have a question.

20           Thank you. Ryan, around the  
21 strategies that you -- that you've outlined related  
22 to housing and employment, do you have specific  
23 recommendations towards specific strategies in that  
24 area that we can have access to?

25           MR. RYAN BARKER: So we are -- the



1 Missouri Foundation for Health is starting to  
2 tiptoe into some of this. So it's really tough,  
3 because we are a health foundation. But our board  
4 is having discussions about there are these  
5 factors, like housing and employment, that really  
6 -- that impact our health.

7 Now could we start funding in  
8 everything? No. But we did last -- this fall, we  
9 tiptoed into the area of housing and started  
10 funding a little bit in housing, because there's so  
11 much evidence, especially for what I would call  
12 medically frail populations, that safe and secure  
13 housing is the number one priority to helping them  
14 maintain their health.

15 I do have some specific strategies  
16 from other people that I could pull together for  
17 you and provide to Bethany. But they're not coming  
18 from the Foundation.

19 MS. PULLIAM: Okay. That's helpful.  
20 And then I had two other questions really quickly.  
21 Around school policy, the school policies, I  
22 understand that changing -- (unintelligible)  
23 referrals is one of them. And one question, are  
24 place-based health services in schools part of the  
25 policy recommendations that you suggest or are

1 making or looking at?

2 MR. RYAN BARKER: So that -- I will  
3 say that is part of the forsake of all is more  
4 school-based health. So yes, I mean we're  
5 supporting that project. And we know that having  
6 access for kids directly in school is useful and  
7 helpful, and shows good results. Rob may have  
8 something.

9 MR. ROBERT FRUEND: The real  
10 important thing is to get behavioral health  
11 professionals in the schools. We don't need  
12 doctors there full time, and it's an expensive  
13 resource to drop into a relatively healthy  
14 population.

15 But there's schools out there, I'm  
16 told -- you're way out of my area of expertise, but  
17 they're telling me there's schools without  
18 counselors. Really? How is that even possible?  
19 How can we have schools with the population that's  
20 going through -- the kids are going through what  
21 they're going through, and we don't even have  
22 counselors in them?

23 I mean, I can predict they will be  
24 sick with a good degree of scientific certainty  
25 right now. That if you don't put counselors into

1 the school, they're going to be sick, period.

2 Now I'm sure someone else can predict  
3 they're -- I'm sure that my friends in the police  
4 and justice community can predict what's going to  
5 happen to them relative to that system. My folks  
6 in education can predict what's going to happen to  
7 their educational outcomes. I'm telling you  
8 they're going to be sick if we don't get counselors  
9 in those schools. And the science is clear on  
10 that.

11 REVEREND WILSON: Do we have any more  
12 questions from the commissioners? Just very  
13 quickly then, so we have time for our audience.

14 You mentioned the 4 billion dollars  
15 being pulled out of the system. And that, I  
16 suspect, does not include things like the cost  
17 shifting going on to other payors to pick up the  
18 cost of the remaining uninsured. I suspect it does  
19 not include the cost of the inefficiency of  
20 emergency room visits versus primary care community  
21 health visits. So you have this kind of rampant  
22 inefficiency, which is why it is so incredibly  
23 baffling that Medicaid expansion is so difficult.

24 And I understand the politics. But  
25 they're really irrelevant here. Not only is it

1 just wrong for purposes of denying health care, but  
2 it's the wrong policy decision. It's the wrong  
3 governmental decision. That money is going  
4 somewhere. That's why the business community and  
5 the labor community and the community activists  
6 groups have all, I think together, said pass this  
7 without impact or effect so far.

8 But it's because of that kind of  
9 rampant dynamic of all of those dollars, in  
10 addition to the poor health outcomes that come as a  
11 result of that. So, and I want to confirm that  
12 those numbers don't include that. So the number is  
13 really bigger than 4 billion.

14 And secondly, to make the point that  
15 this is not a matter of disagreement in this region  
16 among stakeholders.

17 MR. ROBERT FRUEND: Right. Right.  
18 Obviously, it's a matter of some disagreement in  
19 the region. I mean, we can -- we can -- Ryan can  
20 host a forum on Medicaid expansion. We get folks  
21 coming in against it, again because it got so toxic  
22 politically. But, you know, yeah, as you put the  
23 dollars and cents up there and look at what other  
24 states are able to do with it. Kentucky, for  
25 example, is a very similar state that's

1 experiencing improvements in health, improvements  
2 in access, improvement in the economy all from  
3 doing this.

4           You know, our hope, when you ask me  
5 what will it take, our hope is on Medicaid  
6 expansion, you know, that as states have more and  
7 more success, and they are, that the other -- the  
8 22 outlier states, I guess, 21 now, Montana is just  
9 coming in. All those radicals up in Montana. As  
10 that -- as more and more states come in and have  
11 success, we'll be more and more out there as an  
12 isolated example of -- and we won't be able to hold  
13 the fort, so.

14           But the answer is yes and yes and  
15 yes. And we do appreciate the business community,  
16 in particular the St. Louis Regional Chamber and  
17 most every chamber around in the state has come in  
18 strongly for Medicaid expansion. And that's been  
19 very encouraging.

20           MR. RYAN BARKER: But I will go back  
21 to what Reverend Blackmon said. I travel the  
22 state. I have been to towns you've never heard of  
23 speaking about health. There is a strong component  
24 of this -- of Medicaid expansion that is racism.

25           I hear on -- I've heard multiple

1 times there are people in this state that come up  
2 and talk to me after a presentation that do not  
3 believe that this black man is going to leave the  
4 White House. He is going to stay. And they're  
5 scared to death. And I hear it.

6 We do not think Medicaid expansion  
7 will happen until 2017, because there is this  
8 irrational fear, and people really believe this. I  
9 hear it all the time. So there is such a strong --  
10 I mean, we have the business community in favor of  
11 Medicaid expansion. We have the health advocates.  
12 We have the health providers.

13 So you start naming, what are the  
14 things that are making Medicaid expansion not  
15 happen. Race is a huge component of this.

16 REVEREND WILSON: I want to -- as we  
17 transition to any questions from the audience, I  
18 want to be really specific about a couple of  
19 things. Because we don't -- will not have a health  
20 Working Group, we want to make sure that our  
21 Working Groups are informed as they consider policy  
22 recommendations with what you have today. So  
23 before you leave, I want to specifically ask a  
24 question, I hear behavioral health professionals in  
25 schools as something perhaps for some discussion in

1 the Educational Inequity and Child Well-being  
2 Working Group to be taken up as a potential policy  
3 recommendation for consideration within the Working  
4 Group.

5 I hear Medicaid expansion being  
6 spoken of for its economic development, economic  
7 impact on the region, and it's connection for  
8 people have to be healthy to work as an economic  
9 mobility issue that perhaps Commissioner Pulliam  
10 and Commissioner Sly -- I was about to say Carr,  
11 but I knew I was wrong -- Sly will want to take up  
12 in economic inequity.

13 And one of the other kind of  
14 cross-cutting things that we've talked about is  
15 transportation. And so I wanted to just ask, when  
16 you talk about access, whether there's something  
17 related to transportation that we should also  
18 consider here when we're talking about access, or  
19 are these really points of access and whether they  
20 match and is that something we should think about.

21 And whether there are any other  
22 policy recommendations in our groups on education  
23 inequity, child well-being, economic inequity and  
24 opportunity, or those that are related to safety,  
25 community-police relations should be taking up as

1 well.

2 MR. RYAN BARKER: So I'll comment on  
3 the transportation thing. So the Foundation's been  
4 around since 2002. We've held community forums  
5 throughout the state, listening sessions. The top  
6 three things we always hear about health care are  
7 oral health, mental health, and transportation.

8 Transportation related to health care  
9 access is huge. It's huge, both in the rural areas  
10 and the urban areas. We don't have the strongest  
11 public transportation system, I say that seriously,  
12 in the country. It's fairly weak.

13 And there is -- in the last year,  
14 it's interesting, because I've been asked to speak  
15 around the country on the intersection of health  
16 and transportation, because we have -- the ACA is,  
17 the Affordable Care Act, is pushing us in the  
18 direction of hospital systems, taking some  
19 responsibility for people staying healthy.

20 And part of how they do that is  
21 making sure people have access to transportation,  
22 to get to follow-up appointments and primary care.  
23 So there is an intersection of transportation and  
24 health going on right now.

25 Now the good news is we just pulled



1 together some folks from post sectors. We had a  
2 preplanning workshop last week, two weeks ago, and  
3 there will be a summit in Missouri in October that  
4 is exactly that, the intersection of health and  
5 transportation. So I can get you more details on  
6 that.

7 MR. ROBERT FRUEND: So, yes, I agree  
8 with Ryan on the transportation. A couple other  
9 things. You know, we talked about trauma and  
10 stress and its impact. That cuts across all  
11 groups, I would think. So, for example, in your  
12 educational group, it's not just behavioral health  
13 consultants, but it's -- and, you know, again, this  
14 is a symptom of when you lead the nation in  
15 expelling African American children, they're not  
16 going to be healthy because they're going to go --  
17 they're not getting the supportive structure.

18 And not only that, that's not a very  
19 trauma-informed response, because they're not  
20 thinking about what occurred with the kid. And you  
21 are not meeting with where they are, you're just  
22 sending them out somewhere to be home with five  
23 hours a week of instruction, and they're supposed  
24 to catch up.

25 I can guarantee, again, as the

1 Regional Health Commission, the kid's going to be  
2 sick when they get older, with some good degree of  
3 scientific probability. We've got to get better at  
4 that.

5           And so thinking through what's going  
6 on in the lives of our folks, when they show up to  
7 our places, whether it be at Washington University  
8 School of Medicine for treatment, or whether it be  
9 one of my health centers, or whether it be in our  
10 schools, whether it be in our courts, wherever,  
11 what happens to the person when they're walking to  
12 the door and meeting them there and meeting your  
13 customers where they're at, and working through  
14 what they need, and not just turning them out.

15           And that cuts across all your Work  
16 Groups. And that's what life and well is all  
17 about, is understanding what our folks are really  
18 going through in terms of trauma and stress. And  
19 then responding appropriately as systems, as well  
20 as just as human beings.

21           I think if we think through that as  
22 Work Groups -- and again, Bethany is like the host  
23 of this little thing region wide, so she can help  
24 you with this -- they're going to be a lot better  
25 off in the long run. And I promise you from a

1 health standpoint, and I bet the other experts that  
2 have been up here agree with me in the other areas  
3 of their expertise as well.

4 REVEREND WILSON: Good deal. Any  
5 questions from the community?

6 AUDIENCE MEMBER: So has anyone  
7 looked at the connection between our prison, jail,  
8 workhouse, community health care system, connecting  
9 the dots in terms of passage of disease back and  
10 forth and impacts on recidivism?

11 MR. ROBERT FRUEND: Yes. We actually  
12 worked with the County Health Department with a  
13 project we had looking at connecting people from  
14 the jails to our primary care sites.

15 What we found that was incredibly  
16 challenging, to get people to show up from the jail  
17 setting into our primary care homes, our medical  
18 homes, it was just harder than we thought. And we  
19 can do a much better job of that.

20 St. Louis County actually runs a very  
21 large medical clinic inside of the jail. So, for  
22 example, if you go to jail, you get a sexually  
23 transmitted infection screen, STI screen. And any  
24 mental health counseling screens. And they see 20  
25 to 25,000 medical visit outs of the jail. And

1 we're able to catch a lot of public health  
2 challenges.

3           Again, not perfect, but pretty good.  
4 So we're able to use that because we actually have,  
5 excuse the phrase, captured population there in the  
6 jail where we can help deliver health care. And  
7 that's a fairly effective model.

8           In fact, the chair of our provider  
9 services for -- Fred Rottnek who runs that program,  
10 and it's one of the models around the country.

11           Now, you know, as budgets get tight,  
12 will that be something that, you know, is something  
13 that continues? And, you know, that's a question  
14 that we have, where do we place our priorities, and  
15 will it be in maintaining the health of our  
16 community, and particularly those most in need, or  
17 will we shift it into something else.

18           And again, we're fighting an uphill  
19 battle in the state with the narrative. We're here  
20 to tell you it's a good investment. But we'll see  
21 how that plays out.

22           REVEREND WILSON: Thank you very  
23 much. One more question here? Yes, sir.

24           AUDIENCE MEMBER: I was wondering if  
25 the Commission is considering Washington University

1 report on gun violence and public health crisis, as  
2 far as health goes? Is the Commission going to  
3 incorporate some very long, I think they're going  
4 on another five years, but is the Commission  
5 considering that report as far as health?

6 MS. JAMES-HATTER: Yes.

7 REVEREND WILSON: I hear a yes. So  
8 it's being discussed in the education avenue and  
9 child well-being group, so, yes.

10 So that being said, we will make a  
11 transition into some administrative work and thank  
12 Ryan and Rob for their presentations, and more than  
13 anything else, for their work. We note Ryan and  
14 Rob, that your presentations were indeed  
15 accessible, understandable, and useful. So we  
16 thank you very much for your time of sharing with  
17 us.

18 At this time, our managing director,  
19 Bethany Johnson-Javois will come forward to guide  
20 us through some Commission planning and  
21 administrative work.

22 MS. JOHNSON-JAVOIS: Thank you.  
23 Thank you to all that presented in home and health  
24 care. So I appreciate tonight's presentations in  
25 particular.

1 I wanted to just, first, one  
2 housekeeping item, you are invited to a mini  
3 celebration of both birthdays of Rich McClure and  
4 Becky James-Hatter. Per Rich's wife, there's  
5 birthday cake somewhere floating in the back.  
6 We're pointing to it right there. So please, we  
7 want you to share. And I must be honest, because  
8 we are unflinching at me telling the truth, Rich  
9 felt really guilty about birthday cake after a  
10 whole hour about health. So he thought he would  
11 share with all of us tonight. Thank you, Rich,  
12 Thank you so much. And Becky as well.

13 Okay. That was the most important  
14 part probably of my check-in with community.

15 Now, the second part of the  
16 Commission planning and administration part of the  
17 agency tonight, we're going to call on three of our  
18 Working Groups to that provide report out to  
19 commissioners and to community as well.

20 The first who are going to be coming  
21 are Commissioners Traci Blackmon and T.R. Carr to  
22 give an update about the status of the movement  
23 within the municipal courts and SB5. This will be  
24 a verbal update. Following that, you can look to  
25 your screen, as we will be receiving two updates.

1 One on child well-being and education inequity,  
2 updated with discussion.

3 And then finally, one call to action  
4 will be presented to the Commission tonight and --  
5 to the Community tonight from the Economic Inequity  
6 and Opportunity Working Groups. So please, if you  
7 would, Commissioners, come in that order to provide  
8 your report. Thank you.

9 MR. CARR: We're going to give you a  
10 brief update on the -- this has been a somewhat  
11 moving process in the legislature dealing with  
12 Senate Bill 5 as it cleared the Senate, moved to  
13 the House, an all-substantive bill, moved back, and  
14 eventually cleared both the House and the Senate.

15 I'll just talk about some of the  
16 revisions of the bill. But it has been passed and  
17 it's in the governor's office for signature. I  
18 want to thank the staff for providing me with this  
19 brief summary. It's been a quite a process.

20 One thing we would note is something  
21 that we had discussed is lowering the cap on  
22 municipal revenues. And that was a provision of  
23 the Senate bill. It reduces it to 20 percent in  
24 the state of Missouri, 12.5 percent in St. Louis  
25 County. We're wondering about the calculus that

1 was used to arrive at 12.5 percent, but we'll leave  
2 that to the wisdom to the members of the House and  
3 the Senate.

4 But what's really important is that  
5 Senate Bill 5 did define clear terms for revenue  
6 sources. It did define clear enforcement  
7 mechanisms and reporting mechanisms. Those are  
8 absent from the previous Macks Creek Law. Remember  
9 Macks Creek was an entity near the Lake of the  
10 Ozarks and no longer exists. And that was the  
11 impetus for passing the initial legislation at 30  
12 percent.

13 So there has been a significant drop  
14 in the amount of revenue the municipalities can  
15 receive from minor traffic violations. The impact  
16 of that, we'll have to wait and see.

17 Another is that the Senate Bill 5,  
18 and this is an important thing we had been talking  
19 about, involves the developing of alternatives for  
20 failure to appear charges. This is an issue that  
21 we have discussed in terms of arrest warrants in  
22 municipal courts. That arrest warrants for failure  
23 to appear have been issued for individuals, and  
24 then results in sort of a round robin between  
25 municipalities. And that provision exists. And so



1 we'll look at how that actually is implemented in  
2 the coming -- in the coming months.

3 Another important division, an  
4 element that we had talked about in our Working  
5 Group dealt with allowing defendants to present  
6 evidence of their financial condition prior to  
7 filing assessment. And what this does, it directs  
8 the Missouri Supreme Court to develop models for  
9 determining indigence. And the Supreme Court will  
10 also, and the courts will develop method for  
11 payment.

12 So that one issue that has been on  
13 the agenda that we have been talking about in our  
14 group is alternative community service. And those  
15 guidelines will be established.

16 Another element deals with creating a  
17 list of procedural rights to applicants, and that  
18 applies to all municipal courts. One thing that we  
19 had talked about is individuals showing up before  
20 municipal courts, sometimes are unaware, number  
21 one, of how the process works; and number two, what  
22 are their rights and what will happen to them in  
23 that court. So there's a list of procedural things  
24 that has been developed.

25 One important element in it requires

1 that an option for electronic payment of fines be  
2 available for minor traffic violations and a number  
3 of other limitations on municipal courts.

4 Another issue that we have, that it's  
5 kind of moved, it dealt with citizen-law  
6 enforcement relations, deals with the issue of  
7 requiring municipal police departments in St. Louis  
8 County to be accredited, either by CALEA, the  
9 Commission of Accreditation for Law Enforcement  
10 Agencies or by the Missouri Police Chiefs  
11 Association. So that's a significant change for  
12 law enforcement in St. Louis County.

13 It also requires, this kind of goes  
14 hand-in-hand with the requirements for  
15 accreditation, that municipalities adopt written  
16 policies for use of force, and they adopt written  
17 policies for collecting and reporting all crime and  
18 police stop data. So that all goes hand-in-hand  
19 with the element of requirement for accrediting our  
20 municipal police departments.

21 There's several provisions of Senate  
22 Bill 5 that have gone beyond things that we have  
23 talked about, and these are some important  
24 elements. I can't touch on all of them, but some  
25 of them are kind of important. One is that the

1 municipals must adopt a balanced budget. More  
2 significantly than adopting a budget is a  
3 requirement that municipalities have an audit, an  
4 annual audit.

5           Most people are not aware that  
6 municipalities were not required to have an annual  
7 audit, but they must have an audit, by a certified  
8 public accountant. There -- and this information  
9 must be published on an annual basis.

10           They also must have adequate  
11 insurance, written policies dealing with safe  
12 operation of emergency vehicles and written general  
13 orders for the operation of a police department.  
14 Those are key provisions which are elements that we  
15 have talked about a little in our Working Group.  
16 But I know it's elements that have been involved in  
17 the Citizen Law Enforcement Working Group as well.

18           Other elements include refuse and  
19 recycling services. But an important element that  
20 kind of -- that's really important is that it  
21 directs the Missouri Supreme Court to allow the  
22 rules to resolve conflicts of interest among  
23 municipal prosecutors, defense attorneys, and  
24 judges. So we'll expect -- we'll watch for that  
25 and look at those rules and procedures as they flow

1 out of the Missouri State Supreme Court.

2           There are a number of issues that  
3 were untouched by Senate Bill 5 because Senate Bill  
4 5 is not an ominous bill that touches everything  
5 that we can deal with. But there are a number of  
6 elements that remain to be addressed. And just  
7 looking at some of these, one elements that it did  
8 not address is sharing information on the personnel  
9 records of individuals as they move from police  
10 department to police department. So that is an  
11 unresolved issue.

12           Another area that we have not dealt  
13 with is the issue of civilian oversight of  
14 municipal police departments. So these are issues  
15 that remain on the agenda, but significant progress  
16 has been made, so -- but again, thank the staff for  
17 providing this update. And I would direct all of  
18 us to find the latest version of Senate Bill 5 and  
19 spend some time looking at it.

20           One thing to keep in mind is I did  
21 find Senate Bill 5, all elements of Senate Bill 5  
22 are separable from all other elements of Senate  
23 Bill 5. So that if one provision of the Senate  
24 bill was challenged and declared to be  
25 unconstitutional, the remainder stays in effect.

1                   In some cases, they'll stipulate that  
2    if one element's declared unconstitutional, the  
3    whole bill is unconstitutional. But as I read the  
4    bill, it seemed to indicate that all elements, all  
5    provisions are separable from all other elements.  
6    So a challenge, a constitutional challenge in one  
7    area does not affect the constitutionality of other  
8    areas in the bill.

9                   So it looks like the bill is going to  
10   be around for quite some time to come. It looks  
11   like it will have a profound impact on the  
12   operations of the municipal courts.

13                  MR. McCLURE: Thank you, T.R. Before  
14   we see if there are any questions for you from  
15   members of the commission, I want to commend  
16   Reverend Blackmon and T.R. Carr for their chairing,  
17   chair and co-chairing the Municipal Court Working  
18   Group. They were very thoughtful about the calls  
19   to action. The legislature responded to many of  
20   those calls to action.

21                  I will point out, as a matter of  
22   comment here, Reverend Starsky and I met with  
23   legislative leadership before the session started  
24   and talked about this as the top priority before  
25   the Commission, realizing that it was developing.

1 The community came around that priority in  
2 broadly-based sectors of the community. Reverend  
3 Starsky and I were at Jefferson City three weeks  
4 ago or so, and met again with legislative  
5 leadership. And they were responsive to the  
6 concerns coming out of the Municipal Court Working  
7 Group, had continuing dialogue with us about things  
8 that would work or not work.

9           And so this broadly-based coalition,  
10 along with great leadership from the general  
11 assembly, we believe, resulted in this bill  
12 responding to many of your calls to action, is now  
13 on the governor's desk. We believe the governor  
14 will sign the bill. He gave a very strong speech  
15 to the Missouri Bar Association that contained a  
16 number of the elements that ultimately ended up in  
17 the bill.

18           So thank you for your leadership  
19 here. And we thanked -- and we issued a statement  
20 commending the legislative leadership and others  
21 for being responsive.

22           Are there questions from members of  
23 commission?

24           MR. CARR: All right. Thank you.

25           MS. JAMES-HATTER: Good evening,

1 Commissioners and community. Thank you. Sorry my  
2 back is to you. But we've just had a wonderful  
3 hour, hour and a half of presentation which really,  
4 in many ways, or probably in every way, better  
5 explains or helps explain what I'm presenting  
6 tonight as the co-chair of child well-being and  
7 education equity.

8           So tonight, I do not have -- I do not  
9 bring to you a set of recommendations, but I think  
10 a pretty comprehensive update about where we are.

11           I do want to also tell you that  
12 everything that I'll be presenting tonight has been  
13 under the advice and counsel and instruction of the  
14 researchers and the individuals in this community  
15 that really are at the heart of this work.

16           But the first thing that I just want  
17 to bring to your attention is our Work Group. I  
18 think we've had four, maybe five meetings already.  
19 And through that process have landed in what I  
20 would call some key understandings, some of which  
21 you heard tonight. But walking it through in a  
22 little bit of a different way.

23           So the first thing is the term child  
24 well-being is perplexing, even to those that work  
25 in this, to find a good definition from which to

1 work. And our Work Group has proposed and has been  
2 working with the idea that child well-being is a  
3 goal to ensure that children ages 5 to 25 -- the  
4 age range is very important in this process -- to  
5 thrive in their daily lives.

6 I just want to stop on the word  
7 "thrive" for a moment. Because at first glance, it  
8 seems pretty uninteresting. It probably is like  
9 what's the big deal. The big deal is the fact that  
10 there are so many children in our region that are  
11 simply existing. That's the big deal.

12 And so our job and our Work Group,  
13 and obviously as the Commission, is to work in a  
14 space not of existence, but of thriving. And so as  
15 we tackled what is child well-being, other than  
16 that goal, we really had to dig hard. And I hope  
17 that the simplicity that I'm bringing you today  
18 doesn't suggest that we're simple-minded about it,  
19 but simplicity in the sense of clarity, that we're  
20 really starting to get what it means.

21 And so I must talk about at least one  
22 Work Group member, Dr. Ramesh Raghavan from  
23 Washington University who has been so spectacular  
24 in this. But he explained to us, and I'm going to  
25 suggest, I'm not going to ask you to stand up and



1 make this move with me, but I am going to ask you  
2 to at least think about it. That when you think  
3 about child well-being, there's two things that are  
4 going on; one is the absence of something and the  
5 presence of something.

6           And when you think about what must be  
7 absent in a child's life in order for them to be  
8 healthy and to thrive, these are examples. This is  
9 not the full list of things that must be absent,  
10 racism, segregation, poverty, and everything that  
11 poverty brings. We heard about health, lack of  
12 access and et cetera. Violence, compromised  
13 housing. There must be the absence of  
14 interpersonal distress and disorders that you find  
15 in many mental health diagnoses. And there also  
16 must be the absence of really serious, concerning  
17 and interpersonal relationship issues, such as  
18 bullying.

19           So I want you to think about it  
20 because this is the important thing to remember.  
21 We think we know that, but I want you to just  
22 imagine that you're using one hand. I'm just going  
23 to -- and you have to push down, literally take  
24 your hand and just push as hard as you possibly can  
25 to depress this.

1                   And at the exact same time, we must  
2 be using the other hand to push up as far as we  
3 can, to lift children, to surround them with the  
4 caring adults, and I'm going to get a little bit  
5 more detailed in that, to give them quality  
6 education, adequate food, nutritious food, physical  
7 activity, play, safe wonderful places to play, and  
8 secure friendships.

9                   And so I want you to think like this.  
10 While you're pushing down, you are pushing up.  
11 This is the oddest movement ever. We cannot find,  
12 we've looked for examples, what works like that.  
13 But what works like that is child well-being.

14                   The second thing, there's three big  
15 takeaways that we learned in this process, that  
16 child well-being doesn't work like a seesaw. So if  
17 you simply -- and just think about that list, if  
18 you simply just push down and depress racism and  
19 poverty and segregation, it does not mean this  
20 other side automatically goes up. That's where the  
21 force of pushing up must happen.

22                   So they said to us yes, of course, we  
23 want better housing and we want less poverty and we  
24 want all of the things that we just listed. But  
25 that, in and of itself, does not guarantee child

1 well-being. Child well-being is pushing down and  
2 pushing up. It is not a seesaw.

3 This really helped our Work Group  
4 understand how some children in our region can be  
5 growing up with the absence of many of the things  
6 we're talking about. They're not growing up among  
7 racism and poverty and lack of health care and a  
8 number of different things, yet they're not okay.

9 And we see that in children that are  
10 living in different parts of our region that are  
11 dealing with drug addiction and a number of other  
12 things. However, some of the things that are  
13 present are really -- I mean, some of the things  
14 that need to be absent are very absent, yet they're  
15 still not okay.

16 Which helps us as a Commission  
17 understand, and hopefully this community, when we  
18 said for all children, we really meant for all  
19 children. But there's a group in many places in  
20 our community where, when the absence and the  
21 presence become reverse, and you've just heard it  
22 over and over tonight, this idea of toxic stress,  
23 where the issues should be absent in a child's  
24 life, racism and segregation and poverty, those  
25 should be absent. They're present. And what

1 should be present is absent. And the combination  
2 of reversing those is what creates the toxic  
3 stress.

4 And I think the last takeaway, and I  
5 think to Commissioner Rasheen Aldridge, this is  
6 something very, very important for all of us to  
7 know, remember and do something about, is if you  
8 really want to know how children and teens and  
9 young adults are doing, you have to ask them. They  
10 are the ones that have to bring their voice to the  
11 table. And we are the adults that have to ask  
12 them. So as you see us going forward, you are  
13 going to see what I would say these four kind of  
14 conceptual understandings really play out in our  
15 work.

16 So the next two slides I want to show  
17 you is just the work, where it is, and it's pretty  
18 enormous, what is happening in our Work Groups.

19 But the very first one that I want to  
20 point out is -- seems obvious. But tonight the  
21 testimony really gave us examples about child  
22 well-being and the idea that children need to be  
23 surrounded by strong, caring, and responsive  
24 adults, their parents, their teachers, their  
25 mentors. Counselors were brought up tonight. The

1 list could go on and on. And that seems so  
2 obvious. But there is a new body of work coming  
3 out of Harvard of the Center of the Developing  
4 Child. We have the video that really does explain  
5 that idea as it relates to toxic stress. And we  
6 are going to be working with them to understand it.

7           So you say, well, we know that. We  
8 know that children must have strong adults in their  
9 lives who grow up to be strong children. Yes,  
10 until you listen to the data tonight that says  
11 we've got so many parents that can't get Medicaid,  
12 they can't get the health they need. Unless you  
13 start talking to the USDA and asking them about  
14 feeding programs, and it's for children and not  
15 adults. And the policies that may work for  
16 children, but absolutely do not work and support  
17 the adults in their lives.

18           And we would offer up if the adults  
19 in children's lives are not healthy, it is really,  
20 really almost impossible for the children to grow  
21 up and be healthy themselves. So whereas this  
22 looks obvious, the truth of the matter is it's  
23 really not practiced. It's common sense, but not  
24 common practice to take care of the adults in  
25 children's lives.

1                   Food security. I know that last time  
2 I could not be here and graciously, supported a  
3 call to action on what we are now calling an urgent  
4 call. I want to be clear, it was not the ultimate  
5 call. It was the urgent for summer because of the  
6 issues related to food in our region, around 23  
7 percent, that relates to about 250,000 people,  
8 that's children and adults, are very concerned, the  
9 pediatricians are very concerned about food this  
10 summer.

11                   But since then, we've had another  
12 meeting. I want to share with you that there is  
13 leadership right now from the United Way, from  
14 Scott Schnuck and the Schnuck family, on a -- I  
15 would call it a research investigative process to  
16 understand what is the real research around food  
17 insecurity in this region.

18                   So we are walking kind of side by  
19 side as we're trying to find out the mechanics of  
20 everything, they're working on the research. Their  
21 research is to be completed in September. We're  
22 asking from them, everything they get to send to  
23 us, so that we can have recommendations for the  
24 Commission.

25                   But I think an interesting thing that

1 they've set out as their goal is not to simply feed  
2 those that are hungry, but to end hunger. And I  
3 think that's a very different goal than what's been  
4 talked about in the past.

5           And I have to -- I can see three of  
6 the Work Group members. So Mattie, thank you, from  
7 the County, who has been very generous to help us  
8 on that, Monsanto has shown interest, a Yem  
9 (phonetic) has shown interest, and the State of  
10 Missouri Department of Corrections in their farm  
11 section on interest. We have a number of groups  
12 that are here to support that.

13           Parent education and engagement. We  
14 have already gone through the process of that. Our  
15 colleague, Allison, from Parents As Teachers and  
16 others have been a part of this work. And I'm just  
17 going to go down the list of things, violence.  
18 Brought up gun violence, both in the home and the  
19 neighborhood, is something that we're working on.  
20 Family structure, family child, mental health  
21 services. You've heard all of this.

22           So when you look at the three  
23 categories, if we've put a check, that means we  
24 have completed it. I mean, we are way down the  
25 path on this. And we've seen our space as we need

1 community input, we need -- second thing is we need  
2 the experts in the final research review to back  
3 up, to give -- put us in a place, so that we can  
4 make recommendations. And finally, do we have the  
5 evidence-based recommendations finalized.

6           So if you see an X, it means we are  
7 not there yet. But it doesn't mean we haven't done  
8 anything yet. There may be meetings in place,  
9 research is being gathered. But these are the  
10 areas on child well-being.

11           Obviously, there is deep connection  
12 and interconnectivity on a number of issues. So  
13 the chart looks siloed, but the work is anything  
14 but siloed. And certainly we'll get connected as  
15 we move forward.

16           And then the last one is education  
17 equity. And so our definition of education equity  
18 is a measure of achievement, fairness, and  
19 opportunity in education. And this is a very long  
20 list of issues that we're undertaking. And again  
21 with checks and X's, we're telling you the status  
22 of this work. But if I could read it for the  
23 benefit of everyone in this room, early childhood  
24 education, human capital and education, school to  
25 prison pipeline. John is in the room, who's been



1 in many of our meetings, keeping that in front of  
2 us.

3 Commissioner Gore, thank you for  
4 elevating it the last time. The health  
5 conversation came up again today on the prison --  
6 on the school prison pipeline. The Missouri  
7 Accreditation System, social service coordination  
8 in this region also with schools, funding for  
9 public education. Missouri Transfer Bill -- I'm  
10 going to come right back to that. College access  
11 and affordability. We're very close to  
12 recommendations. School district models and school  
13 culture. These are all in some form of motion that  
14 we are really trying to get the input on, the  
15 research around, and the recommendations ready.

16 I do want to speak to the Missouri  
17 Transfer Bill. I think if you haven't heard, the  
18 transfer bill is on the governor's desk. We, as a  
19 Work Group, and you, as the Commission, approved  
20 our recommendations to send to Jefferson City. And  
21 they were -- we had five recommendations I would  
22 like to remind you of.

23 Number one was to prioritize  
24 accredited schools in the same district, which  
25 meant if it's an unaccredited district, they could

1 move to an accredited school and that DESE was  
2 going to have to go through a process of  
3 accreditation for school.

4           The second thing was we asked them to  
5 adopt the VIC (phonetic) rate. The third thing was  
6 to ensure members of the an assistance team if they  
7 were assigned to an accreditation, to an  
8 unaccredited district, that they would have to have  
9 prior experience, cultural competencies and the  
10 right to work in those schools. And that the  
11 language would not say they must follow the  
12 recommendations, but rather they may, depending on  
13 what those recommendations were.

14           The fourth one was that they must  
15 accept schools, which means that the receiving  
16 school districts must accept the students. And  
17 you'll remember the conversation that we had about  
18 the safe schools violation, you -- that would be  
19 the only reason why you could reject a student, not  
20 because of just other disciplinary referrals that  
21 allowed him to stay in his home district.

22           And then the last one was mandate  
23 accountability. If a district was going to charge  
24 the receiving -- a receiving district was going to  
25 charge money outside of the VIC rate, you must be

1 held accountable.

2                   So it's Monday. The bill is on the  
3 governor's desk. I have, for the most part, a  
4 hundred and something pages. Our team is working  
5 through it. I read the first 35 pages before I  
6 came here today. I don't know how many telephone  
7 calls we've been on.

8                   We are going to create a processed  
9 way of working through this as quickly as we  
10 possibly can, so that we can come back with some  
11 type of thoughtful recommendation about where we  
12 stand.

13                   But let me be clear, based on what we  
14 know right now, is the VIC rate was not adopted.  
15 And we know that the accountability is comprised.  
16 In reading parts of it today, it looks like it may  
17 be a graduated, but I don't want to speak out of  
18 school on this, but our recommendations are fully  
19 compromised. So it doesn't mean we have a  
20 recommendation. It just means we've got a lot of  
21 hard work to do very quickly to come back to you,  
22 because it does not meet, right now, the threshold  
23 of our recommendation. And we are going to owe you  
24 that sooner, rather than later.

25                   So I think that wraps up the final

1 report. And certainly I will try to answer to the  
2 best of my ability all your questions.

3 MR. McCLURE: Any questions or  
4 comments from members of the commission?

5 REVEREND BLACKMON: Yes, ma'am. I  
6 just have a question. Why 25?

7 MS. JAMES-HATTER: Why 25?

8 REVEREND BLACKMON: Why age 25? When  
9 you say children, why age 25?

10 MS. JAMES-HATTER: Yeah, I think a  
11 couple of things on that was mostly individuals and  
12 experts in the space were looking at that number.  
13 I think, according to the Federal Government, it's  
14 very close, if not exactly on, of where they  
15 consider adulthood. And we were moving -- we're  
16 looking very closely at some of the data between  
17 the 18 and 25 was a really critical part for us to  
18 make sure, you know, that we were addressing the  
19 young adults, that we did not want to leave them  
20 out.

21 Could you make an argument for 26,  
22 27? I will tell you that one thing that the  
23 Harvard group has suggested, which was kind of new  
24 for us, was the idea of as much as we talk about  
25 getting to young people early on and there is no

1 debate about that, but some of the executive skills  
2 are still very much building in the 25 to 30 range.  
3 But 25 was the number.

4 MR. McCLURE: Any other questions?  
5 Thank you, Becky, for your thoughtful and thorough  
6 work.

7 Commissioner Pulliam and Commissioner  
8 Sly, please.

9 MR. SLY: This Work Group is entitled  
10 economic inequity and opportunity. It's an  
11 extremely broad topic. I know Becky has a broad  
12 topic, but I think we beat her here. Can you put  
13 up the members of the Work Group? Because it's a  
14 broad topic, we have 23 members of our Work Group.  
15 We got a late start, so we've only had three Work  
16 Group meetings, but I'm not going to go through all  
17 of the public names and the titles, but you can see  
18 that it's a very, very wide variety of people and  
19 disciplines that are represented. They're  
20 academics, they're bankers, there's Mike Noland of  
21 the Urban League, on and on.

22 Lisa Lyle, the head of MICDS, has  
23 been very, very helpful. Ginger Imster, who used  
24 to be with City Academy is now heading Arch Grants.  
25 So a wide variety of input that has been extremely

1 helpful in developing a path here.

2                   But in this -- in this Work Group,  
3 what we've done is established a criteria for model  
4 evaluation. And we make sure that everything we  
5 look at, every model that we talk about, we talk  
6 about cross-cutting criteria to make sure that  
7 every one of these boxes are checked. So we're  
8 looking at is this model urgent and important; is  
9 it unflinching; does it have traction; is it  
10 organic; is it pushed by trust builders in the full  
11 community; Does it address and explore the root  
12 causes first; is it inclusive, is it doable; and is  
13 it transformative.

14                   And one of the key -- key issues of  
15 our Work Group is improving economic mobility,  
16 which is the ability of a generation to exceed  
17 where they came from, the economic position that  
18 they came from, and move up the ladder.

19                   For those of you that might remember,  
20 we had an early, I guess, commission meeting where  
21 we were ranked 47th -- the St. Louis region, 42nd  
22 in economic mobility. And wouldn't it be nice to  
23 at least move in the top 10.

24                   So economic mobility is very  
25 important. So we have some specific criteria here,

1 that any model we look at be dual generational,  
2 addressing both parents and children, that it  
3 attempts to build wealth or address wealth  
4 stripping, and that it recognizes that place  
5 matters.

6           So what we're going to bring to you  
7 today is a call to action for a specific model we  
8 call child development accounts. We've done  
9 extensive research here. Felicia and I have both  
10 talked to academics, we've had several meetings  
11 with Margaret Feinstein from Washington University.  
12 We've talked, of course, to Jason Purnell and  
13 Keon Gilbert of St. Louis University and a number  
14 of other people. And we believe we have a model  
15 here, at least a concept of a model that we think  
16 will work.

17           Child development accounts are  
18 investment products that allow parents to build  
19 savings towards a child's educational expenses  
20 after high school graduation. Early research  
21 indicates that holding a child development account  
22 and having assets for college may matter more than  
23 the saving behavior of parents.

24           And what we mean by that is if a  
25 child is born, automatically has a child

1 development account, basically a 529 account,  
2 automatically has enrolled, whether it's \$50 or  
3 \$500 or a thousand dollars, that parent, at that  
4 moment says my child's going to college. I haven't  
5 been to college, but my child's going to college,  
6 and starts thinking that way, and the behavior  
7 changes.

8                   And every birthday party that that  
9 child has, the aunts, the uncles, the cousins,  
10 please put 20 or \$30 in my son's, child's  
11 development account because he's going to college.  
12 Don't bother with the baseball or the basketball.  
13 He can get that somewhere else.

14                   And then when that child's old enough  
15 to learn and understand that he's expected to go to  
16 college, there will be a huge gap between what that  
17 child development account has in it because of  
18 investment returns, and the actual cost of college,  
19 that parent has to say to that son or daughter, you  
20 have to get your grades up because you're going to  
21 college. We have a college development account for  
22 you. But you have to get your grades up to make up  
23 that gap with a scholarship. So it's a behavioral  
24 change, not just a savings account. So it also  
25 symbolizes that for some mothers, that someone



1 outside the family cares about their child's  
2 future.

3           So what we're proposing here today is  
4 a concept, there's still a lot to be worked out  
5 here, whether it's \$50 or \$500 or a thousand  
6 dollars, whether it's all public or private or  
7 public, private partnership, that still has to be  
8 worked out. But the call to action is to expand  
9 the current scope of the MOST 529 matching grant  
10 program in Missouri. So it's used as a platform  
11 for progressive universal child development  
12 accounts that are statewide, they're automatic and  
13 progressive.

14           The accountable body will be the  
15 Missouri State Treasurer and other capacity  
16 building organizations. And as I say, this could  
17 be public and private funded.

18           The examples that -- the pilots that  
19 are out there today are from the State of Oklahoma,  
20 the State of Maine. And there are also a lot of  
21 local examples with the Normandy School District  
22 and the KIPP charter schools. And those are  
23 privately-funded. They're not-profits and  
24 individuals.

25           So we think this is a concept that

1 has legs and we would ask your approval to move  
2 forward.

3 MR. McCLURE: Any questions before we  
4 -- thank you.

5 Rose.

6 MS. WINDMILLER: Just a quick  
7 question, Pat and Felicia. I heard you mention the  
8 existing MOST program. But, Pat, I thought you  
9 said it was a matching program. And I am not aware  
10 that it is a matching program.

11 MR. SLY: It's not, but it would be  
12 nice if they had one.

13 MS. WINDMLLER: Okay. So that's part  
14 of the recommendation?

15 MR. SLY: Yes. To expand the MOST  
16 program to become a matching program.

17 MS. WINDMILLER: Thank you.

18 MR. SLY: Scott.

19 MR. NEGWER: Would these accounts be  
20 set up for all children or economic classifications  
21 or --

22 MR. SLY: Well, that was the subject  
23 of discussion at our last Work Group and that's why  
24 put the word "progressive" is in here. To be very  
25 candid, my grandchildren don't need this account,

1 but others do. And it has to be set up that way.

2 And there's a lot of I's to be dotted and T's to be  
3 crossed before we get there.

4 But I think it needs to be automatic  
5 and it needs to be progressive and be targeted to  
6 the underserved.

7 MR. McCLURE: Any questions, other  
8 questions from the commissioners?

9 COMMISSION MEMBER: Because this  
10 would be automatic for all children, I wonder  
11 whether there are budget implications or whether  
12 account of bodies -- the Missouri General  
13 Assemblies should be added as well.

14 MS. PULLIAM: That's probably a good  
15 idea. And that's why we didn't set a benchmark for  
16 the initial investment because we have to run the  
17 economic analysis to see exactly what would happen.

18 But with the public private  
19 partnerships, that includes the legislature. But  
20 we're in Missouri, so we probably need to make that  
21 as specific as we possibly can, so that they can  
22 recognize that we're asking them to participate in  
23 this process.

24 And another thing that I wanted to  
25 add around this work is in many of the states,

1 Wisconsin specifically, regard child development  
2 accounts as a workforce development program. So  
3 it's cutting across many of the areas of concern  
4 where we're looking to move economic mobility.

5 MR. SLY: I just want to add one  
6 thing to that. There's a financial literacy aspect  
7 to this too, that this parent, this mother gets a  
8 monthly statement that details what that account is  
9 doing, looks at the inputs to that account. They  
10 understand how that account grows, you know, the  
11 time value of the money, so on and so forth. So  
12 there's that aspect of this that I think is very  
13 important.

14 MS. PULLIAM: And another thing that  
15 we learned from the Center of Social Innovation in  
16 terms of financial literacy is that when every  
17 child has an account, it provides that opportunity  
18 to bring financial literacy into -- across the  
19 education and curriculum.

20 So while we're having accounts in  
21 Normandy and we've got this traction in the City of  
22 St. Louis and then we've got one that's funding  
23 KIPP, what we're doing unintentionally, without  
24 adopting a universal opt-out account, is creating a  
25 disparity in our community for children that aren't

1 lucky enough to be a part of the traction that's  
2 happening.

3 And so a part of this is the changing  
4 of behavior, investing in children, using it as a  
5 stimulus for work to go forward, but making sure we  
6 address an unintentional disparity.

7 REVEREND WILSON: Yes, that's one  
8 reason why the way this reads, it says capacity  
9 building organizations through public, private  
10 partnerships. So there's direct accountability for  
11 the execution in the executive office of the  
12 treasure, but there's no accountability as stated  
13 here for the legislature to actually fund. So that  
14 -- that's one of the reasons why I noted it.

15 MS. PULLIAM: Thank you.

16 MR. McCLURE: Ms. Blackmon.

17 REVEREND BLACKMON: I'm curious.  
18 Would this be in addition to what is in the City  
19 now?

20 MR. SLY: What are you speaking of?

21 REVEREND BLACKMON: Tashara  
22 (phonetic) is already launching child development  
23 accounts in the City with \$50. And I know the  
24 amount is not set here. I'm asking would these be  
25 an addition to that in the City, or is this going

1 to be rolled into one program, or have you thought  
2 about that?

3 MS. PULLIAM: We haven't thought  
4 about that. Because the traction that she has in  
5 that program, we're well aware of it. And we feel  
6 positive that it's going to be funded. There's a  
7 lot of interest in getting that done. And so we  
8 wanted to make sure that all children are covered.  
9 And those are based on geographic areas as well as  
10 individual interests for funding it.

11 So we're covering all of the other  
12 children. Now, what if it doesn't happen?

13 REVEREND BLACKMON: So are you saying  
14 for the kids in the City? I'm sorry. I just want  
15 to be clear. Are you saying that those in the City  
16 would not end up with two accounts.

17 MS. PULLIAM: No, they would not.  
18 They would not have two accounts.

19 MR. McCLURE: In fact, I think what's  
20 going on with the City is a great example of pilot  
21 of how this would work based on what we know.

22 Okay. If one of the co-chairs would  
23 make a motion and the other would second it, then  
24 this is a call to action that does require a  
25 Commission vote.

1 MR. SLY: So we need to amend the  
2 wording?

3 MR. McCLURE: Yes, so I think with  
4 the agreement that we had with the Missouri General  
5 Assembly, and I would say the governor who proposes  
6 the budget to the accountable bodies.

7 MS. PULLIAM: And so then we would be  
8 grateful to the Commission if you would approve  
9 with a motion and a second this call to action,  
10 given the amendments, including the legislature and  
11 the governor's office as accountable bodies.

12 MR. McCLURE: So I'll take that as a  
13 motion. And Commissioner Sly, would you --

14 MS. JAMES-HATTER: Second.

15 MR. McCLURE: That's a second. So  
16 any further discussion? So, Commissioners, all  
17 those in favor, please say aye.

18 (Aye)

19 MR. McCLURE: And those opposed.

20 (There were none opposed.)

21 MR. McCLURE: Okay. That's passed.  
22 Thank you very much for your hard work. Thank you.  
23 And now to our managing director's report, managing  
24 director Johnson-Javois.

25 MS. JOHNSON-JAVOIS: I just want to

1 recognize the Co-Chairs tonight. You may have  
2 noticed that Commissioner James-Hatter was standing  
3 in addition to that recommendation because we do  
4 understand in our community that these issues,  
5 although we need to slide them in a way that makes  
6 us productive, really do have realms with which  
7 they share priorities and they share the same type  
8 of action that needs to be taken. So we thank you,  
9 Becky, for standing, and we thank you for  
10 acknowledging and recognizing that this really is  
11 cross-cutting work.

12 I'd like to do two things tonight for  
13 my update. One, I wanted to take, Commissioners,  
14 if you will look in your packets, the approval of  
15 minutes, and the second is to present to the  
16 commissioners as well as to the public a revised  
17 budget.

18 So first, just for context, as a  
19 Commission, you've been very thorough in capturing  
20 and documenting our portion of the movement that's  
21 happening in the region, so we do have lots of  
22 background information in addition to behind me is  
23 a court reporter who does a very diligent job in  
24 making sure that we have a record that's put out to  
25 the public.



1                   But what we also need to do is to add  
2 a record of minutes. The purpose is for this to  
3 document commissioner attendance for quorum and the  
4 action items, each one that has been taken by the  
5 Commission since inception. So I'm asking tonight  
6 for the approval of minutes that have been pulled  
7 from our transcripts from December 1st through the  
8 April 27th meeting.

9                   MS. PULLIAM: Approved.

10                  MR. GORE: Second.

11                  REVEREND WILSON: Just one clarifying  
12 point. You're noting that the minutes reflect all  
13 actions that have been taken?

14                  MS. JOHNSON-JAVOIS: Yes.

15                  REVEREND WILSON: The other is  
16 normally we would note, we note that we have these  
17 transcribed and we wanted to see -- we normally  
18 note the recorder of the minutes would be a  
19 universal notation of who the recorders were of  
20 particularly minutes or how do we manage that.

21                  MS. JOHNSON-JAVOIS: Yes. And the  
22 recorder can be the managing director, which would  
23 probably be the most consistent thing to do under  
24 my supervision. So we'll note the recorder.

25                  REVEREND WILSON: I would have ask

1 that there would be a friendly amendment to have  
2 maybe the managing director as the recorder for all  
3 minutes.

4 MS. JOHNSON-JAVOIS: Okay. We need  
5 -- I need someone to -- an ex-officio to call a  
6 question.

7 MR. McCLURE: So we have motion to  
8 second.

9 MR. GORE: Second.

10 MR. McCLURE: Is there any further  
11 discussion? With the amendment, all those in  
12 favor, please say aye.

13 (Aye.)

14 MR. McCLURE: And opposed?

15 (None were opposed.)

16 MS. JOHNSON-JAVOIS: We'll do that.  
17 The request, for those that couldn't hear, was the  
18 name change of T.R., the way it's put in the  
19 minutes.

20 MR. CARR: That is how it should be.  
21 That is not my name.

22 MS. JOHNSON-JAVOIS: So noted with  
23 that amendment to make your name reflect the way  
24 that you want it to be. Yes. Okay.

25 All right. Second part then -- thank

1 you for your input for that -- that will be posted  
2 to our website, stlpositivechange.org, is a  
3 presentation. I'm going to ask please if you would  
4 post the budget on our screen for our audience to  
5 review. It's also in your Commission packet. This  
6 is a revised Commission budget that we actually  
7 discussed in January, wanting to, as time got -- as  
8 we got more deeply into the work to make sure that  
9 we would adjust these numbers to reflect our  
10 reality. And so that time has come.

11 This presentation is based on our  
12 current realities, and before I jump into this, I  
13 want to ask the co-chairs, either Starsky or Rich  
14 if you want to do overall contest prior to me  
15 jumping in, or should I jump in? You good with me  
16 jumping in?

17 MR. McCLURE: Yes.

18 MS. JOHNSON-JAVOIS: Okay. So I will  
19 do that.

20 If I direct your attention please to  
21 screen or to your proposal, this is a budget  
22 prepared in consultation with the United Way, who  
23 is our fiscal agent, and with the advisement of the  
24 co-chairs. This budget accounts for funds coming  
25 from the state of Missouri on the revenue or the

1 income side, and a reduction, you'll see, on the  
2 private support by 250,000, which sets our  
3 anticipated total now to 1.262 million. Okay.

4           Going to move down to the expense  
5 side, so accordingly, I'm proposing for you to take  
6 a look at a reduction of expenses. And the overall  
7 reduction of expenses total close to \$476,000.

8           And I'm going to walk you through  
9 some major line items so that you see the rationale  
10 for the reduction of expenses. First, if you go to  
11 the consultant fees and benefits line, this line  
12 item you will see a reduction is due to having  
13 loaned executives, which is a good thing, to do  
14 this work. We didn't anticipate that so we're very  
15 happy to have that type of support to undergird the  
16 Commission's work.

17           And a second reason for this  
18 reduction is the project -- is the timing of  
19 on-board consultant resources. Originally, we had  
20 projected to have full staff in February. We were  
21 able to procure these resources, but the  
22 on-boarding process happened the first week of May.  
23 So those are the two reasons you will see that  
24 reduction.

25           If you go down, there's three other

1 areas of reduction to explain; it's a audit, legal  
2 fees, and website maintenance. These particular  
3 line item areas are services that we're receiving  
4 at either greatly reduced fee or providing to us  
5 pro bono. And so I just wanted to note that as  
6 well for the record.

7           Now, I will note that the majority of  
8 expense, if you go to the Working Group meetings  
9 line item, have been provided in-kind to the  
10 Commission primarily because of the University of  
11 Missouri-St. Louis. They have allowed us to be and  
12 host those meetings, those spaces, the  
13 audio-visual, the water service, all of that has  
14 been provided to us primarily in-kind, which allows  
15 us to reduce our expenses by 91,000 in the Working  
16 Group line item. So we're thankful to UMSL for  
17 that.

18           And then the last part of the  
19 reduction explanation, if you look at the line  
20 item, production of racial reconciliation resources  
21 and the Commission research reports. Those two  
22 have significant numbers originally budgeted, and  
23 they have been greatly reduced or eliminated due to  
24 the impact of the procurement guidelines, which are  
25 very thorough and they take significant time to

1 navigate.

2                   So this is impacting our ability to  
3 on board these resources that originally we would  
4 have provided a merge of experiences, both for our  
5 commissioners as well as our community. And this  
6 has limited our ability as well to produce these  
7 research reports as anticipated because we have a  
8 very aggressive timeline with which to work.

9                   So here's what we've learned: We've  
10 learned to work smarter; we've learned to work  
11 harder, leaner, and longer for this amount of time.  
12 And we do so actually very happily because this  
13 really is a labor of love.

14                   Next, the single line item that I'm  
15 proposing to increase -- there's only one increase  
16 in this budget -- is in the community engagement  
17 and Commission meeting line item. It's really the  
18 core of what we do and how we are delivering this  
19 work. And this line item is increased by 32,000.  
20 This accounts for expenses that we anticipate will  
21 be incurred for bringing in national experts to  
22 upcoming Commission meetings. We've been in  
23 conversation with Cincinnati, for example. We have  
24 submitted grants to the Johnson Foundation to help  
25 us to pull in those national resources so that our

1 recommendations are formed by national models.

2 Therefore, if you look at the punch  
3 line, our total expenses will be reduced from the  
4 original projection, from 1.36 million to \$884,319.

5 Okay. So with this expense  
6 reduction, you'll see a projected 377,000 available  
7 for implementation and translation work to support  
8 Commission recommendations. This is funding that  
9 we are saying that we would like to target toward  
10 implementation post the September 15th report.

11 So we have a placeholder for that,  
12 and there's more discussion to be had. There's  
13 lots of detail that will need to be guided, but  
14 it's overall a very good thing to be very judicious  
15 about our expenses.

16 Now in our sixth month of work, this  
17 is a budget that more accurately reflects our  
18 currently financial reality. It does allow us to  
19 provide increased transparency to the commissioners  
20 and to the public to go ahead and to change these  
21 numbers to our current state.

22 And at this time, I'm going to open  
23 up the floor both to the co-chairs and to the  
24 commissioners to ask additional questions as well.

25 MR. McCLURE: I might just make a

1 brief introductory comment, and Starsky may pick up  
2 things that I miss.

3           First of all, in terms of the  
4 processes, we've talked about this here, and  
5 Starsky and I just talked through this, Bethany and  
6 her team have done an extraordinary job with the  
7 United Way, Daniel Wallace, who is here -- was here  
8 -- and the fiscal team of the United Way provided  
9 excellent support under a very complex  
10 circumstance, navigating her through and making  
11 sure we do all the state procurement rules and  
12 follow all those processes in addition to following  
13 all the requirements of the grants that have been  
14 made to us. It's important to do and to write and  
15 they're working hard to do that and that's why  
16 those changes are coming to us at the time because  
17 we make sure all those things have been done  
18 properly.

19           Secondly, the reduction in revenue to  
20 the 1.262 million level and the reduction of  
21 expenses down to the 884,000 level are significant  
22 changes. And so because we want you all to have an  
23 opportunity to fully understand those changes and  
24 we want the public to understand those changes, and  
25 the community to have a chance to look at it, this



1 is or will be posted on the website. We won't ask  
2 for the final approval tonight, give you a chance  
3 to look through it. Again, Starsky and I reviewed  
4 this thoroughly with Bethany last week. You all  
5 saw it on Friday in your prepaket, but we think it  
6 would be better to give some time for everyone to  
7 look through it. If you have individual questions,  
8 we can pose them tonight or pose them to Bethany  
9 and her team through the week.

10           And then what I might do, Starsky, if  
11 you wouldn't mind commenting on translation of the  
12 implementation portion a bit so we can get kind of  
13 -- clear our thought process there.

14           REVEREND WILSON: So if you would  
15 recall, one of the things we've been intentional  
16 about already is to say we know that we -- our  
17 desire and our commitment is to submit a report to  
18 the community and to the governor by September  
19 15th, but we recognize from our early conversations  
20 with other communities that some leave-behind for  
21 monitoring and evaluation will be required, and we  
22 know that we have budgeted even out to have some  
23 operation of winding down through December 31.

24           So we're -- what we want to give care  
25 to do is to be able to see to the community some

1 institutional strategy commitment or identified  
2 location that will be a resource to help monitor  
3 the recommendations of the Commission beyond. And  
4 so this that is left as a net provides us an  
5 opportunity to provide for that.

6 We're also giving careful attention  
7 to which resources can be used to transition for  
8 those purposes. So we're identifying very closely  
9 and looking at those that will be available. Some  
10 of these funds come on a reimbursement basis, other  
11 ones are available for general operations. And  
12 we've also been blessed to work with United Way on  
13 some opportunities for NAT credits and the like  
14 that could be leveraged for implementation as well.

15 So we just want to make sure that  
16 this is not just, you know, an extra dollars out  
17 there, but they're all part of our purpose. We've  
18 already begun some discussions with small groups  
19 and leaders in the community who have helped us  
20 begin to think about implementation and translation  
21 strategy.

22 And you all, of course, will be  
23 pulled into that dialogue in coming weeks, as you  
24 received some schedule of those early meetings. So  
25 this is -- just wanted to make sure we have a

1 mechanism by which we can build upon the successes  
2 of the policy recommendations that are discussed  
3 here.

4 Any other questions from  
5 commissioners about the budget now? Again, as Rich  
6 noted, we can also get those later with review of  
7 the packets.

8 MS. WINDMILLER: Just one quick  
9 question, Bethany. I know the Commission has  
10 received quite a large amount of in-kind  
11 contributions. I'm just wondering where that's  
12 reflected in the budget.

13 MS. JOHNSON-JAVOIS: What we do is --  
14 to make revenue and expenses very clear, we removed  
15 it from this revised budget. But when we do the  
16 accountability on the monthly status, we do ask for  
17 that information from United Way. And it is  
18 included. Just so that we're clear on what the  
19 dollar amount is, we're approaching 350,000 toward  
20 in-kind. When we inserted that cost, it seemed to  
21 balloon it a bit and wasn't as accurate as what we  
22 were representing.

23 REVEREND WILSON: Thank you. Great  
24 question. Any other questions for tonight on  
25 budget?

1                   Then we do extend again and add our  
2    thanks, as Rich has noted, to the staff team and  
3    Bethany for your leadership, for your hard work,  
4    and days that are long and times that are lean and  
5    doing it with a smile and a joy and great support  
6    provided to each and every one of us.

7                   As we prepare to close out on  
8    tonight, I just want to quickly announce our next  
9    meeting will be Monday, June 8th. See  
10   stlpositivechange.org for meeting location and  
11   details. We are slated to be at St. Charles High  
12   School, 725 North Kingshighway in St. Charles,  
13   Missouri 63301.

14                  We note, of course, this is a  
15   regional conversation. This is a regional reality.  
16   We encourage you to be helpful to us, if you would,  
17   in sharing with our neighbors and friends in  
18   St. Charles and planning ahead a little bit to make  
19   the trip. If you are part of that 41 percent that  
20   was on the thing tonight from St. Louis, or the 43  
21   percent from St. Louis County, we invite you to  
22   plan ahead a little bit to be with us.

23                  I want you to invite you as we  
24   prepare to close out on tonight to stand. We'll  
25   close out -- we invite you always to stand as we

1 close. We're going to do something just a little  
2 bit differently tonight. We'll close a little bit  
3 in solemnity and silence. I want to invite us  
4 tonight to close in celebration.

5 So with another opportunity to  
6 embarrass our co-chair, we're going to invite him  
7 to come to the center and -- we're going to invite  
8 Becky James-Hatter and our co-chair to come to the  
9 center, and I want to invite you to join me  
10 tonight, as a matter of fact, you might want to  
11 drown me out in singing Happy Birthday to our  
12 commissioners.

13 There's birthday cake in the back, so  
14 you got to sing and you got to take birthday cake.  
15 And so with all business being closed and  
16 officially adjourning at this time, I invite you to  
17 join me in singing Happy Birthday to our two  
18 commissioners here.

19 (Whereupon the meeting concluded at  
20 8:50 p.m.)

21  
22  
23  
24  
25



**FERGUSON COMMISSION MEETING 5/11/2015**

<p align="center"><b>A</b></p> <p><b>\$10 (1)</b> 61:21  <b>\$3 (1)</b> 64:13  <b>\$3,600 (1)</b> 48:17  <b>\$30 (1)</b> 128:10  <b>\$476,000 (1)</b>              140:7  <b>\$50 (3)</b> 128:2              129:5 133:23  <b>\$500 (2)</b> 128:3              129:5  <b>\$884,319 (1)</b>              143:4  <b>ability (12)</b> 6:14              19:24 20:6,16              35:10,16 38:6              124:2 126:16              142:2,6 150:10  <b>able (17)</b> 10:21              23:23 24:12,24              36:4 62:10              64:15 74:3 78:1              85:22 86:10              92:24 93:12              100:1,4 140:21              145:25  <b>abolitionists (1)</b>              26:24  <b>absence (8)</b> 5:12              5:18 36:10              113:4,13,16              115:5,20  <b>absent (8)</b> 104:8              113:7,9 115:14              115:14,23,25              116:1  <b>absolutely (3)</b>              48:3 51:4              117:16  <b>ACA (2)</b> 49:6              96:16  <b>academics (2)</b>              125:20 127:10  <b>Academy (1)</b>              125:24  <b>accelerate (1)</b>              33:15</p>	<p><b>accept (2)</b> 122:15              122:16  <b>accepted (1)</b> 36:8  <b>accepting (1)</b>              71:1  <b>access (48)</b> 7:19              9:16 10:1 20:7              24:19 35:1,11              35:16 36:7,12              36:14 38:9,14              40:16 43:15              44:5 50:8 51:5              51:21 52:1,23              54:15,19,21              55:7 57:9 59:5              59:5,7,11 60:24              74:24 75:15              76:10 81:14              82:13 86:12,20              88:24 90:6 93:2              95:16,18,19              96:9,21 113:12              121:10  <b>accessible (3)</b>              34:1,6 101:15  <b>accessing (3)</b>              52:3 79:22,24  <b>accomplish (1)</b>              47:1  <b>account (14)</b>              127:21 128:1,1              128:11,17,21              128:24 130:25              131:12 132:8,9              132:10,17,24  <b>accountability ...</b>              21:4,7 30:5              85:2 122:23              123:15 133:10              133:12 147:16  <b>accountable (4)</b>              123:1 129:14              135:6,11  <b>accountant (1)</b>              107:8  <b>accounts (11)</b>              127:8,17</p>	<p>129:12 130:19              132:2,20              133:23 134:16              134:18 139:24              142:20  <b>accreditation (5)</b>              106:9,15 121:7              122:3,7  <b>accredited (3)</b>              106:8 121:24              122:1  <b>accrediting (1)</b>              106:19  <b>accurate (1)</b>              147:21  <b>accurately (1)</b>              143:17  <b>achieve (1)</b> 22:14  <b>achievement (1)</b>              120:18  <b>acknowledge (1)</b>              72:9  <b>acknowledged ...</b>              21:23  <b>acknowledging...</b>              136:10  <b>acquainted (1)</b>              21:11  <b>act (10)</b> 35:23              46:21 47:1 50:3              63:17 76:1 78:4              79:2,14 96:17  <b>action (16)</b> 25:19              34:17 78:15              103:3 109:19              109:20 110:12              118:3 127:7              129:8 134:24              135:9 136:8              137:4 150:14              150:18  <b>actions (4)</b> 22:13              30:13,14              137:13  <b>active (3)</b> 22:19              26:5 33:25  <b>activists (1)</b> 92:5</p>	<p><b>activities (1)</b>              38:23  <b>activity (2)</b> 44:6              114:7  <b>actual (2)</b> 7:1              128:18  <b>acute (1)</b> 77:21  <b>add (4)</b> 131:25              132:5 137:1              148:1  <b>added (3)</b> 43:20              83:13 131:13  <b>addiction (1)</b>              115:11  <b>addition (6)</b>              92:10 133:18              133:25 136:3              136:22 144:12  <b>additional (2)</b>              11:2 143:24  <b>address (9)</b> 9:10              28:1,11 72:2              86:22 108:8              126:11 127:3              133:6  <b>addressed (1)</b>              108:6  <b>addresses (1)</b>              81:17  <b>addressing (4)</b>              38:1 51:16              124:18 127:2  <b>adequate (2)</b>              107:10 114:6  <b>adjourning (1)</b>              149:16  <b>adjust (1)</b> 139:9  <b>adjusted (1)</b> 58:4  <b>administers (1)</b>              61:25  <b>administration...</b>              53:2 102:16  <b>administrative ...</b>              2:17 101:11,21  <b>admit (1)</b> 41:25  <b>adolescent (1)</b>              86:16</p>	<p><b>adopt (4)</b> 106:15              106:16 107:1              122:5  <b>adopted (3)</b>              85:11 86:9              123:14  <b>adopting (2)</b>              107:2 132:24  <b>adrenaline (1)</b>              68:21  <b>adult (1)</b> 48:25  <b>adulthood (1)</b>              124:15  <b>adults (17)</b> 24:8              24:13 43:12              49:10 61:20,21              114:4 116:9,11              116:24 117:8              117:15,17,18              117:24 118:8              124:19  <b>advancement (1)</b>              77:9  <b>advice (1)</b> 111:13  <b>advisement (1)</b>              139:23  <b>advocate (1)</b>              25:22  <b>advocates (1)</b>              94:11  <b>advocating (2)</b>              26:23 65:1  <b>affect (2)</b> 74:4              109:7  <b>affectionately (1)</b>              33:13  <b>Affinia (1)</b> 60:3  <b>affirming (2)</b>              36:11,16  <b>afford (1)</b> 51:7  <b>affordability (2)</b>              51:12 121:11  <b>affordable (11)</b>              35:23 38:14              46:21,25 50:2,8              63:17 76:1 79:2              79:14 96:17</p>
--	--	--	--	---

<b>Affton (2)</b> 61:2 68:12	<b>Aldridge (4)</b> 3:19 4:20,21 116:5	147:10,19	<b>applies (1)</b> 105:18	75:16 124:21
<b>African (22)</b> 13:25 14:5 35:3 35:21 40:20 41:9,12,19,21 42:5,6,19,22 44:11 45:17,19 58:10,16 65:15 65:19 85:11 97:15	<b>alive (4)</b> 64:9 69:4,16 70:15	<b>analysis (1)</b> 131:17	<b>apply (1)</b> 15:13	<b>arrest (2)</b> 104:21 104:22
<b>age (7)</b> 14:8,9 48:23 58:3 112:4 124:8,9	<b>all-substantive...</b> 103:13	<b>and/or (1)</b> 13:9	<b>appointment (3)</b> 86:1,2,18	<b>arrive (1)</b> 104:1
<b>Agencies (1)</b> 106:10	<b>alliance (1)</b> 26:10	<b>anecdotal (1)</b> 85:9	<b>appointments (...)</b> 64:3 96:22	<b>article (4)</b> 28:13 28:22 30:16 31:6
<b>agency (2)</b> 52:25 102:17	<b>allied (1)</b> 70:25	<b>Angie (2)</b> 67:3,22	<b>appreciate (8)</b> 7:8 8:3,10 15:8 18:19 54:1 93:15 101:24	<b>articles (1)</b> 70:1
<b>agenda (2)</b> 105:13 108:15	<b>Allison (1)</b> 119:15	<b>Angie's (1)</b> 67:22	<b>appreciation (1)</b> 33:4	<b>Asian (1)</b> 14:1
<b>agent (1)</b> 139:23	<b>allow (3)</b> 107:21 127:18 143:18	<b>angry (1)</b> 8:7	<b>approach (1)</b> 33:19	<b>asked (9)</b> 11:17 19:18,22 20:15 29:5 37:2 86:6 96:14 122:4
<b>ages (1)</b> 112:3	<b>allowed (2)</b> 122:21 141:11	<b>announce (1)</b> 148:8	<b>approaching (1)</b> 147:19	<b>asking (9)</b> 10:25 14:22 15:11 81:16 117:13 118:22 131:22 133:24 137:5
<b>aggressive (1)</b> 142:8	<b>allowing (2)</b> 63:6 105:5	<b>annual (3)</b> 107:4 107:6,9	<b>appropriate (1)</b> 8:18	<b>aspect (2)</b> 132:6 132:12
<b>agility (1)</b> 30:21	<b>allows (1)</b> 141:14	<b>anonymous (1)</b> 14:8	<b>appropriately ...</b> 98:19	<b>Assemblies (1)</b> 131:13
<b>ago (7)</b> 27:13 29:4 46:8 68:7 87:7 97:2 110:4	<b>alternative (1)</b> 105:14	<b>answer (13)</b> 11:17,19,25 20:11 42:25 74:7 81:24 83:23,25 84:1 85:6 93:14 124:1	<b>approval (4)</b> 130:1 136:14 137:6 145:2	<b>assembly (2)</b> 110:11 135:5
<b>agonized (1)</b> 25:6	<b>alternatives (2)</b> 30:10 104:19	<b>answers (2)</b> 52:12 74:2	<b>approve (1)</b> 135:8	<b>assessment (1)</b> 105:7
<b>agree (2)</b> 97:7 99:2	<b>amazing (1)</b> 30:19	<b>anticipate (2)</b> 140:14 142:20	<b>approved (3)</b> 56:9 121:19 137:9	<b>assets (1)</b> 127:22
<b>agreement (1)</b> 135:4	<b>ambassadors (1)</b> 70:4	<b>anticipated (2)</b> 140:3 142:7	<b>approves (1)</b> 33:17	<b>assigned (2)</b> 6:9 122:7
<b>ahead (5)</b> 11:15 54:10 143:20 148:18,22	<b>Amen (3)</b> 6:21 33:8 88:7	<b>anybody (4)</b> 64:13 67:7,8 86:18	<b>April (1)</b> 137:8	<b>assist (1)</b> 64:7
<b>Ahlbrand (3)</b> 3:20 4:17,18	<b>amend (1)</b> 135:1	<b>anymore (1)</b> 38:22	<b>Arch (1)</b> 125:24	<b>assistance (3)</b> 44:4 51:8 122:6
<b>ain't (1)</b> 25:8	<b>amendment (3)</b> 138:1,11,23	<b>appalled (1)</b> 45:15	<b>area (14)</b> 12:23 13:9 20:21 27:6 39:11 44:15 51:4 52:10 74:11 88:24 89:9 90:16 108:12 109:7	<b>assistant (1)</b> 10:11
<b>air (2)</b> 38:11 51:22	<b>amendments (1)</b> 135:10	<b>apparently (1)</b> 86:1	<b>areas (13)</b> 9:7 56:9 74:21 87:22 96:9,10 99:2 109:8 120:10 132:3 134:9 141:1,3	<b>associate (1)</b> 38:5
<b>AKA (1)</b> 63:17	<b>American (19)</b> 13:25 14:1,5 41:9,19,21 42:19,22 44:11 45:17,20 46:7 58:11,16 65:15 65:19 69:25 85:12 97:15	<b>appear (2)</b> 104:20,23	<b>argues (1)</b> 105:17	<b>associated (1)</b> 49:12
<b>Alabama (1)</b> 27:13	<b>Americans (7)</b> 35:3,21 40:20 41:12 42:6,6 76:3	<b>applause (12)</b> 8:4 18:7,10 25:15 26:16 28:5 32:2 34:8 52:6 53:15 66:25 69:9	<b>argument (2)</b> 75:16 124:21	<b>Association (2)</b> 106:11 110:15
<b>Alaskan (1)</b> 14:1	<b>amount (7)</b> 13:21 31:3 104:14 133:24 142:11	<b>applicants (1)</b> 105:17		<b>asthma (5)</b> 40:23 40:25 42:4,7,8
<b>aldermen (1)</b> 56:24		<b>applied (1)</b> 16:17		<b>attack (1)</b> 79:4



<b>attended (9)</b> 14:20,25 15:6 17:7,9,10,17,20 19:8	<b>awful (1)</b> 27:22 <b>aye (7)</b> 4:12,14 4:24 135:17,18 138:12,13	<b>baseball (1)</b> 128:12 <b>based (7)</b> 20:14 35:12 49:13 123:13 134:9 134:21 139:11	<b>benchmark (1)</b> 131:15 <b>benefit (3)</b> 27:9 66:24 120:23 <b>benefits (1)</b> 140:11	108:3,3,4,18,21 108:21,23,24 109:3,4,8,9 110:11,14,17 121:9,17,18 123:2
<b>attendees (6)</b> 19:6,8,12,13,14 19:15	<b>B</b>	<b>basic (4)</b> 12:18 35:15 38:23,25	<b>Berkeley (1)</b> 60:25	<b>billion (5)</b> 87:16 88:10,11 91:14 92:13
<b>attention (4)</b> 66:10 111:17 139:20 146:6	<b>B (12)</b> 12:9,25 13:11,18,24 14:10 15:1,16 15:20 16:7,23 17:8	<b>basically (3)</b> 20:15 68:17 128:1	<b>best (7)</b> 11:18 66:19,19 87:9 88:13 124:2 150:10	<b>billions (1)</b> 76:7
<b>attorney (1)</b> 150:16	<b>back (29)</b> 17:19 17:24 25:7 36:9 36:14 53:20,21 55:16,22,25	<b>basis (3)</b> 37:4 107:9 146:10	<b>bet (2)</b> 59:22 99:1	<b>birthday (17)</b> 18:5,6,8,11,17 18:17 28:7,8 33:6,6 102:5,9 128:8 149:11 149:13,14,17
<b>attorneys (1)</b> 107:23	<b>background (1)</b> 136:22	<b>basketball (1)</b> 128:12	<b>Bethany (22)</b> 3:15 17:25 23:17 53:10 59:15,17 69:5,9 69:12,12,23 72:5 86:23 87:1 89:17 98:22 101:19 144:5 145:4,8 147:9 148:3	<b>birthdays (1)</b> 102:3
<b>attract (1)</b> 22:5	<b>bad (6)</b> 26:2,4 32:10,16 55:23 64:22	<b>battle (1)</b> 100:19	<b>better (12)</b> 58:3 58:12 61:24 70:12 83:20 84:24 98:3,24 99:19 111:4 114:23 145:6	<b>bit (21)</b> 22:19 26:7 30:6 34:13 35:24 47:9 51:17 54:5 57:16 64:21,25 76:17 89:10 111:22 114:4 145:12 147:21 148:18,22 149:2,2
<b>audience (20)</b> 2:6 6:25 10:13 11:4 19:11 24:5 25:4 26:19 28:6 30:3 32:3 40:2 52:13 53:24 72:15 91:13 94:17 99:6 100:24 139:4	<b>badly (1)</b> 91:23	<b>beat (1)</b> 125:12	<b>Betty (1)</b> 61:15	<b>biting (1)</b> 79:7
<b>audio-visual (1)</b> 141:13	<b>balanced (1)</b> 107:1	<b>beating (1)</b> 22:10	<b>beyond (2)</b> 106:22 146:3	<b>BJC (3)</b> 6:3 77:22 84:8
<b>audit (5)</b> 107:3,4 107:7,7 141:1	<b>Ballas (1)</b> 88:5	<b>beauty (1)</b> 50:4	<b>bias (1)</b> 41:25	<b>black (9)</b> 12:9 13:24 14:5 26:1 26:1,2,13 29:8 94:3
<b>aunts (1)</b> 128:9	<b>balloon (1)</b> 147:21	<b>Becky (10)</b> 3:10 5:4 18:12,17 102:4,12 125:5 125:11 136:9 149:8	<b>big (7)</b> 76:18 80:16 83:21 112:9,9,11 114:14	<b>Blackmon (19)</b> 2:17 3:18 4:23 4:24 79:10,11 79:18 81:2 84:3 84:7 93:21 102:21 109:16 124:5,8 133:16 133:17,21 134:13
<b>automatic (3)</b> 129:12 131:4 131:10	<b>bankers (1)</b> 125:20	<b>beginning (1)</b> 46:24	<b>biggest (1)</b> 77:1	<b>blaming (1)</b> 86:18
<b>automatically (...)</b> 114:20 127:25 128:2	<b>banks (1)</b> 26:11	<b>behavior (6)</b> 28:12 32:10,16 127:23 128:6 133:4	<b>bill (34)</b> 2:10 24:1,2 25:3,4 25:19 28:11,17 103:12,13,16 103:23 104:5 104:17 106:22	<b>bless (1)</b> 85:12
<b>availability (1)</b> 36:1	<b>Bar (1)</b> 110:15	<b>behavioral (5)</b> 46:18 90:10		
<b>available (7)</b> 47:7 71:10 81:3 106:2 143:6 146:9,11	<b>Barker (15)</b> 2:13 2:16 9:17 33:10 34:7,9 40:4 74:6 78:16 79:17 85:5 88:25 90:2 93:20 96:2	<b>begun (1)</b> 146:18		
<b>avenue (1)</b> 101:8	<b>bars (1)</b> 39:22	<b>behavior (6)</b> 28:12 32:10,16 127:23 128:6 133:4		
<b>average (3)</b> 39:17 42:18,19		<b>being (1)</b> 98:20		
<b>awards (1)</b> 62:21		<b>beliefs (1)</b> 27:2		
<b>aware (3)</b> 107:5 130:9 134:5		<b>believe (8)</b> 26:5 50:5 55:7 94:3 94:8 110:11,13 127:14		
		<b>belong (1)</b> 14:9		
		<b>belongs (1)</b> 84:25		

<b>blessed (2)</b> 8:12 146:12	72:16,25 87:8 87:11	80:13 125:2 129:16 133:9	<b>cancer (6)</b> 58:8,9 58:14,18,24,25	<b>careful (1)</b> 146:6
<b>blind (2)</b> 48:22 49:17	<b>breaking (1)</b> 87:5	<b>bulk (1)</b> 61:5	<b>candid (1)</b> 130:25	<b>carefully (1)</b> 6:15
<b>blood (2)</b> 68:22 68:22	<b>breaks (2)</b> 77:8 87:10	<b>bullying (1)</b> 113:18	<b>cap (2)</b> 28:18 103:21	<b>cares (2)</b> 56:18 129:1
<b>blue (5)</b> 12:9,13 12:15 40:6 47:18	<b>breast (1)</b> 58:9	<b>bunch (1)</b> 55:21	<b>capacity (2)</b> 129:15 133:8	<b>caring (3)</b> 8:22 114:4 116:23
<b>board (8)</b> 25:20 25:20 56:24 58:19 59:3 68:11 89:3 142:3	<b>brief (4)</b> 62:23 103:10,19 144:1	<b>business (5)</b> 77:12 92:4 93:15 94:10 149:15	<b>capital (1)</b> 120:24	<b>Carondelet (1)</b> 60:19
<b>Bob (2)</b> 53:25 60:18	<b>bring (7)</b> 46:17 73:8 111:9,17 116:10 127:6 132:18	<b>businesses (1)</b> 22:5	<b>capture (1)</b> 19:4	<b>Carr (9)</b> 3:9 4:25 5:1 95:10 102:21 103:9 109:16 110:24 138:20
<b>bodies (4)</b> 26:8 131:12 135:6 135:11	<b>bringing (3)</b> 8:8 112:17 142:21	<b>Byron (2)</b> 3:12 5:19	<b>captured (1)</b> 100:5	<b>Carr/Reveren...</b> 2:17
<b>body (4)</b> 38:24 68:21 117:2 129:14	<b>brings (1)</b> 113:11		<b>capturing (1)</b> 136:19	<b>cars (1)</b> 23:13
<b>bold (3)</b> 22:13 25:19 27:4	<b>Brittany (1)</b> 5:11	<b>C</b>	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>case (3)</b> 15:15 16:4 23:8
<b>boldly (1)</b> 27:25	<b>broad (3)</b> 125:11 125:11,14	<b>C (12)</b> 12:9,25 13:11,19,25 14:10 15:2,16 15:20 16:7,24 17:9	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>cases (3)</b> 31:22 39:23 109:1
<b>bono (1)</b> 141:5	<b>broadly-based ...</b> 110:2,9	<b>cake (4)</b> 102:5,9 149:13,14	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>cash (3)</b> 31:7 87:22,23
<b>book (3)</b> 40:10 41:7 42:3	<b>broke (1)</b> 64:25	<b>calculation (1)</b> 49:25	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>catalysts (1)</b> 33:16
<b>Bootheel (1)</b> 44:10	<b>brother (2)</b> 7:14 8:14	<b>calculus (1)</b> 103:25	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>catch (2)</b> 97:24 100:1
<b>bore (1)</b> 39:3	<b>brought (2)</b> 116:25 119:18	<b>CALEA (1)</b> 106:8	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>categories (5)</b> 20:1 48:5 49:12 58:13 119:23
<b>born (1)</b> 127:25	<b>brown (3)</b> 12:9 27:21 67:3	<b>call (23)</b> 2:3 4:9 21:13 37:5 38:3 49:7 72:22 84:15 86:15 89:11 102:17 103:3 111:20 118:3,4,5,15 127:7,8 129:8 134:24 135:9 138:5	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>category (3)</b> 49:8 49:9,24
<b>bother (1)</b> 128:12	<b>Bruen (4)</b> 2:12 30:1 32:3,4	<b>called (4)</b> 57:8 61:23 76:8 85:25	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>Caucasian (2)</b> 58:10,17
<b>bottom (4)</b> 12:4 39:15 48:12 50:1	<b>budget (15)</b> 107:1,2 131:11 135:6 136:17 139:4,6,21,24 142:16 143:17 147:5,12,15,25	<b>calls (4)</b> 109:18 109:20 110:12 123:7	<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>cause (1)</b> 69:3
<b>bowl (1)</b> 23:18	<b>budgeted (2)</b> 141:22 145:22		<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>causes (2)</b> 9:10 126:12
<b>box (3)</b> 50:11,23 51:2	<b>budgets (1)</b> 100:11		<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>caution (1)</b> 28:3
<b>boxes (1)</b> 126:7	<b>build (4)</b> 54:12 127:3,18 147:1		<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>CCR (1)</b> 150:21
<b>boy (1)</b> 33:6	<b>builders (1)</b> 126:10		<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>celebration (2)</b> 102:3 149:4
<b>brand (3)</b> 49:9 61:16 80:13	<b>building (10)</b> 7:1 7:17,20 43:11 44:17 61:17		<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>census (1)</b> 56:13
<b>brand-named (...)</b> 77:5			<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	<b>center (12)</b> 7:7 7:18 45:21 46:16 56:22 59:24 61:15 80:16 117:3 132:15 149:7,9
<b>break (8)</b> 2:15 42:11,21 72:15			<b>care (98)</b> 6:3 19:20 20:7,8,10 35:1,11,11,12 35:23 36:2,7,12 36:14,16 38:5 40:16,22 42:9 43:14 46:16,17 46:18,19,20,21 46:25 50:3 51:12,23 52:1,4 52:21,25 53:5 54:8,15,20 55:7 55:20 56:9,10 56:18 57:3,24 59:11,11 60:6 60:17 61:6 63:17 64:5,7 66:16,17 67:8 67:10 69:12 75:5,6,20 76:1 77:14,16 78:5 79:2,14,25 80:1 80:4,6,18,22 81:5,12,13,21 83:1 84:14,16 84:22 85:3,22 86:13 91:20 92:1 96:6,8,17 96:22 99:8,14 99:17 100:6 101:24 115:7 117:24 145:24	

<p><b>centers (6)</b> 59:22 60:23 80:3,9 84:15 98:9 <b>centralizing (1)</b> 71:1 <b>cents (1)</b> 92:23 <b>CEO (1)</b> 9:20 <b>certain (2)</b> 30:21 48:5 <b>certainly (2)</b> 120:14 124:1 <b>certainty (1)</b> 90:24 <b>CERTIFICAT...</b> 150:1 <b>certified (3)</b> 107:7 150:5,6 <b>certify (1)</b> 150:9 <b>cetera (1)</b> 113:12 <b>chair (2)</b> 100:8 109:17 <b>chairing (1)</b> 109:16 <b>challenge (2)</b> 109:6,6 <b>challenged (2)</b> 55:13 108:24 <b>challenges (2)</b> 55:15 100:2 <b>challenging (2)</b> 55:10 99:16 <b>chamber (2)</b> 93:16,17 <b>chance (3)</b> 23:19 144:25 145:2 <b>change (8)</b> 12:18 12:20 33:16,21 106:11 128:24 138:18 143:20 <b>changed (1)</b> 7:12 <b>changes (7)</b> 33:15 43:10 128:7 144:16 144:22,23,24 <b>changing (7)</b> 35:22 47:22 74:15,16,20</p>	<p>89:22 133:3 <b>Chaplain (5)</b> 2:4 6:2,3,5 8:16 <b>chapter (1)</b> 6:19 <b>charge (3)</b> 64:13 122:23,25 <b>charges (1)</b> 104:20 <b>Charles (5)</b> 12:25 13:11 148:11 148:12,18 <b>chart (1)</b> 120:13 <b>charter (3)</b> 25:21 25:23 129:22 <b>chatting (1)</b> 83:12 <b>check (3)</b> 15:13 82:8 119:23 <b>check-in (1)</b> 102:14 <b>checked (1)</b> 126:7 <b>checks (1)</b> 120:21 <b>checkups (1)</b> 82:1 <b>chief (3)</b> 7:9 29:1 29:14 <b>Chiefs (1)</b> 106:10 <b>child (36)</b> 16:20 39:13 51:2 85:13,17,19,22 86:15 95:1,23 101:9 103:1 111:6,23 112:2 112:15 113:3 114:13,16,25 115:1 116:21 117:4 119:20 120:10 127:8 127:17,21,25 127:25 128:9 128:17 129:11 132:1,17 133:22 <b>child's (8)</b> 113:7 115:23 127:19 128:4,5,10,14</p>	<p>129:1 <b>childhood (2)</b> 44:6 120:23 <b>childless (3)</b> 48:24 49:9 61:20 <b>children (29)</b> 26:13 43:12 48:6,10 49:22 97:15 112:3,10 114:3 115:4,9 115:18,19 116:8,22 117:8 117:9,14,16,20 118:8 124:9 127:2 130:20 131:10 132:25 133:4 134:8,12 <b>children's (3)</b> 61:14 117:19 117:25 <b>CHIP (1)</b> 48:9 <b>choices (2)</b> 11:19 11:25 <b>chose (1)</b> 54:6 <b>chosen (4)</b> 12:13 19:24 47:18 51:9 <b>Church (1)</b> 26:21 <b>Cincinnati (1)</b> 142:23 <b>circle (1)</b> 51:24 <b>circumstance (1)</b> 144:10 <b>circumstances ...</b> 38:9 71:19 <b>cities (6)</b> 22:9 28:14 29:10,12 29:19,21 <b>Citizen (1)</b> 107:17 <b>citizen-law (3)</b> 16:19 21:25 106:5 <b>citizens (2)</b> 21:12 85:3 <b>city (48)</b> 10:2</p>	<p>12:25 13:5,11 13:16 19:6,10 20:23 21:20,22 24:8 28:23 29:9 39:11 40:8 42:13 44:18 45:12,14,16 52:24 53:3 56:2 58:4,6 61:11,19 61:22 62:7,14 66:9 69:15 77:21 84:9,10 85:7,19 86:20 110:3 121:20 125:24 132:21 133:18,23,25 134:14,15,20 <b>civic (2)</b> 22:18 57:6 <b>Civil (1)</b> 26:25 <b>civilian (1)</b> 108:13 <b>claiming (1)</b> 28:21 <b>Clair (2)</b> 13:2,13 <b>clap (2)</b> 67:5,6 <b>clarifying (1)</b> 137:11 <b>clarity (1)</b> 112:19 <b>class (3)</b> 29:21 38:19,21 <b>Classic (4)</b> 1:12 4:7 7:2,10 <b>classifications ...</b> 130:20 <b>Clayton (1)</b> 20:20 <b>clean (4)</b> 38:11 38:11,14 51:22 <b>clear (10)</b> 28:10 91:9 104:5,6 118:4 123:13 134:15 145:13 147:14,18 <b>cleared (2)</b> 103:12,14 <b>clearer (2)</b> 68:19</p>	<p>68:20 <b>clearly (1)</b> 16:11 <b>click (1)</b> 53:17 <b>clinic (5)</b> 24:22 44:19 61:13 85:24 99:21 <b>clinics (3)</b> 75:12 75:13 82:17 <b>close (13)</b> 77:19 87:13,20,21 121:11 124:14 140:7 148:7,24 148:25 149:1,2 149:4 <b>closed (10)</b> 12:2 12:12,13,22 13:3 56:4,17 77:18,22 149:15 <b>closely (2)</b> 124:16 146:8 <b>closing (2)</b> 2:21 84:9 <b>co-chair (4)</b> 8:13 111:6 149:6,8 <b>co-chairing (1)</b> 109:17 <b>co-chairs (6)</b> 3:3 134:22 136:1 139:13,24 143:23 <b>coalition (1)</b> 110:9 <b>code (1)</b> 39:10 <b>codes (7)</b> 39:10 39:22,23 40:3,4 40:8 60:12 <b>collaboration (4)</b> 9:25 10:6,6 52:22 <b>collaborative (2)</b> 44:14 53:2 <b>colleague (1)</b> 119:15 <b>colleagues (1)</b> 53:9 <b>collecting (1)</b></p>
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FERGUSON COMMISSION MEETING 5/11/2015

106:17	<b>comment (8)</b>	121:3 125:7,7	80:3,9,15,24	<b>compliant (1)</b>
<b>college (10)</b>	19:1 21:17 22:2	135:13 136:2	91:4,20 92:4,5	31:19
121:10 127:22	23:3,5 96:2	137:3	92:5 93:15	<b>complicated (2)</b>
128:4,5,5,11,16	109:22 144:1	<b>commissioners...</b>	94:10 96:4 99:5	12:6 83:23
128:18,21,21	<b>commenting (1)</b>	4:11 5:25 6:25	99:8 100:16	<b>complications (...)</b>
<b>color (3)</b> 11:24	145:11	11:5 18:14	102:14,19	40:25
12:8,16	<b>comments (6)</b>	27:24 28:8	103:5 105:14	<b>component (2)</b>
<b>colorectal (1)</b>	21:14 22:13	55:11 71:9,25	110:1,2 111:1	93:23 94:15
58:18	23:16 25:17	72:14 73:3,6,11	111:14 115:17	<b>comprehensive...</b>
<b>colored (2)</b> 39:21	33:2 124:4	73:21 88:18	115:20 120:1	111:10
47:17	<b>commission (68)</b>	91:12 102:19	126:11 132:25	<b>comprised (1)</b>
<b>combination (1)</b>	1:6 2:17 3:1	102:21 103:7	136:4 142:5,16	123:15
116:1	8:13 9:14,21	111:1 131:8	144:25 145:18	<b>compromised (2)</b>
<b>combining (2)</b>	10:4 12:14	135:16 136:13	145:25 146:19	113:12 123:19
46:19 84:10	14:19,22,24	136:16 142:5	<b>community's (2)</b>	<b>concept (3)</b>
<b>come (37)</b> 6:24	15:23 16:6 17:5	143:19,24	19:23 20:6	127:15 129:4
10:12 15:7	17:12 19:16	147:5 149:12	<b>community-po...</b>	129:25
17:19 19:2 23:1	22:20 26:1,5	149:18	95:25	<b>conceptual (1)</b>
24:18 35:15	27:4 29:6,6	<b>commitment (3)</b>	<b>compare (1)</b> 22:9	116:14
43:9 55:9 62:8	52:13,20 54:6,7	18:20 145:17	<b>compared (8)</b>	<b>concern (4)</b>
65:5 67:9 70:18	54:14 57:5,7,8	146:1	35:21 36:21	84:13,20 87:10
70:20 72:18,22	61:25 69:13	<b>committee (2)</b>	39:24,25 40:23	132:3
81:4,11 82:1,2	70:23,24 71:23	4:5 30:8	42:5,13,13	<b>concerned (3)</b>
82:20 84:14	73:18 74:5 98:1	<b>committees (2)</b>	<b>comparing (1)</b>	85:1 118:8,9
92:10 93:10,17	100:25 101:2,4	16:15,15	35:2	<b>concerning (2)</b>
94:1 101:19	101:20 102:16	<b>common (2)</b>	<b>comparison (1)</b>	88:1 113:16
103:7 109:10	103:4 106:9	117:23,24	20:13	<b>concerns (2)</b> 32:7
121:10 123:10	109:15,25	<b>communicated...</b>	<b>compassion (1)</b>	110:6
123:21 139:10	110:23 112:13	21:19	27:3	<b>concluded (1)</b>
146:10 149:7,8	115:16 118:24	<b>communities (...)</b>	<b>compelled (1)</b>	149:19
<b>comes (5)</b> 32:14	121:19 124:4	6:17 24:12	27:15	<b>condition (1)</b>
35:18 44:12	126:20 131:9	33:14,23 36:21	<b>competencies (1)</b>	105:6
48:9 85:23	134:25 135:8	36:21,24 43:25	122:9	<b>confidence (1)</b>
<b>coming (25)</b> 6:2	136:19 137:5	74:17 145:20	<b>competency (2)</b>	33:3
7:4,6 8:2 32:23	139:5,6 141:10	<b>community (70)</b>	36:15 43:11	<b>confirm (1)</b>
36:4 53:22,24	141:21 142:17	6:10,12,20 7:11	<b>competent (1)</b>	92:11
54:2,4 81:5,6	142:22 143:8	7:17,18,19 8:23	36:2	<b>conflicts (1)</b>
81:15 82:11	146:3 147:9	9:3 18:19 20:14	<b>competitive (2)</b>	107:22
89:17 92:21	<b>Commission's ...</b>	20:17 21:3,10	22:12 78:8	<b>connected (1)</b>
93:9 102:20	8:24 9:8 53:1	21:24 24:7 26:9	<b>complete (2)</b>	120:14
105:2,2 110:6	62:5 140:16	31:5,15 34:12	10:20 12:6	<b>connecting (3)</b>
117:2 139:24	<b>commissioned ...</b>	34:15 37:9	<b>completed (2)</b>	84:18 99:8,13
144:16 146:23	150:7	44:14 46:9,12	118:21 119:24	<b>connection (3)</b>
<b>commend (1)</b>	<b>commissioner (...)</b>	55:5,8 59:21,22	<b>completes (1)</b>	95:7 99:7
109:15	53:10 54:1	60:15 61:4	32:21	120:11
<b>commending (1)</b>	73:13 79:10	70:14 73:4	<b>complex (3)</b> 43:1	<b>conservative (1)</b>
110:20	95:9,10 116:5	77:12 78:13	82:3 144:9	32:16

94:21 95:18 124:15 <b>consideration (1)</b> 95:3 <b>considering (4)</b> 47:20,22 100:25 101:5 <b>consistent (3)</b> 12:14 17:1 137:23 <b>consistently (1)</b> 15:7 <b>consortiums (1)</b> 53:4 <b>constant (1)</b> 51:24 <b>constantly (2)</b> 30:10,24 <b>Constitution (3)</b> 28:13,22 29:15 <b>constitutional (...)</b> 109:6 <b>constitutionalit...</b> 109:7 <b>constructed (1)</b> 50:7 <b>consultant (2)</b> 140:11,19 <b>consultants (1)</b> 97:13 <b>consultation (1)</b> 139:22 <b>contained (1)</b> 110:15 <b>contest (1)</b> 139:14 <b>context (1)</b> 136:18 <b>continually (1)</b> 29:19 <b>continue (2) 29:2</b> 71:21 <b>continues (1)</b> 100:13 <b>continuing (2)</b> 10:6 110:7 <b>contributions (1)</b>	147:11 <b>controlled (1)</b> 86:8 <b>controversial (1)</b> 50:6 <b>convened (3)</b> 19:12,15 20:23 <b>convening (1)</b> 20:20 <b>conversation (7)</b> 74:15,16,20 121:5 122:17 142:23 148:15 <b>conversations (...)</b> 145:19 <b>convicting (1)</b> 52:11 <b>Cool (1) 29:4</b> <b>coordinate (1)</b> 54:10 <b>coordinated (1)</b> 51:22 <b>coordination (1)</b> 121:7 <b>COPD (1) 59:1</b> <b>copies (1) 40:11</b> <b>coping (1) 37:5</b> <b>core (1) 142:18</b> <b>corner (3) 7:24</b> 12:1,4 <b>corporations (1)</b> 29:22 <b>correct (2) 79:16</b> 79:17 <b>Corrections (1)</b> 119:10 <b>correctly (2)</b> 23:23 57:4 <b>corresponds (1)</b> 11:21 <b>cost (8) 20:8</b> 64:14 76:11 91:16,18,19 128:18 147:20 <b>costs (1) 40:17</b> <b>Council (1) 4:9</b> <b>counsel (3)</b>	111:13 150:12 150:16 <b>counseling (1)</b> 99:24 <b>counselors (5)</b> 90:18,22,25 91:8 116:25 <b>count (1) 14:23</b> <b>counted (1)</b> 81:17 <b>counterparts (1)</b> 58:17 <b>counties (1)</b> 42:11 <b>country (11)</b> 26:23 27:7 37:25 38:7 39:18 57:14 68:15 85:8 96:12,15 100:10 <b>County (48) 10:2</b> 12:25 13:1,1,1 13:2,2,3,6,11 13:11,12,12,13 13:13,14 19:7,9 19:10 22:1 24:9 29:7 42:12 52:24 53:4 56:3 58:4 60:22,22 60:24 61:1,1,11 61:17,19,22 62:15 66:10 75:10 80:25 84:10 99:12,20 103:25 106:8 106:12 119:7 148:21 <b>couple (17) 14:16</b> 15:5 21:23 32:5 39:6 45:4 46:7 46:13 53:20 55:11 57:6 76:12 87:21,23 94:18 97:8 124:11 <b>courage (1) 28:3</b>	<b>courageous (1)</b> 27:5 <b>course (7) 9:11</b> 73:18 74:1 114:22 127:12 146:22 148:14 <b>court (12) 23:23</b> 47:14 50:22 105:8,9,23 107:21 108:1 109:17 110:6 136:23 150:6 <b>courts (11) 16:19</b> 28:10 70:12 98:10 102:23 104:22 105:10 105:18,20 106:3 109:12 <b>cousins (1) 128:9</b> <b>cover (8) 48:13</b> 48:19 62:13 63:4 76:18,23 77:5 78:2 <b>coverage (15)</b> 10:1 20:2 35:17 35:19 41:15 43:15 44:23 45:1 48:3,9 52:23 53:3 65:13 76:2,16 <b>covered (1) 134:8</b> <b>covering (2)</b> 48:12 134:11 <b>cow (1) 31:7</b> <b>coworker (1)</b> 15:22 <b>cracks (2) 67:12</b> 84:21 <b>cram (1) 55:20</b> <b>crappy (1) 85:14</b> <b>crazy (1) 31:17</b> <b>create (1) 123:8</b> <b>creates (1) 116:2</b> <b>creating (3) 49:9</b> 105:16 132:24 <b>credits (1)</b> 146:13	<b>Creek (2) 104:8</b> 104:9 <b>crime (1) 106:17</b> <b>crisis (5) 56:22</b> 57:11 85:7 86:19 101:1 <b>criteria (3) 126:3</b> 126:6,25 <b>critical (2) 60:24</b> 124:17 <b>cross-cutting (5)</b> 9:1,12 95:14 126:6 136:11 <b>crossed (1) 131:3</b> <b>CSR (1) 150:21</b> <b>cultural (3)</b> 36:15 43:11 122:9 <b>culturally (1)</b> 36:1 <b>culture (2) 36:5</b> 121:13 <b>curious (1)</b> 133:17 <b>current (3) 129:9</b> 139:12 143:21 <b>currently (7)</b> 7:10 35:19 43:21 47:16 48:6 50:11 143:18 <b>curriculum (1)</b> 132:19 <b>customers (1)</b> 98:13 <b>cuts (2) 97:10</b> 98:15 <b>cutting (2) 71:18</b> 132:3 <b>cyclical (1) 51:17</b> <hr/> <b>D</b> <hr/> <b>D (9) 2:1 12:9</b> 13:1,12,19 14:1 14:11 15:2,20 <b>daily (2) 37:4</b> 112:5
---	---	--	--	--

<b>Dan (5)</b> 2:11 5:7 26:18 28:6,7	<b>decade (1)</b> 88:14	<b>demographics ...</b> 10:23	<b>determinants (2)</b> 38:3 43:4	71:19 91:23
<b>Daniel (2)</b> 3:13 144:7	<b>December (2)</b> 137:7 145:23	<b>dental (3)</b> 44:19 44:21 61:13	<b>determining (1)</b> 105:9	<b>difficulty (1)</b> 28:18
<b>Daniella (2)</b> 10:18 23:9	<b>decide (1)</b> 47:15	<b>denying (1)</b> 92:1	<b>develop (2)</b> 105:8 105:10	<b>dig (1)</b> 112:16
<b>dare (1)</b> 64:12	<b>decision (3)</b> 53:7 92:2,3	<b>department (8)</b> 60:25 62:13	<b>developed (2)</b> 53:4 105:24	<b>dikes (2)</b> 87:4,4
<b>dark (1)</b> 47:18	<b>decision-maki...</b> 71:2	75:11 99:12	<b>developing (5)</b> 9:9 104:19	<b>diligent (1)</b> 136:23
<b>darn (1)</b> 88:13	<b>decisions (1)</b> 70:24	107:13 108:10	109:25 117:3	<b>dip (1)</b> 54:3
<b>data (20)</b> 9:21 39:3,7,8 40:10	<b>declared (2)</b> 108:24 109:2	108:10 119:10	126:1	<b>direct (4)</b> 40:14 108:17 133:10
41:6,7 42:3	<b>decline (5)</b> 13:19 14:3,6,12 58:15	<b>departments (3)</b> 106:7,20	<b>development (...)</b> 95:6 127:8,17	139:20
43:7 45:15 63:8	<b>declining (1)</b> 22:4	108:14	127:21 128:1	<b>direction (2)</b> 96:18 150:12
65:7 71:11	<b>deep (2)</b> 78:21 120:11	<b>depending (1)</b> 122:12	128:11,17,21	<b>directly (3)</b> 43:17 43:22 90:6
79:23 81:16,23	<b>deeply (1)</b> 139:8	<b>depends (1)</b> 82:20	129:11 132:1,2	<b>director (10)</b> 2:19 10:11
82:10 106:18	<b>defendants (1)</b> 105:5	<b>depress (2)</b> 113:25 114:18	133:22	17:25 30:4
117:10 124:16	<b>defenders (2)</b> 21:21,22	<b>describe (2)</b> 13:23 79:13	<b>deVon (1)</b> 3:18	53:10 67:3
<b>daughter (1)</b> 128:19	<b>defense (1)</b> 107:23	<b>described (1)</b> 80:3	<b>diabetes (7)</b> 24:17 35:8	101:18 135:24
<b>Davis (1)</b> 60:11	<b>define (2)</b> 104:5 104:6	<b>describing (1)</b> 78:24	39:14 40:25	137:22 138:2
<b>day (14)</b> 6:18,19 30:16 31:16	<b>definitely (1)</b> 39:25	<b>DESE (1)</b> 122:1	41:1 69:1 82:7	<b>director's (1)</b> 135:23
37:4,4,5 38:18	<b>definition (3)</b> 43:3 111:25	<b>design (3)</b> 9:23 29:1,15	<b>diagnoses (2)</b> 85:16 113:15	<b>directs (2)</b> 105:7 107:21
55:25 61:21	120:17	<b>desire (2)</b> 78:13 145:17	<b>dialogue (2)</b> 110:7 146:23	<b>disabled (3)</b> 48:23 49:1,16
62:23 63:1,19	<b>degree (2)</b> 90:24 98:2	<b>desk (3)</b> 110:13 121:18 123:3	<b>differed (1)</b> 20:25	<b>disagreement (2)</b> 92:15,18
76:15	<b>Delaware (1)</b> 31:17	<b>desperate (1)</b> 27:17	<b>difference (8)</b> 35:16 42:23	<b>disciplinary (1)</b> 122:20
<b>days (4)</b> 24:23 62:17 87:22	<b>deliver (1)</b> 100:6	<b>desperately (1)</b> 84:24	58:1 59:6,18	<b>disciplines (1)</b> 125:19
148:4	<b>delivered (1)</b> 27:12	<b>despite (3)</b> 55:15 71:18 72:6	71:21,21,24	<b>discriminated (...)</b> 36:13
<b>Deaconess (1)</b> 24:7	<b>delivering (1)</b> 142:18	<b>destined (1)</b> 31:10	<b>differences (8)</b> 34:23,24 35:7,9	<b>discrimination...</b> 36:11,17 37:4,8
<b>deadly (1)</b> 30:12	<b>Delmar (3)</b> 56:6 61:15 77:24	<b>detail (1)</b> 143:13	35:12,17 40:19	37:14,15,16,19
<b>deal (9)</b> 37:6 69:14,15 70:8	<b>demands (3)</b> 22:2 30:20 31:19	<b>detailed (1)</b> 114:5	42:16	<b>discriminatory...</b> 37:23
99:4 108:5	<b>demographic (1)</b> 12:23	<b>details (3)</b> 97:5 132:8 148:11	<b>different (14)</b> 10:25 11:4	<b>discussed (5)</b> 101:8 103:21
112:9,9,11		<b>deteriorate (1)</b> 78:6	13:21 32:18	104:21 139:7
<b>dealing (7)</b> 30:9 62:25 66:11			35:1,9 37:24	147:2
83:20 103:11			39:12 79:13	<b>discussing (1)</b> 6:12
107:11 115:11			83:13 111:22	<b>discussion (8)</b>
<b>deals (2)</b> 105:16 106:6			115:8,10 119:3	
<b>dealt (3)</b> 105:5 106:5 108:12			<b>differently (2)</b> 49:25 149:2	
<b>death (3)</b> 27:23 35:9 94:5			<b>difficult (2)</b>	
<b>debate (1)</b> 125:1				

21:1 74:10 94:25 103:2 130:23 135:16 138:11 143:12 <b>discussions (3)</b> 19:4 89:4 146:18 <b>disease (7)</b> 24:18 34:25 35:6 58:19,21,22 99:9 <b>dismantling (1)</b> 27:8 <b>dismayed (1)</b> 32:5 <b>disorders (4)</b> 35:10 41:8,23 113:14 <b>disparities (24)</b> 9:16 19:20 25:25 34:5,14 34:18,21,22 35:14 36:19 37:13 38:2 39:5 40:1,10 42:15 44:11 45:12 46:22 51:16 54:13,16 57:10 58:2 <b>disparity (4)</b> 41:8 42:12 132:25 133:6 <b>distinction (1)</b> 14:21 <b>distress (1)</b> 113:14 <b>district (8)</b> 121:12,24,25 122:8,21,23,24 129:21 <b>districts (3)</b> 22:23 44:1 122:16 <b>dive (1)</b> 69:3 <b>diversity (1)</b> 43:13 <b>diving (1)</b> 69:2	<b>division (1)</b> 105:3 <b>doable (1)</b> 126:12 <b>doctor (6)</b> 36:2,9 83:5,15 85:22 86:6 <b>doctors (2)</b> 59:7 90:12 <b>document (1)</b> 137:3 <b>documenting (1)</b> 136:20 <b>doing (19)</b> 10:24 28:15 31:17 33:5 36:24 43:18 59:25 66:13 70:1,5 71:14 83:24 87:9 88:12 93:3 116:9 132:9,23 148:5 <b>dollar (3)</b> 48:20 49:11 147:19 <b>dollars (11)</b> 76:7 76:8 87:16 88:10,11 91:14 92:9,23 128:3 129:6 146:16 <b>Donna (7)</b> 2:9 23:25 24:1,1,5 24:6 25:3 <b>door (3)</b> 23:12 59:25 98:12 <b>doors (3)</b> 7:17,22 8:21 <b>dots (1)</b> 99:9 <b>dotted (1)</b> 131:2 <b>double (1)</b> 54:3 <b>Dr (10)</b> 1:13 7:24 27:11,14 45:5,8 53:25 55:1 83:12 112:22 <b>dragged (1)</b> 16:11 <b>dramatically (1)</b> 59:2 <b>drinking (2)</b>	36:19,25 <b>Drive (2)</b> 1:13 7:25 <b>driven (1)</b> 79:25 <b>drop (3)</b> 70:11 90:13 104:13 <b>drops (2)</b> 41:14 41:15 <b>drown (1)</b> 149:11 <b>drug (1)</b> 115:11 <b>drugs (2)</b> 37:1 77:6 <b>DSH (1)</b> 76:8 <b>dual (1)</b> 127:1 <b>due (3)</b> 41:22 140:12 141:23 <b>duly (1)</b> 150:7 <b>dynamic (1)</b> 92:9	<b>editorial (1)</b> 32:12 <b>educate (1)</b> 46:9 <b>education (25)</b> 16:20 22:14,18 25:21 26:12,14 31:25 33:20 38:15 43:6 46:6 91:6 95:22 101:8 103:1 111:7 114:6 119:13 120:16 120:17,19,24 120:24 121:9 132:19 <b>educational (4)</b> 91:7 95:1 97:12 127:19 <b>Edwards (2)</b> 45:11,14 <b>effect (2)</b> 92:7 108:25 <b>effective (1)</b> 100:7 <b>effectively (1)</b> 22:7 <b>effort (2)</b> 31:3 71:13 <b>efforts (1)</b> 71:5 <b>eight (2)</b> 26:11 59:17 <b>either (5)</b> 19:6,9 106:8 139:13 141:4 <b>elderly (1)</b> 49:16 <b>elected (1)</b> 25:20 <b>electoral (1)</b> 74:11 <b>electronic (1)</b> 106:1 <b>element (5)</b> 105:4 105:16,25 106:19 107:19 <b>element's (1)</b> 109:2 <b>elements (11)</b> 106:24 107:14	107:16,18 108:6,7,21,22 109:4,5 110:16 <b>elevating (1)</b> 121:4 <b>eligibility (1)</b> 49:8 <b>eligible (7)</b> 48:6 48:16 49:2,5 50:11 51:6 75:2 <b>eliminated (1)</b> 141:23 <b>embarrass (2)</b> 69:9 149:6 <b>embrace (1)</b> 46:25 <b>emergency (10)</b> 40:13,19 52:3 62:13 63:24 82:23,24 83:1 91:20 107:12 <b>Emeritus-Man...</b> 53:10 <b>Emily (1)</b> 67:22 <b>employed (2)</b> 150:13,16 <b>employee (1)</b> 150:15 <b>employees (1)</b> 73:17 <b>employment (5)</b> 38:8 41:14 43:10 88:22 89:5 <b>emptied (1)</b> 56:12 <b>enabling (1)</b> 33:24 <b>encounters (1)</b> 61:6 <b>encourage (2)</b> 27:4 148:16 <b>encouraged (1)</b> 64:6 <b>encouraging (1)</b> 93:19 <b>endeavor (1)</b>
---	---	---	---	---

ended (1) 110:16	<b>ER (10)</b> 40:19,24	131:17	74:9,23 75:17	<b>explanation (1)</b>
<b>energy (1)</b> 24:20	41:7,11,17,20	<b>examine (1)</b> 9:21	75:22 76:6 78:9	141:19
<b>enforcement (1...</b>	42:5,7,8,10	<b>example (8)</b> 50:9	78:14 79:4,7	<b>explore (1)</b>
16:19 21:25	<b>Erin (1)</b> 10:19	76:19 92:25	87:12 91:23	126:11
28:12,19 30:17	<b>especially (8)</b>	93:12 97:11	92:20 93:6,18	<b>explosive (1)</b>
31:15,25 46:1,2	34:14 39:9	99:22 134:20	93:24 94:6,11	66:12
104:6 106:6,9	53:20,24 59:12	142:23	94:14 95:5	<b>express (1)</b> 66:15
106:12 107:17	76:14 78:6	<b>examples (9)</b>	<b>expect (2)</b> 88:12	<b>expressions (1)</b>
<b>engage (1)</b> 18:24	89:11	35:6 39:5 40:13	107:24	66:16
<b>engaged (1)</b> 31:4	<b>essential (1)</b> 21:4	45:4 113:8	<b>expectancy (2)</b>	<b>expulsions (1)</b>
<b>engagement (6)</b>	<b>essentially (1)</b>	114:12 116:21	42:17,24	45:24
11:1,3 15:12	10:22	129:18,21	<b>expected (1)</b>	<b>extend (1)</b> 148:1
22:18 119:13	<b>established (3)</b>	<b>exceed (1)</b> 126:16	128:15	<b>extensive (1)</b>
142:16	27:9 105:15	<b>excellent (1)</b>	<b>expelled (1)</b> 46:4	127:9
<b>engaging (1)</b> 70:2	126:3	144:9	<b>expelling (2)</b>	<b>extra (2)</b> 40:11
<b>enhancement (1)</b>	<b>et (1)</b> 113:12	<b>excited (1)</b> 86:9	70:10 97:15	146:16
77:1	<b>ethnic (1)</b> 35:18	<b>exciting (1)</b> 15:11	<b>expense (3)</b> 140:4	<b>extraordinary ...</b>
<b>enhancing (2)</b>	<b>ethnicity (2)</b>	<b>excuse (1)</b> 100:5	141:8 143:5	71:12 144:6
10:1 52:23	13:24 35:12	<b>excused (2)</b> 5:12	<b>expenses (10)</b>	<b>extremely (2)</b>
<b>enjoy (1)</b> 8:3	<b>eulogy (2)</b> 27:12	5:18	127:19 140:6,7	125:11,25
<b>enjoyment (1)</b>	27:14	<b>execution (1)</b>	140:10 141:15	<b>eye (1)</b> 41:1
29:16	<b>evaluation (2)</b>	133:11	142:20 143:3	
<b>enormous (1)</b>	126:4 145:21	<b>executive (2)</b>	143:15 144:21	<b>F</b>
116:18	<b>evening (11)</b> 7:5	125:1 133:11	147:14	<b>F (7)</b> 12:10 13:1
<b>enroll (1)</b> 44:23	7:6 8:11 10:15	<b>executives (1)</b>	<b>expensive (1)</b>	13:12 14:2,11
<b>enrolled (3)</b>	18:18 23:6,19	140:13	90:12	15:2,21
44:25 75:4	25:5 32:24	<b>exist (1)</b> 35:15	<b>experience (3)</b>	<b>Facebook (1)</b>
128:2	52:15 110:25	<b>existence (1)</b>	33:18 62:25	15:20
<b>ensure (2)</b> 112:3	<b>event (1)</b> 7:7	112:14	122:9	<b>facilities (1)</b> 88:5
122:6	<b>eventually (1)</b>	<b>existing (2)</b>	<b>experiences (1)</b>	<b>facility (2)</b> 8:3
<b>enter (2)</b> 8:17	103:14	112:11 130:8	142:4	84:11
12:20	<b>everybody (7)</b>	<b>exists (2)</b> 104:10	<b>experiencing (3)</b>	<b>facing (1)</b> 6:12
<b>entitled (1)</b> 125:9	33:4 50:7 63:6	104:25	37:3,7 93:1	<b>fact (9)</b> 25:6 68:7
<b>entity (1)</b> 104:9	70:15 72:22	<b>expand (6)</b> 47:19	<b>expert (2)</b> 9:19	72:7 76:25
<b>entrance (1)</b>	83:3,5	49:18 51:9 76:2	33:9	88:13 100:8
12:19	<b>evidence (2)</b>	129:8 130:15	<b>expertise (2)</b>	112:9 134:19
<b>environment (1)</b>	89:11 105:6	<b>expanded (7)</b>	90:16 99:3	149:10
38:10	<b>evidence-based...</b>	47:17 50:12	<b>experts (4)</b> 99:1	<b>factors (1)</b> 89:5
<b>epilepsy (1)</b> 41:2	120:5	62:4 74:3 75:1	120:2 124:12	<b>failed (2)</b> 28:25
<b>equals (1)</b> 13:6	<b>evolving (1)</b> 22:2	75:15,18	142:21	28:25
<b>equation (1)</b> 83:2	<b>ex-cop (1)</b> 25:21	<b>expanding (3)</b>	<b>explain (4)</b> 55:19	<b>failing (2)</b> 29:14
<b>equitable (1)</b>	<b>ex-officio (1)</b>	47:24 49:7	111:5 117:4	85:4
54:8	138:5	78:24	141:1	<b>failure (3)</b> 31:11
<b>equity (7)</b> 22:14	<b>exact (2)</b> 64:14	<b>expansion (27)</b>	<b>explained (1)</b>	104:20,22
27:3 43:23	114:1	47:8,10,13,16	112:24	<b>fair (1)</b> 23:19
46:12 111:7	<b>exactly (4)</b> 72:14	47:20 67:20	<b>explains (1)</b>	<b>fairly (3)</b> 16:25
120:17,17	97:4 124:14	70:19 73:22	111:5	96:12 100:7



<p><b>fairness (1)</b> 120:18</p> <p><b>Faith (1)</b> 24:7</p> <p><b>fall (6)</b> 43:2,2 67:12 84:21,23 89:8</p> <p><b>fallen (1)</b> 79:21</p> <p><b>families (4)</b> 6:8 7:18 48:7 65:24</p> <p><b>family (10)</b> 46:15 48:15 49:13,18 60:17 75:12 118:14 119:20 119:20 129:1</p> <p><b>fancy (1)</b> 68:17</p> <p><b>Fantastic (1)</b> 18:16</p> <p><b>far (7)</b> 60:4 78:14 83:11 92:7 101:2,5 114:2</p> <p><b>farm (1)</b> 119:10</p> <p><b>fascinating (1)</b> 73:15</p> <p><b>faster (1)</b> 58:6</p> <p><b>father (1)</b> 85:10</p> <p><b>fattest (1)</b> 30:17</p> <p><b>favor (5)</b> 79:15 79:16 94:10 135:17 138:12</p> <p><b>favorite (4)</b> 11:24 12:8,15 86:7</p> <p><b>favorites (1)</b> 56:19</p> <p><b>fear (3)</b> 30:11,13 94:8</p> <p><b>February (1)</b> 140:20</p> <p><b>Federal (3)</b> 62:9 75:24 124:13</p> <p><b>Feds (2)</b> 67:19 76:20</p> <p><b>fee (1)</b> 141:4</p> <p><b>feed (1)</b> 119:1</p> <p><b>feedback (2)</b> 21:3 72:13</p> <p><b>feeding (1)</b> 117:14</p>	<p><b>feel (6)</b> 36:8,12 54:24 63:10 87:3 134:5</p> <p><b>feelings (1)</b> 66:15</p> <p><b>fees (2)</b> 140:11 141:2</p> <p><b>Feinstein (1)</b> 127:11</p> <p><b>Felicia (4)</b> 3:11 5:13 127:9 130:7</p> <p><b>felt (1)</b> 102:9</p> <p><b>female (2)</b> 13:18 13:21</p> <p><b>females (1)</b> 41:21</p> <p><b>Ferguson (13)</b> 1:6 3:1 4:5 14:18 15:22 16:6 17:5 22:20 46:11 68:14 69:13 70:14,22</p> <p><b>field (1)</b> 51:18</p> <p><b>fighting (1)</b> 100:18</p> <p><b>figure (2)</b> 49:25 57:11</p> <p><b>filing (1)</b> 105:7</p> <p><b>fills (1)</b> 61:18</p> <p><b>final (3)</b> 120:2 123:25 145:2</p> <p><b>finalized (1)</b> 120:5</p> <p><b>finally (7)</b> 37:10 44:22 46:13 85:20 86:5 103:3 120:4</p> <p><b>financial (6)</b> 43:6 105:6 132:6,16 132:18 143:18</p> <p><b>financially (1)</b> 150:17</p> <p><b>find (10)</b> 27:19 65:8 66:22 85:22 108:18 108:21 111:25 113:14 114:11 118:19</p>	<p><b>finding (1)</b> 66:5</p> <p><b>findings (2)</b> 18:23 19:4</p> <p><b>fine (1)</b> 11:12</p> <p><b>fines (1)</b> 106:1</p> <p><b>fingers (1)</b> 87:3</p> <p><b>firearms (1)</b> 30:24</p> <p><b>firefighters (1)</b> 30:18</p> <p><b>firm (1)</b> 27:2</p> <p><b>first (34)</b> 4:3 11:11 12:23 15:1,5,18 22:22 23:25 26:21 33:10 34:20 56:11 63:12 65:1,21 73:2,6 74:7 75:3 85:14 85:25 86:18 102:1,20 111:16,23 112:7 116:19 123:5 126:12 136:18 140:10 140:22 144:3</p> <p><b>fiscal (2)</b> 139:23 144:8</p> <p><b>fish (1)</b> 23:18</p> <p><b>fit (1)</b> 48:5</p> <p><b>five (11)</b> 14:4 15:3 43:19 48:8 61:3 76:23 79:1 97:22 101:4 111:18 121:21</p> <p><b>flip (1)</b> 48:11</p> <p><b>floating (1)</b> 102:5</p> <p><b>flooding (1)</b> 87:7</p> <p><b>floor (1)</b> 143:23</p> <p><b>Florissant (1)</b> 60:14</p> <p><b>Flourish (2)</b> 44:8 44:13</p> <p><b>flow (1)</b> 107:25</p> <p><b>focus (6)</b> 8:19,25 9:11 22:1 43:24 71:5</p>	<p><b>focused (3)</b> 44:9 71:3 80:25</p> <p><b>focuses (2)</b> 9:8 31:24</p> <p><b>folks (45)</b> 24:25 37:18 41:15 51:6,10 55:7,17 56:24 59:6,12 59:13 60:2,3,6 60:8,23 61:4 62:11,22,23 68:11,12,12,12 68:13,13,14,14 70:13 75:4 76:4 76:15,21 77:3,6 77:11 82:3,6,11 82:16 91:5 92:20 97:1 98:6 98:17</p> <p><b>follow (2)</b> 122:11 144:12</p> <p><b>follow-up (2)</b> 78:11 96:22</p> <p><b>followed (2)</b> 20:8 30:18</p> <p><b>following (2)</b> 102:24 144:12</p> <p><b>food (10)</b> 38:24 44:2,6 51:22 114:6,6 118:1,6 118:9,16</p> <p><b>forbids (1)</b> 28:15</p> <p><b>force (3)</b> 30:12 106:16 114:21</p> <p><b>forced (1)</b> 27:17</p> <p><b>forefront (1)</b> 27:7</p> <p><b>form (2)</b> 63:20 121:13</p> <p><b>formed (4)</b> 54:14 57:5,7 143:1</p> <p><b>forms (1)</b> 27:2</p> <p><b>forsake (1)</b> 90:3</p> <p><b>fort (1)</b> 93:13</p> <p><b>forth (3)</b> 32:1 99:10 132:11</p> <p><b>fortunate (5)</b> 61:24 62:2,20 70:1 78:1</p>	<p><b>forum (1)</b> 92:20</p> <p><b>forums (1)</b> 96:4</p> <p><b>forward (9)</b> 10:9 10:9 27:7 53:14 101:19 116:12 120:15 130:2 133:5</p> <p><b>foster (2)</b> 85:13 85:17</p> <p><b>fostered (1)</b> 85:11</p> <p><b>fostering (2)</b> 9:25 52:22</p> <p><b>found (2)</b> 19:21 99:15</p> <p><b>foundation (22)</b> 1:12 4:7 7:2,11 7:15 9:18 33:11 33:12,17,23 40:13 43:19 45:6,11 52:9 74:5,12 86:11 89:1,3,18 142:24</p> <p><b>Foundation's (1)</b> 96:3</p> <p><b>founder (2)</b> 7:12 25:22</p> <p><b>four (9)</b> 11:1 16:22 39:12,18 43:20,21 60:21 111:18 116:13</p> <p><b>fourth (2)</b> 29:21 122:14</p> <p><b>fragile (2)</b> 88:15 88:16</p> <p><b>frail (1)</b> 89:12</p> <p><b>frame (2)</b> 9:5 19:3</p> <p><b>Francisco (1)</b> 31:20</p> <p><b>Franklin (2)</b> 13:1 13:12</p> <p><b>Franks (6)</b> 3:24 23:6 25:2 26:17</p>
---	--	--	---	--

29:25 32:20 <b>Fred (1)</b> 100:9 <b>free (3)</b> 24:21 36:11,16 <b>frequent (1)</b> 82:4 <b>frequently (1)</b> 82:8 <b>Friday (1)</b> 145:5 <b>friend (5)</b> 8:13 15:22 16:11 59:15 85:21 <b>friendly (1)</b> 138:1 <b>friends (3)</b> 53:23 91:3 148:17 <b>friendships (1)</b> 114:8 <b>front (2)</b> 11:9 121:1 <b>Fruend (16)</b> 2:14 2:16 9:20 52:16 53:16 67:1 69:8 76:12 80:2 81:22 84:5 87:1 90:9 92:17 97:7 99:11 <b>full (9)</b> 12:14 14:22,23 17:11 84:14 90:12 113:9 126:10 140:20 <b>fully (2)</b> 123:18 144:23 <b>function (1)</b> 21:10 <b>fund (3)</b> 26:12 46:7 133:13 <b>fundamental (2)</b> 24:10,10 <b>funded (2)</b> 129:17 134:6 <b>funder (1)</b> 45:7 <b>funding (12)</b> 22:15 33:18 46:5,10,14 76:20 89:7,10 121:8 132:22	134:10 143:8 <b>funds (3)</b> 62:8 139:24 146:10 <b>funny (1)</b> 18:22 <b>further (3)</b> 135:16 138:10 150:14 <b>future (1)</b> 129:2 <hr/> <b>G</b> <hr/> <b>G (7)</b> 12:10 13:2 13:13 14:2,11 15:22 56:1 <b>Gabe (1)</b> 5:2 <b>Gabriel (1)</b> 3:16 <b>game (2)</b> 51:15 86:7 <b>gap (6)</b> 42:12 58:11 61:19,25 128:16,23 <b>garage (1)</b> 23:12 <b>Gateway (19)</b> 1:12 4:7 7:2,10 7:11 61:24 62:22 63:22 64:12,16,24 65:10,13 66:22 67:3,4,18 68:25 76:17 <b>gather (1)</b> 6:11 <b>gathered (1)</b> 120:9 <b>gauge (2)</b> 11:2 15:12 <b>gay (1)</b> 35:5 <b>gender (3)</b> 13:17 41:25 42:22 <b>general (6)</b> 11:1 107:12 110:10 131:12 135:4 146:11 <b>generally (4)</b> 12:15 16:7,12 16:23 <b>generate (1)</b> 33:14 <b>generation (1)</b>	126:16 <b>generational (1)</b> 127:1 <b>generic (1)</b> 77:8 <b>generous (3)</b> 47:21 48:8 119:7 <b>geographic (2)</b> 13:8 134:9 <b>getting (16)</b> 45:10,13 55:7 57:14 58:3,12 67:10 68:19 78:14 79:25 83:15,16,17 97:17 124:25 134:7 <b>Gilbert (1)</b> 127:13 <b>Ginger (1)</b> 125:23 <b>give (16)</b> 31:3 33:3 39:2,4 48:20 57:19 62:23 86:1 88:8 102:22 103:9 114:5 120:3 145:2,6,24 <b>given (2)</b> 27:24 135:10 <b>gives (3)</b> 23:19 28:14 67:18 <b>giving (4)</b> 10:19 11:18 30:9 146:6 <b>glad (1)</b> 26:4 <b>glance (1)</b> 112:7 <b>go (53)</b> 11:15 15:9 17:14 18:16 20:3 22:16 23:22 26:8 29:6,7,8 36:2,3,7,9,13 39:16 40:18 50:16 51:16 54:18 55:16,22 58:3 63:23 66:3	67:19,20,20 72:7 73:10 77:16 78:21 80:8,10,19 83:11 87:22 88:6,15 93:20 97:16 99:22 117:1 119:17 122:2 125:16 128:15 133:5 140:10,25 141:8 143:20 <b>goal (4)</b> 112:3,16 119:1,3 <b>God (4)</b> 32:14 64:4 66:3 85:12 <b>goes (10)</b> 41:4,4 50:20 73:19 76:9 86:22 101:2 106:13 106:18 114:20 <b>going (108)</b> 8:1 14:8 15:9 17:24 23:1,4,15 30:10 30:25 45:19 47:10 52:14 53:17,18 54:11 54:12 55:12,23 56:25 57:15,16 57:19 61:15 62:19 64:21 67:19 68:18 69:15 70:9,16 70:17 72:12,14 72:17 73:24 75:5,25 76:2,21 77:15,18,19 78:3,4 87:11,12 87:14,16,20,21 87:25 88:8 90:20,20,21 91:1,4,6,8,17 92:3 94:3,4 96:24 97:16,16 98:1,5,18,24 101:2,3 102:17 102:20 103:9	109:9 112:24 112:25 113:1,4 113:22 114:4 116:12,13 117:6 119:17 121:10 122:2 122:23,24 123:8,23 125:16 127:6 128:4,5,11,20 133:25 134:6 134:20 139:3 140:4,8 143:22 149:1,6,7 <b>gonorrhea (1)</b> 39:14 <b>good (43)</b> 7:5 8:11 10:14 23:6 23:11,11,14 25:4 28:21,23 29:5,9,11,12 38:15 39:3 46:21 51:25 55:12,14 59:24 60:1 62:17 66:18 75:13 76:20 80:18 83:2 85:6 88:13 90:7,24 96:25 98:2 99:4 100:3 100:20 110:25 111:25 131:14 139:15 140:13 143:14 <b>Gore (6)</b> 3:16 5:2 5:3 121:3 137:10 138:9 <b>gotten (1)</b> 62:5 <b>governance (1)</b> 28:9 <b>governing (1)</b> 26:8 <b>government (5)</b> 27:9 28:23 62:9 75:24 124:13 <b>governmental (...)</b> 92:3
--	--	---	--	--

<b>governments (2)</b> 16:20 28:25	14:21,23 17:16 20:20 26:21	105:15 141:24	85:11 98:11	38:7,11,13,14 38:15,19,21,23
<b>governor (3)</b> 110:13 135:5 145:18	65:5 66:8 94:20 95:2,4 97:12 101:9 105:5,14	<b>guiding (1)</b> 8:17 <b>guilty (1)</b> 102:9 <b>gun (2)</b> 101:1 119:18	<b>happily (1)</b> 142:12	38:25 39:5,18 39:25 40:9 41:7 41:11,15,16,20
<b>governor's (5)</b> 103:17 110:13 121:18 123:3 135:11	107:15,17 109:18 110:7 111:17 112:1 112:12,22	<b>guy (1)</b> 31:18 <b>guys (1)</b> 26:5	<b>happy (10)</b> 18:6 18:11,16,17 28:7,8 72:1 140:15 149:11 149:17	41:23 42:1 43:3 43:8,12,14,19 43:23 44:2,16 44:24,25 45:1,3
<b>Grace (7)</b> 44:19 60:2,4,4,5,20 61:13	115:3,19 119:6 121:19 124:23 125:9,13,14,16	<b>H</b>	<b>hard (13)</b> 29:17 52:8 57:12 59:14 62:6 63:23 81:23 112:16 113:24 123:21 135:22 144:15 148:3	46:6,12,16,18 46:19,20 47:1,4 47:6,12 48:10 49:6 51:16,23 52:19,21,25 53:25 54:6,8,13
<b>graciously (1)</b> 118:2	126:2,15 130:23 141:8 141:16	<b>H-U-N-T (1)</b> 26:20	<b>harder (2)</b> 99:18 142:11	54:15,15,19 55:5,20 56:18 57:3,8,10 58:2 59:22,24 60:23 60:25 61:24
<b>grades (2)</b> 128:20 128:22	<b>groups (20)</b> 16:16,17,18,22 17:3,6,7,11 20:15 92:6 94:21 95:22 97:11 98:16,22 102:18 103:6 116:18 119:11 146:18	<b>H-Y-A-T-T (1)</b> 28:7	<b>hardworking (1)</b> 63:18	64:6 66:16,17 67:8,10 69:12 70:24 73:18 74:16,17,17,18 75:6,11,12 76:24 77:2,14 77:16,20,21 78:5 80:3,9,16 80:22 84:8,14 84:22 85:6,7,15 85:21 86:13,19 86:20,25 88:1 89:1,3,6,14,24 90:4,10 91:21 92:1,10 93:1,23 94:11,12,19,24 96:6,7,7,8,15 96:24 97:4,12 98:1,9 99:1,8 99:12,24 100:1 100:6,15 101:1 101:2,5,23 102:10 113:11 113:15 115:7 117:12 119:20 121:4
<b>graduated (1)</b> 123:17	<b>Grove (2)</b> 60:17 60:19	<b>half (3)</b> 56:14 65:16 111:3	<b>Harvard (2)</b> 117:3 124:23	<b>health-related ...</b>
<b>graduation (1)</b> 127:20	<b>grow (2)</b> 117:9 117:20	<b>Hallelujah (1)</b> 69:23	<b>hat (1)</b> 70:11	
<b>grandchildren ...</b> 130:25	<b>growing (2)</b> 115:5,6	<b>hand (7)</b> 18:6 23:9 87:22,23 113:22,24 114:2	<b>hate (1)</b> 50:6	
<b>grant (1)</b> 129:9	<b>grows (1)</b> 132:10	<b>hand-in-hand (...)</b> 106:14,18	<b>haunted (1)</b> 27:16	
<b>grants (3)</b> 125:24 142:24 144:13	<b>guarantee (2)</b> 97:25 114:25	<b>handled (1)</b> 42:8	<b>Hawaiian (1)</b> 14:2	
<b>grateful (5)</b> 4:6 63:13 72:8 84:7 135:8	<b>guaranteed (1)</b> 67:15	<b>hands (4)</b> 11:7,8 17:25 77:24	<b>head (2)</b> 31:18 125:22	
<b>Gravois (1)</b> 61:2	<b>guards (1)</b> 30:19	<b>hanging (1)</b> 87:24	<b>heading (1)</b> 125:24	
<b>Grayling (1)</b> 5:17	<b>guess (3)</b> 30:25 93:8 126:20	<b>happen (12)</b> 8:1 54:24 74:9 87:12 91:5,6 94:7,15 105:22 114:21 131:17 134:12	<b>headlines (1)</b> 56:17	
<b>great (11)</b> 16:9 17:19 24:24 60:3,15 80:19 84:20 110:10 134:20 147:23 148:5	<b>Guest (1)</b> 2:13	<b>happened (5)</b> 18:25 56:11,16 85:21 140:22	<b>health (202)</b> 6:8 8:19,25 9:3,4,4 9:12,15,15,18 9:18,20 10:4 19:20,23 20:7,8 20:9,10,17 24:9 24:10,15,19 26:3 33:11,12 33:15,17,19,25 34:1,5,14,21,22 34:23,24,25 35:8,9,14,16,18 35:20,23 36:3,6 36:16 38:2,3,5	
<b>greater (2)</b> 30:9 31:3	<b>guidance (3)</b> 8:21 10:12 44:4	<b>happening (7)</b> 37:16 65:24 75:20,23 116:18 133:2 136:21		
<b>greatest (2)</b> 19:22 20:6	<b>guide (1)</b> 101:19	<b>happens (4)</b> 68:21 80:23		
<b>greatly (2)</b> 141:4 141:23	<b>guided (1)</b> 143:13			
<b>green (4)</b> 12:9 40:5 50:11 51:2	<b>guideline (1)</b> 65:9			
<b>greet (2)</b> 6:3,25	<b>guidelines (2)</b>			
<b>ground (1)</b> 57:21				
<b>group (37)</b> 14:9				

46:9 <b>healthier (3)</b> 59:9 77:4 84:2 <b>healthy (21)</b> 38:6 39:1 43:25,25 44:5 51:19,22 51:23 52:2 54:18,19 64:8 69:14 74:21 90:13 95:8 96:19 97:16 113:8 117:19 117:21 <b>hear (19)</b> 9:3,14 9:19 16:9 22:19 29:2,19 31:13 32:7 49:13 66:17 93:25 94:5,9,24 95:5 96:6 101:7 138:17 <b>heard (18)</b> 16:3 25:17,25 45:5 55:10 59:23 60:2,10 62:20 72:8 93:22,25 111:21 113:11 115:21 119:21 121:17 130:7 <b>hearing (3)</b> 53:14 68:6 74:2 <b>heart (9)</b> 24:18 58:19,21,22 64:11,12,25 77:8 111:15 <b>hearts (1)</b> 6:21 <b>Heet (2)</b> 150:4,21 <b>held (3)</b> 64:23 96:4 123:1 <b>Hello (1)</b> 63:5 <b>help (19)</b> 18:18 42:1 44:5 45:22 46:9 50:17,18 50:25 63:14 64:7,20 66:4,7 75:24 98:23 100:6 119:7	142:24 146:2 <b>helped (4)</b> 46:7 71:24 115:3 146:19 <b>helpful (5)</b> 89:19 90:7 125:23 126:1 148:16 <b>helping (4)</b> 8:17 24:21 44:23 89:13 <b>helps (3)</b> 52:2 111:5 115:16 <b>heterosexual (1)</b> 35:4 <b>Hi (1)</b> 28:6 <b>high (6)</b> 20:16 49:19 57:19 80:22 127:20 148:11 <b>higher (4)</b> 36:20 39:19,24 42:7 <b>highlights (1)</b> 53:1 <b>highly (3)</b> 52:17 88:15,16 <b>Hill (6)</b> 44:19 60:3,4,4,5,21 <b>Hill's (1)</b> 61:13 <b>Hilliard (1)</b> 60:10 <b>hip (1)</b> 69:19 <b>Hispanic (2)</b> 13:25 45:18 <b>Hispanics (2)</b> 35:4,22 <b>histories (1)</b> 82:3 <b>history (5)</b> 26:22 27:1 37:12 55:20 82:12 <b>hit (1)</b> 36:22 <b>hold (1)</b> 93:12 <b>holding (1)</b> 127:21 <b>holes (2)</b> 76:18 87:4 <b>home (7)</b> 12:24 37:9 48:25	97:22 101:23 119:18 122:21 <b>homeless (1)</b> 49:4 <b>Homer (1)</b> 56:1 <b>homes (5)</b> 6:17 6:20 80:5 99:17 99:18 <b>homophobic (1)</b> 31:21 <b>honest (1)</b> 102:7 <b>hop (1)</b> 69:19 <b>hope (6)</b> 8:2 30:2 32:24 93:4,5 112:16 <b>hopefully (2)</b> 67:17 115:17 <b>horrified (1)</b> 86:8 <b>hospital (16)</b> 36:3 37:22 40:18 44:18 54:22 55:24 56:4,6,11 59:21 62:6,7 75:23 77:21,22 96:18 <b>hospitals (6)</b> 56:24 76:5,9,19 87:13,15 <b>host (4)</b> 69:4 92:20 98:22 141:12 <b>hosting (1)</b> 4:8 <b>hour (3)</b> 102:10 111:3,3 <b>hour-long (1)</b> 85:24 <b>hours (2)</b> 87:23 97:23 <b>House (4)</b> 94:4 103:13,14 104:2 <b>housekeeping (1)</b> 102:2 <b>housing (11)</b> 38:15 43:5,10 51:20 88:22 89:5,9,10,13 113:13 114:23	<b>huge (16)</b> 34:17 40:19 44:11 45:12 57:4 59:22 61:8 71:20,21 76:13 77:6,9 94:15 96:9,9 128:16 <b>Hughes (4)</b> 6:23 6:24 7:5 53:25 <b>human (3)</b> 63:7 98:20 120:24 <b>hundred (6)</b> 29:11 49:15 50:19 56:14 60:23 123:4 <b>hundreds (1)</b> 31:20 <b>hunger (1)</b> 119:2 <b>hungry (1)</b> 119:2 <b>Hunt (5)</b> 2:10 24:2 26:18,19 26:20 <b>Hyatt (4)</b> 2:11 26:18 28:6,7 <b>hypertension (3)</b> 41:2 69:1 82:7	<b>imagine (1)</b> 113:22 <b>impact (16)</b> 9:6 19:23 20:6,16 34:15,18 38:5 74:22 75:22 89:6 92:7 95:7 97:10 104:15 109:11 141:24 <b>impacting (2)</b> 20:14 142:2 <b>impacts (3)</b> 9:15 74:18 99:10 <b>impetus (1)</b> 104:11 <b>implement (1)</b> 47:16 <b>implementatio...</b> 143:7,10 145:12 146:14 146:20 <b>implemented (2)</b> 71:3 105:1 <b>implications (1)</b> 131:11 <b>importance (2)</b> 55:3,4 <b>important (23)</b> 36:7 46:25 59:20 63:3,8 71:15 90:10 102:13 104:4 104:18 105:3 105:25 106:23 106:25 107:19 107:20 112:4 113:20 116:6 126:8,25 132:13 144:14 <b>importantly (1)</b> 62:21 <b>impossible (1)</b> 117:20 <b>improve (6)</b> 18:19 44:2 53:5 53:6 54:15 57:9 <b>improved (3)</b>
--	---	--	--	--

**I**

**I's (1)** 131:2  
**idea (6)** 112:2  
115:22 116:22  
117:5 124:24  
131:15  
**identified (4)**  
14:5 17:1 22:8  
146:1  
**identify (1)** 13:18  
**identifying (1)**  
146:8  
**ill (2)** 81:15  
84:11  
**illegal (1)** 28:11  
**Illinois (2)** 150:6  
150:9  
**illness (1)** 81:19  
**illuminating (1)**  
52:10

<b>improvement (3)</b> 43:13 58:22 93:2	<b>incredible (1)</b> 53:8	<b>infinite (1)</b> 29:20	20:2,9 24:15,19	<b>invest (2)</b> 24:12 24:25
<b>improvements ...</b> 58:19,20 93:1,1	<b>incredibly (2)</b> 91:22 99:15	<b>information (6)</b> 34:1 67:25 107:8 108:8	35:17,19,20 38:8 40:14,15 41:15,16,22	<b>investigative (1)</b> 118:15
<b>improving (3)</b> 43:11,13 126:15	<b>incurred (1)</b> 142:21	<b>informative (1)</b> 70:22	43:15 44:24 45:1 47:2,6 48:10 50:8,17	<b>investing (1)</b> 133:4
<b>Imster (1)</b> 125:23	<b>independent (1)</b> 18:14	<b>informed (1)</b> 94:21	51:1,8,11,25 61:23 64:1 76:2	<b>investment (4)</b> 100:20 127:18 128:18 131:16
<b>in-kind (4)</b> 141:9 141:14 147:10 147:20	<b>Indian (1)</b> 14:1	<b>inhumane (1)</b> 55:2	86:11,12,14,17 107:11	<b>invitation (1)</b> 34:11
<b>incarcerated (1)</b> 22:17	<b>Indianapolis (1)</b> 22:10	<b>initial (2)</b> 104:11 131:16	<b>integration (1)</b> 53:5	<b>invite (8)</b> 148:21 148:23,25 149:3,6,7,9,16
<b>Incarnate (1)</b> 45:10	<b>indicate (1)</b> 109:4	<b>initiative (3)</b> 43:24 44:9,16	<b>intentional (1)</b> 145:15	<b>invited (3)</b> 16:2 16:12 102:2
<b>inception (1)</b> 137:5	<b>indicates (1)</b> 127:21	<b>initiatives (2)</b> 43:14,21	<b>interactions (2)</b> 21:25 37:17	<b>invocation (4)</b> 2:4 6:1,23 8:19
<b>incident (1)</b> 79:24	<b>indicator (1)</b> 59:1	<b>injustice (3)</b> 54:25,25 57:4	<b>interconnectivi...</b> 120:12	<b>involved (6)</b> 17:7 17:8,9,20 26:1 107:16
<b>include (7)</b> 22:18 51:10 53:9 91:16,19 92:12 107:18	<b>indicators (1)</b> 39:12	<b>injustices (1)</b> 57:3	<b>interest (9)</b> 11:3 16:5,14 22:15 107:22 119:8,9 119:11 134:7	<b>involvement (1)</b> 17:4
<b>included (1)</b> 147:18	<b>indigence (1)</b> 105:9	<b>Innovation (1)</b> 132:15	<b>interested (14)</b> 7:1 16:7,7,8,10 16:13,23,23,24 17:2,2 40:12 74:14 150:17	<b>involves (1)</b> 104:19
<b>includes (1)</b> 131:19	<b>individual (5)</b> 37:16,17 42:18 134:10 145:7	<b>innovator (2)</b> 9:24 52:22	<b>irrational (1)</b> 94:8	<b>irregardless (1)</b> 81:20
<b>including (2)</b> 29:16 135:10	<b>individuals (14)</b> 19:2 21:2 30:23 48:22,23 49:15 49:17,20	<b>inpatient (2)</b> 76:19,22	<b>irrelevant (1)</b> 91:25	<b>Islander (1)</b> 14:2
<b>inclusive (1)</b> 126:12	<b>individuals (14)</b> 19:2 21:2 30:23 48:22,23 49:15 49:17,20	<b>input (5)</b> 70:25 120:1 121:14 125:25 139:1	<b>irrelevant (1)</b> 91:25	<b>isolated (1)</b> 93:12
<b>income (13)</b> 10:2 24:8,13 44:20 48:2,4 49:3,20 52:24 53:3 59:12 60:8 140:1	<b>industrial (1)</b> 31:8	<b>inputs (1)</b> 132:9	<b>interesting (3)</b> 14:13 96:14 118:25	<b>Isom (3)</b> 3:13 5:7 5:8
<b>incorporate (1)</b> 101:3	<b>inefficiency (2)</b> 91:19,22	<b>insecurity (1)</b> 118:17	<b>interestingly (1)</b> 56:8	<b>issue (11)</b> 43:1 46:11 76:11,11 95:9 104:20 105:12 106:4,6 108:11,13
<b>increase (4)</b> 44:5 59:5 142:15,15	<b>inequities (1)</b> 9:11	<b>inserted (1)</b> 147:20	<b>interests (1)</b> 134:10	<b>issued (2)</b> 104:23 110:19
<b>increased (4)</b> 41:11 59:10 142:19 143:19	<b>inequity (9)</b> 16:21,21 95:1 95:12,23,23 103:1,5 125:10	<b>inside (2)</b> 23:12 99:21	<b>interpersonal (2)</b> 113:14,17	<b>issues (19)</b> 6:12 19:22,24 20:5 20:13 33:19,25 39:18 46:10 51:15 108:2,14
<b>increasing (1)</b> 43:14	<b>infant (3)</b> 39:12 44:8,12	<b>Institute (1)</b> 30:5	<b>intersection (3)</b> 96:15,23 97:4	
	<b>infection (1)</b> 99:23	<b>institutions (2)</b> 37:20 146:1 37:21 75:9	<b>intervention (3)</b> 81:6 82:4 88:8	
	<b>infections (1)</b> 41:1	<b>instruction (2)</b> 97:23 111:13	<b>introduce (2)</b> 52:15 57:17	
		<b>instrumental (1)</b> 27:22	<b>introduction (1)</b> 23:2	
		<b>insurance (33)</b>	<b>introductory (1)</b> 144:1	

113:17 115:23 118:6 120:12 120:20 126:14 136:4 <b>item (9)</b> 102:2 140:12 141:3,9 141:16,20 142:14,17,19 <b>items (2)</b> 137:4 140:9	63:25 64:2 77:13 81:9 <b>John (1)</b> 120:25 <b>Johnson (2)</b> 18:1 142:24 <b>Johnson-Javoi...</b> 2:3,8,20 3:15 4:3,15,17,19,22 4:25 5:2,4,7,9 5:11,15,17,21 5:24 6:22 18:2 18:11 53:11 101:19,22 135:24,25 137:14,21 138:4,16,22 139:18 147:13 <b>join (2)</b> 149:9,17 <b>JONES-HATT...</b> 18:8 <b>Journal (1)</b> 32:13 <b>journey (1)</b> 80:12 <b>joy (1)</b> 148:5 <b>Jr (3)</b> 3:19 4:20 7:13 <b>judge (3)</b> 34:4 45:11,14 <b>judges (2)</b> 21:18 107:24 <b>judicious (1)</b> 143:14 <b>jump (2)</b> 139:12 139:15 <b>jumping (2)</b> 139:15,16 <b>June (2)</b> 47:14 148:9 <b>justice (11)</b> 26:21 26:23 27:3 30:5 45:9,13,18,21 45:23,25 91:4 <b>Juvenile (6)</b> 45:9 45:13,18,20,23 45:25 <b>juveniles (1)</b> 45:20	<b>K</b>	<b>King (6)</b> 1:13 7:25 27:11,14 55:1 60:13 <b>Kingshighway ...</b> 148:12 <b>KIPP (2)</b> 129:22 132:23 <b>knew (3)</b> 65:11 65:23 95:11 <b>know (86)</b> 6:16 7:1 8:9 10:3 12:5 16:18 18:13,15,22,25 25:9,10 27:20 27:21 33:13 40:15 45:4 50:5 53:21 54:16 55:18 57:2 59:6 59:23 60:11 64:14,14 65:6,8 65:18,21 66:5 66:11,21,21,22 66:23 67:7 68:20 69:5,19 69:20 70:14 71:14,16,16 73:23 77:12 81:11,23 82:12 83:6 86:24 88:1 88:2,4,6,7 90:5 92:22 93:4,6 97:9,13 100:11 100:12,13 107:16 113:21 116:7,8 117:7,8 118:1 123:6,14 123:15 124:18 125:11 132:10 133:23 134:21 145:16,22 146:16 147:9 <b>knowing (1)</b> 6:15 <b>knowledge (1)</b> 33:18 <b>known (2)</b> 7:11 71:17	<b>L</b>	<b>L-Y-N-N (1)</b> 26:20 <b>labor (2)</b> 92:5 142:13 <b>lack (3)</b> 40:14 113:11 115:7 <b>ladder (1)</b> 126:18 <b>lady (1)</b> 25:17 <b>Lafayette (1)</b> 56:2 <b>lag (1)</b> 84:17 <b>Lake (1)</b> 104:9 <b>lament (2)</b> 32:9 32:10 <b>landed (1)</b> 111:19 <b>language (1)</b> 122:11 <b>large (3)</b> 35:17 99:21 147:10 <b>lasting (1)</b> 33:21 <b>lastly (2)</b> 29:18 84:20 <b>late (5)</b> 7:13 33:7 56:8,12 125:15 <b>latest (1)</b> 108:18 <b>Latino (1)</b> 13:25 <b>launching (1)</b> 133:22 <b>law (12)</b> 29:23 30:17 31:15,25 45:25 46:2 50:6 79:3 104:8 106:9,12 107:17 <b>Lawn (1)</b> 61:1 <b>Lawrence (4)</b> 2:4 6:2,5 8:16 <b>laws (1)</b> 28:15 <b>layoffs (1)</b> 77:17 <b>lead (2)</b> 39:13 97:14 <b>leader (2)</b> 52:17 53:8 <b>leaders (5)</b> 9:2 53:11 57:7
<b>J</b>					
<b>J (1)</b> 12:10 <b>jacked (1)</b> 68:22 <b>jail (7)</b> 56:25 99:7,16,21,22 99:25 100:6 <b>jails (1)</b> 99:14 <b>James (4)</b> 27:1 27:12,15,18 <b>James-Hatter (...)</b> 2:18 3:10 5:5,6 101:6 102:4 110:25 124:7 124:10 135:14 136:2 149:8 <b>January (1)</b> 139:7 <b>Jason (2)</b> 45:5 127:12 <b>Jean (1)</b> 61:16 <b>Jefferson (4)</b> 13:1,12 110:3 121:20 <b>jeopardy (1)</b> 31:22 <b>Jerrica (8)</b> 3:24 10:18 23:4,6 25:2 26:17 29:25 32:20 <b>job (13)</b> 11:20 18:21,22 26:15 38:7 60:1 63:21 76:20 81:14 99:19 112:12 136:23 144:6 <b>jobs (6)</b> 6:9 43:6					

72:10 146:19 <b>leadership (9)</b> 8:21 33:5 109:23 110:5 110:10,18,20 118:13 148:3 <b>League (3)</b> 21:17 46:15 125:21 <b>lean (1)</b> 148:4 <b>leaner (1)</b> 142:11 <b>leaning (1)</b> 74:19 <b>learn (5)</b> 10:7 15:12,19 38:22 128:15 <b>learned (10)</b> 9:23 15:14 70:21 75:14 85:24 114:15 132:15 142:9,10,10 <b>learning (1)</b> 18:16 <b>leave (4)</b> 94:3,23 104:1 124:19 <b>leave-behind (1)</b> 145:20 <b>led (1)</b> 72:11 <b>left (20)</b> 7:16 12:5,12 13:15 13:20 14:4,13 15:3 16:1,9 17:13 32:6,9 44:3 58:10 59:22 60:5 61:14 84:19 146:4 <b>legal (1)</b> 141:1 <b>legends (1)</b> 56:15 <b>legislation (1)</b> 104:11 <b>legislative (3)</b> 109:23 110:4 110:20 <b>legislature (6)</b> 78:15 103:11 109:19 131:19 133:13 135:10 <b>legs (1)</b> 130:1	<b>Lemay (1)</b> 68:12 <b>Lemonade (1)</b> 56:20 <b>lengths (1)</b> 34:3 <b>lesbian (1)</b> 35:5 <b>lesson (1)</b> 85:24 <b>lessons (3)</b> 9:22 70:21 75:14 <b>let's (7)</b> 12:7 15:14 66:21,21 67:5 69:8,9 <b>letter (1)</b> 11:21 <b>lettered (1)</b> 11:19 <b>letters (2)</b> 11:15 11:16 <b>letting (1)</b> 18:25 <b>level (14)</b> 11:2 37:17,20,24 39:10 48:22 49:14,17 50:25 51:7 57:19 74:15 144:20 144:21 <b>leveraged (1)</b> 146:14 <b>life (9)</b> 27:12 30:11,14 42:16 42:23 85:15 98:16 113:7 115:24 <b>lifestyle (1)</b> 64:9 <b>lift (1)</b> 114:3 <b>Likewise (1)</b> 58:14 <b>limit (2)</b> 28:18 63:15 <b>limitations (1)</b> 106:3 <b>limited (2)</b> 36:1 142:6 <b>Lindell (1)</b> 46:19 <b>line (13)</b> 39:19 49:14 140:9,11 140:11 141:3,9 141:16,19 142:14,17,19 143:3	<b>lines (2)</b> 35:18 39:16 <b>Lisa (1)</b> 125:22 <b>list (9)</b> 68:9 86:4 105:17,23 113:9 114:17 117:1 119:17 120:20 <b>listed (1)</b> 114:24 <b>listen (4)</b> 6:14 9:2 69:19 117:10 <b>listening (3)</b> 33:22 72:13 96:5 <b>lists (1)</b> 75:19 <b>literacy (6)</b> 38:16 38:25 43:12 132:6,16,18 <b>literally (1)</b> 113:23 <b>little (34)</b> 10:24 17:13 25:12 26:7 29:22 30:6 34:13 35:24 38:19 39:7,16 39:19 41:1 47:9 47:21 49:2 50:10 51:2,17 54:5 57:15 61:12 64:21,25 76:17 89:10 98:23 107:15 111:22 114:4 148:18,22 149:1,2 <b>Liuzzo (1)</b> 27:1 <b>live (3)</b> 24:11 73:7,9 <b>lives (13)</b> 6:20 27:10 37:8 42:19,20 77:4 82:14 98:6 112:5 117:9,17 117:19,25 <b>living (4)</b> 48:25 77:3 82:14 115:10	<b>loaned (1)</b> 140:13 <b>local (5)</b> 21:11 74:15,21 86:15 129:21 <b>located (1)</b> 12:24 <b>location (5)</b> 4:6 20:19 46:20 146:2 148:10 <b>locations (1)</b> 84:10 <b>long (13)</b> 12:21 26:6,22 55:9 58:2 70:18,20 72:7 88:15 98:25 101:3 120:19 148:4 <b>long-term (1)</b> 52:16 <b>longer (2)</b> 104:10 142:11 <b>look (26)</b> 10:9 11:14,15 18:23 27:10 31:8 39:6 48:1,14 61:12 65:7,7 92:23 102:24 105:1 107:25 119:22 126:5 127:1 136:14 140:6 141:19 143:2 144:25 145:3,7 <b>looked (3)</b> 25:16 99:7 114:12 <b>looking (12)</b> 39:11 40:9 53:14 90:1 99:13 108:7,19 124:12,16 126:8 132:4 146:9 <b>looks (7)</b> 16:1 109:9,10 117:22 120:13 123:16 132:9 <b>lose (1)</b> 87:16 <b>losing (1)</b> 76:7 <b>loss (1)</b> 29:19	<b>losses (1)</b> 78:2 <b>lost (2)</b> 55:24 77:13 <b>lot (44)</b> 18:15 22:14 27:22 29:23 31:13 36:22 39:2 41:13,21 46:3 48:1 51:19 53:23 54:10 55:10,17 59:14 59:19 60:3,7 62:3 63:23 64:2 70:4,5 71:12 74:8 75:24 81:25 82:2,17 83:8,18 84:1 87:3,17,17 98:24 100:1 123:20 129:4 129:20 131:2 134:7 <b>lots (2)</b> 136:21 143:13 <b>Louis (63)</b> 1:12 1:14 9:20 10:2 12:25,25 13:5,6 13:10,11,16 19:7,9,9 22:3,3 27:6 34:15 39:11,20,21,24 40:8 42:12,13 44:10,15,25 45:12,16 46:7 52:24 53:3,25 55:23 56:19 57:8 60:21,22 60:24 61:19,22 62:7,17 66:9,9 69:25 71:17 72:7 77:14 85:3 86:21 93:16 99:20 103:24 106:7,12 126:21 127:13 132:22 141:11 148:20,21
---	---	--	---	--

<b>Louisans (1)</b> 45:1	74:10	60:13	<b>mechanics (1)</b> 118:19	123:22
<b>Louisville (1)</b> 22:10	<b>making (20)</b> 14:21 33:21	<b>martyrs (1)</b> 26:25	<b>mechanism (1)</b> 147:1	<b>meeting (30)</b> 1:6 2:7 4:1,5,8 6:18 13:22 14:19 15:5,13,20 17:10,12 19:1 19:11,17 22:25 28:10 32:25 97:21 98:12,12 118:12 126:20 137:8 142:17 148:9,10 149:19 150:9
<b>love (4)</b> 50:6 63:7 76:24 142:13	34:1 49:19 53:7 53:19 54:8,18 63:23 68:5,8 75:16 80:16 82:15 90:1 94:14 96:21 133:5 136:24 144:10	<b>Mason (2)</b> 45:11 45:15	<b>mechanisms (3)</b> 37:6 104:7,7	
<b>low (11)</b> 10:1 24:8,13 48:2,4 52:24 53:3 59:12 60:8 63:21 65:12	<b>male (3)</b> 13:19,22 19:13	<b>massive (1)</b> 58:20	<b>media (2)</b> 46:5 70:3	
<b>lower (1)</b> 44:20	<b>males (1)</b> 41:19	<b>match (1)</b> 95:20	<b>Medicaid (58)</b> 47:7,10,13,16 47:18,19,20,24 48:1,3,6,9,13 48:16 49:2,5,18 50:13 51:3,5,9 59:13 62:4 63:15 65:11 67:20 70:19 73:22 74:3,9,22 75:1,3,17,22 76:6,25 78:17 78:19,20,22,23 78:24 79:4,7 85:18,20 87:12 91:23 92:20 93:5,18,24 94:6 94:11,14 95:5 117:11	
<b>lowering (1)</b> 103:21	<b>man (3)</b> 25:9 32:13 94:3	<b>matching (4)</b> 129:9 130:9,10 130:16	<b>medically (1)</b> 89:12	<b>meetings (23)</b> 12:15 14:19,21 14:22,23,24,25 17:8,9,16 19:19 20:25 25:6 30:8 111:18 120:8 121:1 125:16 127:10 141:8 141:12 142:22 146:24
<b>lucky (1)</b> 133:1	<b>manage (1)</b> 137:20	<b>matter (8)</b> 49:2 51:11 92:15,18 109:21 117:22 127:22 149:10	<b>medical (12)</b> 36:10 46:15 60:6 62:11 80:4 81:10 82:3 83:11,14 99:17 99:21,25	<b>member (12)</b> 24:5 25:4,20 26:19 28:6 30:3 32:3 40:2 99:6 100:24 112:22 131:9
<b>Luther (4)</b> 1:13 7:24 27:11 60:13	<b>managed (2)</b> 56:9,10	<b>matters (2)</b> 46:6 127:5	<b>medications (1)</b> 59:7	<b>members (11)</b> 3:7 11:4 73:3 104:2 109:15 110:22 119:6 122:6 124:4 125:13,14
<b>luxury (1)</b> 81:12	<b>managing (7)</b> 2:19 17:25 101:18 135:23 135:23 137:22 138:2	<b>Mattie (1)</b> 119:6	<b>medication (1)</b> 64:15	<b>men (6)</b> 41:25 42:22 58:16 65:15,15,20
<b>lying (1)</b> 63:19	<b>mandate (1)</b> 122:22	<b>mayors (1)</b> 28:20	<b>medicines (1)</b> 54:21	<b>mending (1)</b> 57:24
<b>Lyle (1)</b> 125:22	<b>mandatory (1)</b> 47:13	<b>McClure (25)</b> 3:5 4:15,16 8:14 18:6 52:7 72:3 102:3 109:13 124:3 125:4 130:3 131:7 133:16 134:19 135:3,12,15,19 135:21 138:7 138:10,14 139:17 143:25	<b>mediums (1)</b> 15:15	<b>mental (26)</b> 37:7 38:13 41:5,6,8 41:11,20,23 42:1 46:19 76:23 77:2,20 77:21 84:8 85:5 85:6,15 86:13
<b>Lynn (5)</b> 2:10 24:2 26:17,19 26:20	<b>mandating (1)</b> 20:10	<b>meager (1)</b> 88:14	<b>meds (1)</b> 77:7	
<hr/> <b>M</b> <hr/>	<b>maneuvering (1)</b> 20:10	<b>mean (16)</b> 18:14 34:22 36:6 48:21 82:10 87:7 90:4,23 92:19 94:10 114:19 115:13 119:24 120:7 123:19 127:24	<b>meet (3)</b> 32:11,19	
<b>ma'am (1)</b> 124:5	<b>manner (1)</b> 10:10	<b>means (9)</b> 16:16 41:14 74:20 79:20 112:20 119:23 120:6 122:15 123:20		
<b>Macks (2)</b> 104:8 104:9	<b>mantra (1)</b> 21:8	<b>meant (2)</b> 115:18 121:25		
<b>mad (1)</b> 8:6	<b>Margaret (1)</b> 127:11	<b>measure (2)</b> 71:7 120:18		
<b>Madison (2)</b> 13:2 13:13	<b>mark (1)</b> 6:19			
<b>Maine (1)</b> 129:20	<b>marketing (1)</b> 60:18			
<b>maintain (2)</b> 64:8 89:14	<b>marketplace (6)</b> 44:22,24 45:2 50:15 51:1,6			
<b>maintaining (1)</b> 100:15	<b>marketplaces (1)</b> 47:6			
<b>maintenance (1)</b> 141:2	<b>Marshall (1)</b> 25:22			
<b>major (6)</b> 29:3 45:7,24 77:16 77:17 140:9	<b>Martin (4)</b> 1:13 7:24 27:11			
<b>majority (5)</b> 13:22 36:21 61:3 78:25 141:7				
<b>makeup (1)</b>				



86:19,20 87:25 96:7 99:24 113:15 119:20 <b>mentally (1)</b> 84:11 <b>mention (2)</b> 25:17 130:7 <b>mentioned (6)</b> 22:11 25:18 41:19 61:14,20 91:14 <b>mentioning (1)</b> 68:2 <b>mentors (1)</b> 116:25 <b>merge (1)</b> 142:4 <b>merging (1)</b> 22:23 <b>mess (1)</b> 77:24 <b>met (3)</b> 19:5 109:22 110:4 <b>method (1)</b> 105:10 <b>metrics (1)</b> 80:14 <b>MFA (1)</b> 81:10 <b>MFH (2)</b> 33:12 33:19 <b>mic (6)</b> 2:9 21:2 23:16 25:18 32:21 73:5 <b>MICDS (1)</b> 125:22 <b>Michael (1)</b> 27:21 <b>microphone (1)</b> 72:22 <b>mics (1)</b> 73:7 <b>Mike (1)</b> 125:20 <b>millennials (1)</b> 14:16 <b>million (5)</b> 62:7,8 140:3 143:4 144:20 <b>mind (6)</b> 12:18 12:21 31:23 72:23 108:20 145:11	<b>mini (1)</b> 102:2 <b>Ministries (1)</b> 24:7 <b>minor (2)</b> 104:15 106:2 <b>minorities (1)</b> 37:12 <b>minority (2)</b> 36:20,24 <b>minute (2)</b> 30:15 70:17 <b>minutes (15)</b> 23:20,20,22 55:21 72:21,24 86:6 136:15 137:2,6,12,18 137:20 138:3 138:19 <b>misconduct (1)</b> 21:18 <b>miserably (1)</b> 85:4 <b>missed (2)</b> 23:8 25:7 <b>mission (4)</b> 7:21 21:8 56:7 57:9 <b>Missouri (54)</b> 1:14 9:18 28:13 28:22 29:15 33:11,11 39:16 42:17,18 43:18 44:10 47:11,21 48:1,5,17 49:5 50:1,9,12,24 51:8 55:13 56:10 64:22 71:20 74:5,9 78:18 85:3 87:15,18 89:1 97:3 103:24 105:8 106:10 107:21 108:1 110:15 119:10 121:6,9,16 129:10,15 131:12,20 135:4 139:25	148:13 150:7,8 <b>Missouri-St (1)</b> 141:11 <b>Missourians (6)</b> 33:17,24 44:23 47:2 75:2 78:19 <b>mistrust (1)</b> 21:19 <b>mobile (1)</b> 46:15 <b>mobility (5)</b> 95:9 126:15,22,24 132:4 <b>model (11)</b> 9:25 83:11,14 100:7 126:3,5,8 127:1 127:7,14,15 <b>models (4)</b> 100:10 105:8 121:12 143:1 <b>moderate (1)</b> 72:18 <b>mom (1)</b> 48:15 <b>moment (2)</b> 112:7 128:4 <b>Monday (3)</b> 4:5 123:2 148:9 <b>money (13)</b> 29:5 63:25 75:24 76:3 77:11 78:3 78:9 87:17,18 87:19 92:3 122:25 132:11 <b>money's (2)</b> 75:25 78:3 <b>Monique (3)</b> 3:23 10:11,14 <b>monitor (1)</b> 146:2 <b>monitoring (1)</b> 145:21 <b>Monroe (8)</b> 2:10 13:2,13 24:1,2 25:3,4,19 <b>Monsanto (1)</b> 119:8 <b>Montana (3)</b> 47:23 93:8,9	<b>month (2)</b> 85:23 143:16 <b>monthly (3)</b> 50:25 132:8 147:16 <b>months (3)</b> 85:18 85:18 105:2 <b>moral (1)</b> 85:2 <b>mortalities (1)</b> 58:8 <b>mortality (6)</b> 39:13,14 44:9 44:12 58:4,22 <b>mother (2)</b> 48:16 132:7 <b>mother's (1)</b> 7:14 <b>mothers (1)</b> 128:25 <b>motion (5)</b> 121:13 134:23 135:9,13 138:7 <b>mouth (3)</b> 15:21 16:2,3 <b>move (12)</b> 18:3 23:1 71:6 108:9 113:1 120:15 122:1 126:18 126:23 130:1 132:4 140:4 <b>moved (4)</b> 47:23 103:12,13 106:5 <b>movement (4)</b> 26:25 102:22 114:11 136:20 <b>moving (5)</b> 10:9 27:7 36:15 103:11 124:15 <b>multifaceted (1)</b> 33:19 <b>multiple (2)</b> 15:25 93:25 <b>muni (1)</b> 29:3 <b>municipal (16)</b> 16:19 21:13,17 102:23 103:22 104:22 105:18	105:20 106:3,7 106:20 107:23 108:14 109:12 109:17 110:6 <b>municipalities ...</b> 21:16 22:6 29:21 104:14 104:25 106:15 107:3,6 <b>municipals (1)</b> 107:1 <b>Myrtle (3)</b> 60:10 60:11,20 <hr/> <b>N</b> <b>N (1)</b> 2:1 <b>name (14)</b> 7:12 8:12 23:22,24 24:4,6 26:19 27:20 28:7 73:16 79:20 138:18,21,23 <b>name's (1)</b> 59:25 <b>named (1)</b> 44:13 <b>names (2)</b> 67:25 125:17 <b>naming (1)</b> 94:13 <b>narrative (1)</b> 100:19 <b>NAT (1)</b> 146:13 <b>nation (1)</b> 97:14 <b>national (5)</b> 9:24 52:22 142:21 142:25 143:1 <b>nationally (1)</b> 86:21 <b>native (2)</b> 14:2,2 <b>Naturally (1)</b> 27:14 <b>navigate (1)</b> 142:1 <b>navigating (2)</b> 20:10 144:10 <b>near (3)</b> 14:16 44:18 104:9 <b>nearly (7)</b> 13:6 15:6 17:17,21
--	--	--	---	--

<p>19:13,14 60:6  <b>necessarily (1)</b>  38:4  <b>necessary (1)</b>  30:14  <b>need (35)</b> 21:6,9  21:24 22:3,11  22:19 24:12,24  25:19 42:1  54:17 61:23  70:12 72:8 77:3  84:1,16,16  90:11 98:14  100:16 115:14  116:22 117:12  119:25 120:1,1  130:25 131:20  135:1 136:5  137:1 138:4,5  143:13  <b>needed (2)</b> 21:14  22:14  <b>needing (1)</b> 44:21  <b>needless (1)</b>  55:22  <b>needs (6)</b> 8:9  26:9 67:8 131:4  131:5 136:8  <b>Negwer (5)</b> 3:8  5:9,10 72:20  130:19  <b>neighborhood ...</b>  6:17 19:25  20:18 74:18  80:22 119:19  <b>neighborhoods...</b>  21:11 24:11  36:5 38:12  51:21 80:24  <b>neighbors (2)</b>  29:10 148:17  <b>neither (1)</b>  150:12  <b>nervous (1)</b>  53:20  <b>net (15)</b> 56:18  57:25 62:16</p>	<p>74:4 75:8,8  77:17 78:5,6  79:19 80:7,23  84:14 87:24  146:4  <b>nets (2)</b> 79:23,24  <b>never (7)</b> 11:10  11:10 17:10,17  38:19 65:11  93:22  <b>new (18)</b> 6:19  15:7,9,10 18:24  22:3 44:17,19  44:24 47:6 49:9  50:15 61:13,16  76:3 80:13  117:2 124:23  <b>newly (1)</b> 75:2  <b>news (1)</b> 96:25  <b>newspaper (1)</b>  15:21  <b>nice (2)</b> 126:22  130:12  <b>nights (1)</b> 55:12  <b>Noland (1)</b>  125:20  <b>Nonemergent (1)</b>  82:24  <b>nonprofits (1)</b>  33:14  <b>normal (1)</b> 43:3  <b>normally (4)</b>  54:11 82:1  137:16,17  <b>Normandy (3)</b>  68:13 129:21  132:21  <b>north (8)</b> 22:1  29:7 39:11 40:8  44:9 56:1 60:25  148:12  <b>not-for-profit (1)</b>  56:7  <b>not-profits (1)</b>  129:23  <b>NOTARIAL (1)</b>  150:1</p>	<p><b>Notary (1)</b> 150:8  <b>notation (1)</b>  137:19  <b>note (13)</b> 11:24  13:10 14:20  17:15 101:13  103:20 137:16  137:16,18,24  141:5,7 148:14  <b>noted (4)</b> 133:14  138:22 147:6  148:2  <b>notice (1)</b> 39:22  <b>noticed (2)</b> 44:17  136:2  <b>noting (1)</b> 137:12  <b>NPR (1)</b> 46:10  <b>number (27)</b>  11:21 12:3  20:22 47:5 60:5  60:11 70:13  73:8 75:13  79:22 87:14  89:13 92:12  105:20,21  106:2 108:2,5  110:16 115:8  115:11 119:11  120:12 121:23  124:12 125:3  127:13  <b>numbered (1)</b>  11:19  <b>numbers (9)</b>  11:15,16 20:24  48:20 49:11  92:12 139:9  141:22 143:21  <b>Nurse (1)</b> 24:7  <b>nutritious (1)</b>  114:6</p> <hr/> <p style="text-align: center;"><b>O</b></p> <hr/> <p><b>Obama (1)</b> 79:15  <b>Obamacare (3)</b>  63:16 79:5,8  <b>obese (2)</b> 30:21</p>	<p>30:23  <b>obesity (1)</b> 44:7  <b>obnoxious (1)</b>  32:15  <b>obvious (3)</b>  116:20 117:2  117:22  <b>obviously (4)</b>  54:6 92:18  112:13 120:11  <b>occasionally (2)</b>  17:8,18  <b>occur (1)</b> 37:20  <b>occurred (1)</b>  97:20  <b>October (1)</b> 97:3  <b>oddest (1)</b> 114:11  <b>offer (2)</b> 24:25  117:18  <b>offered (2)</b> 24:23  44:24  <b>office (3)</b> 103:17  133:11 135:11  <b>officer (4)</b> 7:9  30:12 31:17,18  <b>officer's (1)</b>  31:19  <b>officers (5)</b> 21:9  30:9,25 31:3,21  <b>officially (2)</b> 4:10  149:16  <b>officials (1)</b> 29:3  <b>Oh (2)</b> 23:3 66:3  <b>okay (37)</b> 11:8,12  11:21,23 12:7  12:21 13:4,15  14:9,13,18,24  15:16,24 16:1,4  16:4,9,16 23:11  23:20,24 53:18  60:7 72:24  89:19 102:13  115:8,15  130:13 134:22  135:21 138:4  138:24 139:18  140:3 143:5</p>	<p><b>Oklahoma (1)</b>  129:19  <b>Olatunde (3)</b> 2:4  6:2,5  <b>old (8)</b> 19:14  38:18 39:8  44:18 55:25  69:19 85:13  128:14  <b>older (1)</b> 98:2  <b>ombudsman (1)</b>  57:18  <b>ominous (1)</b>  108:4  <b>on-board (1)</b>  140:19  <b>on-boarding (1)</b>  140:22  <b>once (4)</b> 10:20  11:6 71:5 85:23  <b>ones (4)</b> 15:5,7  116:10 146:11  <b>online (1)</b> 50:16  <b>onus (1)</b> 84:23  <b>open (25)</b> 2:9  7:16,23 8:22  12:11,21 13:4  13:14,20 14:3  14:12 15:3,19  15:24 16:8,24  17:12 21:1  23:12,13,16  25:18 32:21  44:20 143:22  <b>opening (2)</b> 2:5  8:18  <b>operating (1)</b> 7:9  <b>operation (3)</b>  107:12,13  145:23  <b>operations (3)</b>  67:4 109:12  146:11  <b>opinion (1)</b> 63:20  <b>opportunities (2)</b>  34:5 146:13  <b>opportunity (11)</b></p>
--	---	---	--	--

<p>16:22 27:25 65:5 95:24 103:6 120:19 125:10 132:17 144:23 146:5 149:5 <b>opposed (4)</b> 135:19,20 138:14,15 <b>oppression (5)</b> 37:3,7,14,15,19 <b>opt-out (1)</b> 132:24 <b>option (1)</b> 106:1 <b>optional (2)</b> 47:15 50:23 <b>options (1)</b> 44:2 <b>oral (2)</b> 44:16 96:7 <b>orange (2)</b> 12:9 40:5 <b>order (7)</b> 4:9 46:23 51:19,23 54:17 103:7 113:7 <b>orders (1)</b> 107:13 <b>organic (1)</b> 126:10 <b>organizations (3)</b> 64:6 129:16 133:9 <b>orientation (4)</b> 35:13 64:24 65:16,18 <b>origin (1)</b> 14:1 <b>original (1)</b> 143:4 <b>originally (4)</b> 47:12 140:19 141:22 142:3 <b>outcome (1)</b> 150:18 <b>outcomes (6)</b> 34:23 35:1,8 43:8 91:7 92:10 <b>outlier (1)</b> 93:8 <b>outlined (1)</b> 88:21</p>	<p><b>outpatient (1)</b> 62:1 <b>output (1)</b> 78:15 <b>outs (1)</b> 99:25 <b>outside (4)</b> 43:2 56:23 122:25 129:1 <b>overall (4)</b> 20:24 139:14 140:6 143:14 <b>oversight (1)</b> 108:13 <b>overview (2)</b> 9:15 62:24 <b>Overview/Find...</b> 2:7 <b>overwhelm (1)</b> 75:6 <b>owe (1)</b> 123:23 <b>Ozarks (1)</b> 104:10</p> <hr/> <p style="text-align: center;"><b>P</b></p> <hr/> <p><b>P-U-P-I-L-L-O...</b> 24:6 <b>p.m (7)</b> 1:17,17 4:2 86:1,2,3 149:20 <b>Pacific (1)</b> 14:2 <b>packet (1)</b> 139:5 <b>packets (2)</b> 136:14 147:7 <b>Page (1)</b> 2:2 <b>pages (2)</b> 123:4,5 <b>panel (1)</b> 25:13 <b>parent (7)</b> 49:7 51:2,3 119:13 128:3,19 132:7 <b>parents (10)</b> 48:12,13 49:23 50:11 116:24 117:11 119:15 127:2,18,23 <b>Park (1)</b> 44:18 <b>Parker (1)</b> 26:24 <b>parking (1)</b> 80:19</p>	<p><b>part (23)</b> 22:3 33:7,8 63:22 76:1 78:25 82:12 89:24 90:3 96:20 102:14,15,16 119:16 123:3 124:17 130:13 133:1,3 138:25 141:18 146:17 148:19 <b>partial (1)</b> 82:11 <b>partially (1)</b> 83:10 <b>participant (2)</b> 22:1,22 <b>participate (1)</b> 131:22 <b>participated (1)</b> 19:16 <b>participation (1)</b> 11:3 <b>particular (4)</b> 31:13 93:16 101:25 141:2 <b>particularly (3)</b> 59:20 100:16 137:20 <b>parties (2)</b> 150:13,16 <b>partly (1)</b> 81:10 <b>partnering (1)</b> 46:17 <b>partners (8)</b> 59:19,20 61:5 62:6,8 70:3,5 71:22 <b>partnership (4)</b> 33:18 69:16,25 129:7 <b>partnerships (2)</b> 131:19 133:10 <b>parts (4)</b> 47:3 75:11 115:10 123:16 <b>party (1)</b> 128:8 <b>pass (3)</b> 28:14</p>	<p>50:3 92:6 <b>passage (1)</b> 99:9 <b>passed (3)</b> 47:13 103:16 135:21 <b>passing (1)</b> 104:11 <b>passion (1)</b> 22:15 <b>Pastor (1)</b> 4:22 <b>Pat (3)</b> 5:15 130:7,8 <b>path (3)</b> 47:23 119:25 126:1 <b>patient (5)</b> 57:18 65:2,3,3,3 <b>patients (9)</b> 44:20,20 63:1 65:1 75:10,25 76:9,13 77:9 <b>Patrick (1)</b> 3:17 <b>pay (8)</b> 19:25 20:16 50:17,18 62:11 64:10 66:10 88:3 <b>paying (2)</b> 50:25 63:22 <b>payment (2)</b> 105:11 106:1 <b>payors (1)</b> 91:17 <b>pays (1)</b> 64:12 <b>peace (1)</b> 6:17 <b>pediatricians (1)</b> 118:9 <b>Penrose (1)</b> 68:13 <b>people (84)</b> 8:22 15:7 18:4 20:21 22:16 24:15,22 26:1,2,2 27:10 29:7,8 31:9 32:6,6,9,9,18 40:15 46:16,18 48:2 50:6 52:2 57:1,2 60:11 61:7 63:8,10,14 63:18,19,19,21 64:8,15,20,24 65:5,12,17,17</p>	<p>65:19 66:2,9,15 68:24,25 75:16 75:19 78:22 79:14,20,22,24 81:4,4,11,17,24 83:4,7,17,24 84:13,21 86:2 87:11 88:2 89:16 94:1,8 95:8 96:19,21 99:13,16 107:5 118:7 124:25 125:18 127:14 <b>people's (5)</b> 19:19 28:24 59:24 60:1,21 <b>percent (62)</b> 12:13 13:5,21 14:4,15,17 15:4 15:6,10 16:2,4 16:10,11 17:1 17:16 19:10,12 19:25,25 20:1,3 20:7,9,21,23 35:20,21,22 41:12,13,20 48:7,13,14,20 48:24 49:4,8,12 49:15,16,21,22 50:13,19,20 58:21 59:12 62:14 65:9,10 68:24,25 78:19 82:6 103:23,24 104:1,12 118:7 148:19,21 <b>percentages (1)</b> 48:21 <b>perception (1)</b> 22:4 <b>perceptions (1)</b> 19:20 <b>perfect (2)</b> 57:13 100:3 <b>period (2)</b> 73:1 91:1 <b>permission (1)</b></p>
---	---	---	---	--

FERGUSON COMMISSION MEETING 5/11/2015

<b>perplexing (1)</b> 111:24	22:21 89:24	28:21 32:16	20:25 22:25	<b>pray (5)</b> 6:11,13 6:14,16,20
<b>persevering (1)</b> 55:14	<b>placeholder (1)</b> 143:11	33:3 61:9 92:14	78:13	<b>precision (1)</b> 71:12
<b>person (4)</b> 27:20 54:19 82:21 98:11	<b>places (11)</b> 46:16 46:17 62:4 77:19 80:9,10 83:17 87:20 98:7 114:7 115:19	109:21 116:20 137:12	<b>poor (5)</b> 22:6 25:18 56:19 63:9 92:10	<b>predict (5)</b> 68:20 90:23 91:2,4,6
<b>personally (1)</b> 80:15	<b>plan (4)</b> 66:19,20 68:25 148:22	<b>pointing (1)</b> 102:6	<b>population (7)</b> 34:23 35:4 78:24 84:2 90:14,19 100:5	<b>predicted (1)</b> 88:9
<b>personnel (1)</b> 108:8	<b>planning (6)</b> 2:17 57:22 75:12	<b>points (5)</b> 41:18 42:3 51:13 60:24 95:19	<b>populations (3)</b> 9:17 35:2 89:12	<b>Pregnant (2)</b> 48:19 49:21
<b>Pete (1)</b> 73:17	<b>platform (1)</b> 129:10	<b>poisoning (1)</b> 39:13	<b>portion (2)</b> 136:20 145:12	<b>premiums (3)</b> 50:18,19 51:1
<b>phase (1)</b> 52:17	<b>plant's (1)</b> 80:18	<b>police (12)</b> 21:4 26:3 31:16 91:3	<b>pose (2)</b> 145:8,8	<b>prepacket (1)</b> 145:5
<b>phone (1)</b> 86:15	<b>platform (1)</b> 129:10	106:7,10,18,20 107:13 108:9 108:10,14	<b>position (2)</b> 27:6 126:17	<b>prepare (2)</b> 148:7,24
<b>phonetic (4)</b> 30:1 119:9 122:5 133:22	<b>play (7)</b> 24:11 33:21 69:5,6 114:7,7 116:14	<b>policies (8)</b> 37:22 37:24 43:11 89:21 106:16 106:17 107:11 117:15	<b>positive (4)</b> 10:10 33:15,21 134:6	<b>prepared (1)</b> 139:22
<b>phrase (1)</b> 100:5	<b>played (1)</b> 69:7	<b>policing (1)</b> 21:6	<b>possible (1)</b> 90:18	<b>preplanning (1)</b> 97:2
<b>phrases (1)</b> 9:3	<b>plays (1)</b> 100:21	<b>policy (15)</b> 9:6,9 9:15,18 33:20 34:5 43:9 45:3 89:21,25 92:2 94:21 95:2,22 147:2	<b>possibly (4)</b> 65:18 113:24 123:10 131:21	<b>prescription (1)</b> 86:8
<b>physical (7)</b> 30:20 38:13 44:6 46:20 80:18 86:25 114:6	<b>plea (1)</b> 24:9	9:15,18 33:20 34:5 43:9 45:3 89:21,25 92:2 94:21 95:2,22 147:2	<b>post (3)</b> 97:1 139:4 143:10	<b>prescriptions (1)</b> 62:12
<b>physicians (4)</b> 54:22 80:4 81:21 82:4	<b>please (21)</b> 4:11 6:3 7:3 13:18 15:25 23:8,21 23:22 24:3 34:7 66:22 67:5 72:16 102:6 103:6 125:8 128:10 135:17 138:12 139:3 139:20	<b>political (2)</b> 74:10 80:17	<b>posted (2)</b> 139:1 145:1	<b>presence (5)</b> 34:25 35:6,7 113:5 115:21
<b>pick (2)</b> 91:17 144:1	<b>pleased (5)</b> 8:14 10:8 34:10,12 53:12	<b>politically (2)</b> 73:24 92:22	<b>potential (1)</b> 95:2	<b>present (13)</b> 4:12 4:16,21 5:3,6,8 5:14 6:7 105:5 115:13,25 116:1 136:15
<b>picked (1)</b> 77:23	<b>pleasure (1)</b> 52:15	<b>politicians (1)</b> 84:25	<b>poverty (31)</b> 48:7 48:14,14,20,22 48:24 49:8,14 49:14,15,16,17 49:22 50:14,20 50:20,24 51:7 61:23 62:1,11 62:14 65:9 76:14 81:8 113:10,11 114:19,23 115:7,24	<b>presentation (1...</b> 18:4 34:4 35:25 52:8,14 54:12 67:9 72:6 94:2 111:3 139:3,11
<b>picking (1)</b> 46:3	<b>plug (1)</b> 87:6	<b>poll (4)</b> 10:17,23 68:7 78:18	<b>power (3)</b> 27:8 29:20,23	<b>presentations (6)</b> 2:13 33:10 73:15 101:12 101:14,24
<b>pictures (1)</b> 61:12	<b>plummets (1)</b> 79:5	<b>polling (26)</b> 2:6 10:13,20 12:2 12:11,12,13,21 12:22 13:3,4,14 13:19 14:3,12 15:3,19,24 16:8 16:24 17:12 18:3 19:18	<b>practiced (1)</b> 117:23	<b>presented (3)</b> 45:15 101:23 103:4
<b>piece (1)</b> 83:21	<b>plus (1)</b> 52:19		<b>practice (3)</b> 10:17 11:22 117:24	<b>presenting (2)</b> 111:5,12
<b>pilot (1)</b> 134:20	<b>poignant (1)</b> 27:16			<b>President (1)</b>
<b>pilots (1)</b> 129:18	<b>point (9)</b> 28:20			
<b>Pine (1)</b> 61:1				
<b>pipeline (3)</b> 31:8 120:25 121:6				
<b>place (11)</b> 36:14 37:23 51:25 63:14 66:18 75:5 76:6 100:14 120:3,8 127:4				
<b>place's (1)</b> 78:2				
<b>place-based (2)</b>				

FERGUSON COMMISSION MEETING 5/11/2015

<p>9:17  <b>press (1)</b> 69:6  <b>pressure (2)</b> 34:9          68:23  <b>pretty (9)</b> 12:17          56:12 62:18          65:12 88:13          100:3 111:10          112:8 116:17  <b>prevent (3)</b> 42:9          62:12 81:19  <b>preventative (4)</b>          40:16,21 80:1          81:13  <b>preventatively ...</b>          81:18  <b>prevented (2)</b>          40:21 42:8  <b>prevention (4)</b>          80:5,6 82:9          83:24  <b>previous (3)</b>          14:19,25 104:8  <b>price (1)</b> 77:7  <b>primarily (2)</b>          141:10,14  <b>primary (19)</b>          12:24 13:9          35:11 42:9          46:17 52:1          59:11 64:5          75:20 80:4,6          81:5,12,21 83:1          91:20 96:22          99:14,17  <b>principles (1)</b>          70:17  <b>prior (4)</b> 18:25          105:6 122:9          139:14  <b>priorities (2)</b>          100:14 136:7  <b>prioritize (1)</b>          121:23  <b>priority (3)</b> 89:13          109:24 110:1  <b>prison (4)</b> 99:7</p>	<p>120:25 121:5,6  <b>prisons (1)</b> 31:7  <b>private (12)</b>          50:16 51:7          86:11,12,14,17          129:6,7,17          131:18 133:9          140:2  <b>privately-fund...</b>          129:23  <b>privilege (1)</b>          81:12  <b>pro (2)</b> 25:7          141:5  <b>probability (1)</b>          98:3  <b>probably (9)</b>          74:24 77:1          85:18 102:14          111:4 112:8          131:14,20          137:23  <b>problem (1)</b> 79:1  <b>problems (1)</b>          26:3  <b>procedural (2)</b>          105:17,23  <b>procedures (3)</b>          37:22,25          107:25  <b>PROCEEDIN...</b>          1:7  <b>process (13)</b>          18:24 103:11          103:19 105:21          111:19 112:4          114:15 118:15          119:14 122:2          131:23 140:22          145:13  <b>processed (1)</b>          123:8  <b>processes (3)</b>          71:2 144:4,12  <b>procure (1)</b>          140:21  <b>procurement (2)</b></p>	<p>141:24 144:11  <b>produce (1)</b>          142:6  <b>produced (1)</b>          40:12  <b>production (1)</b>          141:20  <b>productive (2)</b>          10:10 136:6  <b>products (1)</b>          127:18  <b>profession (2)</b>          30:18,20  <b>professional (3)</b>          29:7 30:22          150:4  <b>professionals (2)</b>          90:11 94:24  <b>profound (1)</b>          109:11  <b>program (19)</b>          47:24 48:10          51:9 61:18,21          67:19 69:5,16          75:3 100:9          129:10 130:8,9          130:10,16,16          132:2 134:1,5  <b>programming ...</b>          70:5  <b>programs (3)</b>          33:20 43:7          117:14  <b>progress (4)</b> 57:6          71:6 72:9          108:15  <b>progressive (4)</b>          129:11,13          130:24 131:5  <b>project (7)</b> 44:14          45:7,9,21 90:5          99:13 140:18  <b>projected (2)</b>          140:20 143:6  <b>projection (1)</b>          143:4  <b>projects (3)</b> 45:4</p>	<p>45:6 46:14  <b>promise (2)</b> 88:5          98:25  <b>pronounce (1)</b>          24:3  <b>pronounced (1)</b>          30:2  <b>properly (1)</b>          144:18  <b>proportion (1)</b>          14:14  <b>proposal (1)</b>          139:21  <b>propose (1)</b> 6:13  <b>proposed (1)</b>          112:1  <b>proposes (1)</b>          135:5  <b>proposing (3)</b>          129:3 140:5          142:15  <b>prosecutors (1)</b>          107:23  <b>prostate (1)</b>          58:14  <b>protect (1)</b> 21:7  <b>protected (1)</b>          37:11  <b>protects (1)</b>          28:24  <b>protests (1)</b>          56:23  <b>proud (5)</b> 59:13          59:18 70:20          80:25 82:24  <b>prove (1)</b> 28:18  <b>provide (10)</b> 8:18          10:12 62:8,10          64:7 89:17          102:18 103:7          143:19 146:5  <b>provided (5)</b>          141:9,14 142:4          144:8 148:6  <b>provider (1)</b>          100:8  <b>providers (6)</b></p>	<p>36:3 70:7 77:16          77:17 87:24          94:12  <b>provides (5)</b> 52:1          61:25 62:7          132:17 146:4  <b>providing (3)</b>          103:18 108:17          141:4  <b>provision (3)</b>          103:22 104:25          108:23  <b>provisions (3)</b>          106:21 107:14          109:5  <b>psychiatric (1)</b>          86:16  <b>psychiatrist (2)</b>          85:19,22  <b>public (34)</b> 2:9          9:2 17:16 19:1          21:1,4 22:2          23:3,4,15 25:17          32:21 53:6          55:24 56:3,7          59:21 73:4          96:11 100:1          101:1 107:8          121:9 125:17          129:6,7,17          131:18 133:9          136:16,25          143:20 144:24          150:8  <b>publicly (2)</b> 71:7          71:13  <b>published (1)</b>          107:9  <b>pull (5)</b> 23:18          87:13 88:10          89:16 142:25  <b>pulled (7)</b> 76:8          77:11 87:19          91:15 96:25          137:6 146:23  <b>Pulliam (15)</b> 2:18          3:11 5:13,14</p>
--	---	--	---	---

88:19 89:19	65:9	147:10	120:22 123:5	<b>reasonable (1)</b>
95:9 125:7	<b>quality (8)</b> 43:13	<b>quo (1)</b> 88:12	<b>reading (1)</b>	30:14
131:14 132:14	51:12 52:21	<b>quorum (1)</b>	123:16	<b>reasons (3)</b> 83:8
133:15 134:3	53:1,5 80:14,22	137:3	<b>reads (1)</b> 133:8	133:14 140:23
134:17 135:7	114:5	<b>quote (1)</b> 54:7	<b>ready (3)</b> 11:23	<b>recall (2)</b> 15:25
137:9	<b>quarter (2)</b> 16:12		73:9 121:15	145:15
<b>punch (1)</b> 143:2	17:18	<b>R</b>	<b>real (4)</b> 22:11	<b>recap (1)</b> 30:6
<b>Pupillo (4)</b> 2:9	<b>question (42)</b>	<b>race (4)</b> 13:24	77:24 90:9	<b>receive (3)</b> 63:11
23:25 24:5,6	11:17,20 12:23	35:12 42:21	118:16	75:5 104:15
<b>purchase (1)</b>	13:8,17 14:8	94:15	<b>realities (1)</b>	<b>received (3)</b>
50:16	16:16 17:23	<b>racial (3)</b> 26:23	139:12	20:11 146:24
<b>Purnell (3)</b> 45:5	18:3 19:21	35:18 141:20	<b>reality (4)</b> 8:8	147:10
83:12 127:12	20:12 27:15,17	<b>racism (10)</b>	139:10 143:18	<b>receiving (5)</b>
<b>Purnell's (1)</b> 45:8	27:18 32:4,8	31:14,14,15,23	148:15	102:25 122:15
<b>purple (3)</b> 12:10	37:1 73:19,25	32:9 93:24	<b>realizing (1)</b>	122:24,24
40:6 47:19	74:7 75:3 76:10	113:10 114:18	109:25	141:3
<b>purpose (4)</b> 6:16	78:11,17 79:12	115:7,24	<b>really (63)</b> 11:13	<b>recession (1)</b>
7:3 137:2	79:19,21 81:3,8	<b>racist (1)</b> 31:21	16:8,24 18:15	41:14
146:17	81:24 84:3,5	<b>radicals (1)</b> 93:9	18:22 26:9 36:6	<b>recidivism (1)</b>
<b>purposes (3)</b>	88:19 89:23	<b>radio (3)</b> 15:21	38:19 46:24	99:10
23:24 92:1	94:24 100:13	69:17,24	47:3 53:12 57:1	<b>recognitions (1)</b>
146:8	100:23 124:6	<b>Raghavan (1)</b>	57:2 59:17	52:18
<b>push (4)</b> 113:23	130:7 138:6	112:22	60:12 63:3	<b>recognize (5)</b>
113:24 114:2	147:9,24	<b>raise (2)</b> 18:5	64:22 65:11,14	72:8 81:2
114:18	<b>questionable (1)</b>	23:9	65:15 67:23	131:22 136:1
<b>pushed (3)</b> 8:5,9	21:15	<b>Ramesh (1)</b>	70:8 71:3 74:19	145:19
126:10	<b>questions (29)</b>	112:22	75:16 77:6	<b>recognized (1)</b>
<b>pushing (7)</b> 8:6	11:2 15:10	<b>rampant (2)</b>	78:22 80:12	52:20
96:17 114:10	23:17 52:12	91:21 92:9	85:14 89:2,5,20	<b>recognizes (1)</b>
114:10,21	57:21 66:14,16	<b>range (2)</b> 112:4	90:18 91:25	127:4
115:1,2	68:4 72:1 73:2	125:2	92:13 94:8,18	<b>recognizing (1)</b>
<b>put (20)</b> 17:24	73:4,11 88:17	<b>ranked (1)</b>	95:19 98:17	136:10
27:6 31:21 39:4	89:20 91:12	126:21	102:9 104:4	<b>recommendati...</b>
46:8 59:22 76:5	94:17 99:5	<b>Rasheen (3)</b> 3:19	107:20 111:3	95:3 123:11,20
86:4,10,15 87:5	109:14 110:22	4:19 116:5	111:15 112:16	123:23 130:14
90:25 92:22	124:2,3 125:4	<b>rate (9)</b> 16:5,14	112:20 113:16	136:3
119:23 120:3	130:3 131:7,8	17:4 42:4,7	115:3,13,18	<b>recommendati...</b>
125:12 128:10	143:24 145:7	58:15 122:5,25	116:8,14,21	9:6,9 27:5 71:4
130:24 136:24	147:4,24	123:14	117:4,19,20,23	88:23 89:25
138:18	<b>quick (3)</b> 78:11	<b>rates (5)</b> 35:9	121:14 124:17	94:22 95:22
<b>putting (2)</b> 11:9	130:6 147:8	39:13,17,24	136:6,10	111:9 118:23
31:10	<b>quickly (5)</b> 89:20	58:4	142:13,17	120:4,5 121:12
<b>puzzle (1)</b> 83:22	91:13 123:9,21	<b>rationale (1)</b>	<b>realms (1)</b> 136:6	121:15,20,21
	148:8	140:9	<b>reason (6)</b> 20:8	122:12,13
<b>Q</b>	<b>quiet (1)</b> 84:4	<b>read (7)</b> 11:25	25:11,13	123:18 143:1,8
<b>Q&amp;A (1)</b> 2:16	<b>quite (4)</b> 22:19	12:22 15:18	122:19 133:8	146:3 147:2
<b>quality (2)</b> 63:15	103:19 109:10	30:16 109:3	140:17	<b>reconciliation (...)</b>

<p>141:20  <b>reconnecting (1)</b>                      57:24  <b>record (8)</b> 1:7                      19:3 23:16,24                      136:24 137:2                      141:6 150:14  <b>recorder (4)</b>                      137:18,22,24                      138:2  <b>recorders (1)</b>                      137:19  <b>records (1)</b> 108:9  <b>recycling (1)</b>                      107:19  <b>red (4)</b> 12:2,10                      40:5 47:17  <b>Redefine (1)</b>                      22:17  <b>reduce (8)</b> 44:6                      45:22,23,23                      47:4 54:15                      57:10 141:15  <b>reduced (4)</b>                      141:4,23 143:3                      150:11  <b>reduces (1)</b>                      103:23  <b>reducing (2)</b>                      46:22 83:19  <b>reduction (12)</b>                      140:1,6,7,10,12                      140:18,24                      141:1,19 143:6                      144:19,20  <b>Reeb (3)</b> 27:12                      27:16,18  <b>Reed (1)</b> 27:1  <b>referral (1)</b> 45:23  <b>referrals (4)</b>                      45:22,25 89:23                      122:20  <b>referred (2)</b>                      45:17,20  <b>referring (1)</b>                      29:24  <b>reflect (3)</b> 137:12</p>	<p>138:23 139:9  <b>reflected (1)</b>                      147:12  <b>reflects (1)</b>                      143:17  <b>reform (10)</b>                      21:14,24 22:18                      22:22 35:23                      44:25 47:1,4,12                      49:6  <b>reforms (1)</b> 34:6  <b>refuse (2)</b> 26:12                      107:18  <b>regard (1)</b> 132:1  <b>region (30)</b> 9:11                      10:7 33:13,23                      34:15,19 39:21                      39:24 58:17,23                      61:7,10 62:3                      68:5 70:18                      71:14 76:22                      82:25 92:15,19                      95:7 98:23                      112:10 115:4                      115:10 118:6                      118:17 121:8                      126:21 136:21  <b>regional (18)</b>                      9:20,21,25 10:4                      52:19 53:25                      54:6 56:6,11,17                      57:8,18 70:24                      73:18 93:16                      98:1 148:15,15  <b>Registered (1)</b>                      150:4  <b>reimbursemen...</b>                      146:10  <b>reinforce (1)</b>                      30:24  <b>reinvestment (1)</b>                      26:10  <b>reject (1)</b> 122:19  <b>relate (1)</b> 43:22  <b>related (19)</b>                      34:25 36:19                      40:24,25 41:7</p>	<p>41:11,13,20,22                      42:5,7 43:5,10                      88:21 95:17,24                      96:8 118:6                      150:12  <b>relates (2)</b> 117:5                      118:7  <b>relations (3)</b>                      16:19 95:25                      106:6  <b>relationship (1)</b>                      113:17  <b>relative (3)</b> 15:22                      91:5 150:15  <b>relatively (1)</b>                      90:13  <b>reliable (1)</b> 38:9  <b>relieve (1)</b> 64:20  <b>relieved (1)</b> 66:6  <b>remain (2)</b> 108:6                      108:15  <b>remainder (1)</b>                      108:25  <b>remaining (1)</b>                      91:18  <b>Remarks (2)</b> 2:5                      2:21  <b>remember (5)</b>                      104:8 113:20                      116:7 122:17                      126:19  <b>remind (1)</b>                      121:22  <b>removed (1)</b>                      147:14  <b>renewal (1)</b>                      67:17  <b>repeat (1)</b> 54:11  <b>replacing (1)</b>                      83:14  <b>report (10)</b> 71:7                      71:13 101:1,5                      102:18 103:8                      124:1 135:23                      143:10 145:17  <b>reported (2)</b> 21:5                      22:5</p>	<p><b>reporter (5)</b>                      23:23 136:23                      150:5,5,6  <b>reporting (3)</b>                      21:18 104:7                      106:17  <b>reports (5)</b> 2:19                      53:6 71:11                      141:21 142:7  <b>represented (2)</b>                      19:10 125:19  <b>representing (1)</b>                      147:22  <b>request (1)</b>                      138:17  <b>require (2)</b> 82:4                      134:24  <b>required (2)</b>                      107:6 145:21  <b>requirement (2)</b>                      106:19 107:3  <b>requirements (2)</b>                      106:14 144:13  <b>requires (2)</b>                      105:25 106:13  <b>requiring (1)</b>                      106:7  <b>research (14)</b>                      43:7 52:21 53:1                      118:15,16,20                      118:21 120:2,9                      121:15 127:9                      127:20 141:21                      142:7  <b>researchers (1)</b>                      111:14  <b>resided (1)</b> 19:6  <b>residence (1)</b>                      12:24  <b>residents (4)</b> 10:2                      21:16 52:24                      53:3  <b>resolve (1)</b>                      107:22  <b>resort (1)</b> 80:10  <b>resounding (1)</b>                      74:2</p>	<p><b>resource (3)</b>                      33:13 90:13                      146:2  <b>resources (8)</b>                      84:18 88:14                      140:19,21                      141:20 142:3                      142:25 146:7  <b>respected (1)</b>                      52:17  <b>respective (1)</b> 9:7  <b>respond (1)</b>                      11:20  <b>responded (1)</b>                      109:19  <b>responding (3)</b>                      33:22 98:19                      110:12  <b>response (4)</b>                      11:18 12:20                      70:11 97:19  <b>responses (2)</b>                      12:3 20:16  <b>responsibility (2)</b>                      27:25 96:19  <b>responsive (4)</b>                      46:14 110:5,21                      116:23  <b>rest (3)</b> 20:3                      61:16 67:4  <b>restore (1)</b> 21:9  <b>result (5)</b> 6:18                      42:16,16 56:16                      92:11  <b>resulted (1)</b>                      110:11  <b>results (5)</b> 19:18                      42:1 71:8 90:7                      104:24  <b>retired (1)</b> 13:10  <b>returns (1)</b>                      128:18  <b>Rev (2)</b> 3:4,18  <b>revenue (8)</b>                      28:12,16,18                      104:5,14                      139:25 144:19</p>
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FERGUSON COMMISSION MEETING 5/11/2015

<p><b>revenues (1)</b> 103:22</p> <p><b>Reverend (39)</b> 2:5,21 4:13,14 4:24 8:11 26:25 27:11 33:1 34:10 73:1 78:10 79:9,11 79:18 81:2 84:3 84:7 88:17 91:11 93:21 94:16 99:4 100:22 101:7 109:16,22 110:2 124:5,8 133:7,17,21 134:13 137:11 137:15,25 145:14 147:23</p> <p><b>reverse (1)</b> 115:21</p> <p><b>reversing (1)</b> 116:2</p> <p><b>review (3)</b> 120:2 139:5 147:6</p> <p><b>reviewed (1)</b> 145:3</p> <p><b>revised (3)</b> 136:16 139:6 147:15</p> <p><b>revisions (1)</b> 103:16</p> <p><b>RHC (3)</b> 57:19 67:3,4</p> <p><b>RHCs (1)</b> 75:10</p> <p><b>rich (13)</b> 3:5 4:15 8:14 18:6,6,17 31:7 102:3,8,11 139:13 147:5 148:2</p> <p><b>Rich's (1)</b> 102:4</p> <p><b>Ricky (1)</b> 67:22</p> <p><b>right (47)</b> 10:16 10:18 11:7,8,9 12:12,17 13:4 13:20,23 14:4,7 15:4 16:1,25</p>	<p>23:10 30:2 31:1 32:7,10,20 43:19 50:23 54:23 55:6 58:1 58:10 59:8 61:2 61:19 63:14 65:13 69:17 77:13 87:23 90:25 92:17,17 96:24 102:6 110:24 118:13 121:10 122:10 123:14,22 138:25</p> <p><b>right-hand (2)</b> 12:1,4</p> <p><b>rights (5)</b> 26:25 28:24 29:16 105:17,22</p> <p><b>rise (1)</b> 68:23</p> <p><b>river (1)</b> 85:23</p> <p><b>Riverview (1)</b> 60:14</p> <p><b>Rob (10)</b> 66:19 72:3,5,19 73:5 73:12 74:24 90:7 101:12,14</p> <p><b>Robbing (1)</b> 56:20</p> <p><b>Robert (17)</b> 2:14 9:19 52:16 53:7 53:12,16 67:1 69:8 76:12 80:2 81:22 84:5 87:1 90:9 92:17 97:7 99:11</p> <p><b>robin (1)</b> 104:24</p> <p><b>role (3)</b> 18:21 33:21,25</p> <p><b>roles (3)</b> 6:9 21:10 22:19</p> <p><b>roll (2)</b> 2:3 4:9</p> <p><b>rolled (1)</b> 134:1</p> <p><b>rooftop (1)</b> 57:20</p> <p><b>room (17)</b> 10:18 10:24 18:5 40:13,19 52:4</p>	<p>54:1 55:17 63:24 65:19 71:23 82:23,24 86:4 91:20 120:23,25</p> <p><b>rooms (1)</b> 83:1</p> <p><b>root (3)</b> 9:10 69:3 126:11</p> <p><b>rooted (2)</b> 37:13 38:2</p> <p><b>Rose (4)</b> 3:14 5:21 73:16 130:5</p> <p><b>Rose's (1)</b> 78:11</p> <p><b>Rosetta (12)</b> 57:17 62:19,22 62:24 63:5 67:1 67:7,15,24 68:2 72:5 86:23</p> <p><b>Rottnek (1)</b> 100:9</p> <p><b>roughly (2)</b> 83:6 83:7</p> <p><b>round (1)</b> 104:24</p> <p><b>routine (2)</b> 81:19 82:1</p> <p><b>RPR (1)</b> 150:21</p> <p><b>ruled (1)</b> 47:14</p> <p><b>rules (3)</b> 107:22 107:25 144:11</p> <p><b>ruling (1)</b> 50:22</p> <p><b>run (6)</b> 7:25 12:7 45:4 60:20 98:25 131:16</p> <p><b>running (2)</b> 22:7 47:7</p> <p><b>runs (11)</b> 39:8 60:1,20,21,21 60:22,25 61:16 67:23 99:20 100:9</p> <p><b>rural (5)</b> 56:9 75:11,12 87:20 96:9</p> <p><b>Ryan (36)</b> 2:13 9:17 33:10 34:7 34:9 40:4 52:7</p>	<p>54:3,9,9,16 58:11 61:13,19 70:10 72:19 73:4,5,12 74:6 76:21 77:10 78:16 79:17 85:5 87:1,14 88:20,25 90:2 92:19 93:20 96:2 97:8 101:12,13</p> <p><b>Ryan's (2)</b> 34:4 58:1</p> <hr/> <p style="text-align: center;"><b>S</b></p> <hr/> <p><b>sacrifice (1)</b> 6:6</p> <p><b>safe (6)</b> 28:2 51:20 89:12 107:11 114:7 122:18</p> <p><b>safety (20)</b> 19:25 20:18 38:12 56:18 57:24 62:16 74:4 75:8 75:8 77:17 78:5 78:6 79:19,22 79:24 80:7,23 84:14 87:24 95:24</p> <p><b>Sake (2)</b> 45:6,7</p> <p><b>salary (1)</b> 26:3</p> <p><b>San (1)</b> 31:20</p> <p><b>sat (1)</b> 65:16</p> <p><b>satisfaction (1)</b> 21:15</p> <p><b>Saturday's (1)</b> 32:12</p> <p><b>save (1)</b> 12:19</p> <p><b>saving (1)</b> 127:23</p> <p><b>savings (2)</b> 127:19 128:24</p> <p><b>saw (10)</b> 21:22 24:13 35:7 41:14 55:17,18 65:15 68:8 86:6 145:5</p> <p><b>saying (7)</b> 4:12</p>	<p>47:21 65:17 86:23 134:13 134:15 143:9</p> <p><b>says (6)</b> 28:24 29:4 65:20 117:10 128:4 133:8</p> <p><b>SB5 (1)</b> 102:23</p> <p><b>scale (1)</b> 50:21</p> <p><b>scared (1)</b> 94:5</p> <p><b>scattered (1)</b> 61:10</p> <p><b>schedule (2)</b> 81:19 146:24</p> <p><b>schizophrenia ...</b> 41:3</p> <p><b>Schnuck (2)</b> 118:14,14</p> <p><b>scholarship (1)</b> 128:23</p> <p><b>scholarships (1)</b> 22:16</p> <p><b>school (27)</b> 13:9 13:16 19:9 22:23 25:21,23 43:10 44:1 46:4 51:20 69:19 89:21,21 90:6 91:1 98:8 120:24 121:6 121:12,12 122:1,3,16 123:18 127:20 129:21 148:12</p> <p><b>school-based (1)</b> 90:4</p> <p><b>schools (25)</b> 22:6 25:18 26:3 37:21 43:25 44:3,3 45:22,25 70:7 83:17 89:24 90:11,15 90:17,19 91:9 94:25 98:10 121:8,24 122:10,15,18 129:22</p>
--	---	---	--	--



<p><b>science (3)</b> 68:16 68:19 91:9</p> <p><b>scientific (2)</b> 90:24 98:3</p> <p><b>scope (1)</b> 129:9</p> <p><b>Scott (6)</b> 3:8 5:9 69:20 72:20 118:14 130:18</p> <p><b>screen (5)</b> 99:23 99:23 102:25 139:4,21</p> <p><b>screenings (1)</b> 24:14</p> <p><b>screens (1)</b> 99:24</p> <p><b>searched (1)</b> 85:19</p> <p><b>second (16)</b> 21:13 52:14 102:15 114:14 120:1 122:4 134:23 135:9 135:14,15 136:15 137:10 138:8,9,25 140:17</p> <p><b>secondly (3)</b> 65:22 92:14 144:19</p> <p><b>seconds (10)</b> 12:12 13:15,20 14:4,12 15:3 16:1,9,25 17:12</p> <p><b>section (3)</b> 28:22 46:6 119:11</p> <p><b>sections (1)</b> 38:20</p> <p><b>sector (1)</b> 77:14</p> <p><b>sectors (2)</b> 97:1 110:2</p> <p><b>secure (2)</b> 89:12 114:8</p> <p><b>security (2)</b> 30:18 118:1</p> <p><b>see (85)</b> 10:17 12:1,5 19:7 20:2 21:15 24:15 30:25 31:16,18 32:24</p>	<p>34:22,24 35:8 35:12,17 36:18 39:15 40:19 41:10 42:1,11 42:22 44:10 47:17 49:24 50:1,10 53:19 53:23 58:3,8,9 58:11,12,20 59:7,10 60:4 61:3,5 63:20 65:2,5 67:5,9 67:22 69:11 75:25 76:9 77:19 78:4 79:1 79:22 81:4 82:7 82:19 83:4,5,6 83:8,15 86:6 87:20,21,25 99:24 100:20 104:16 109:14 115:9 116:12 116:13 119:5 120:6 125:17 131:17 137:17 140:1,9,12,23 143:6 145:25 148:9</p> <p><b>seeing (9)</b> 31:1 54:1 63:7 75:9 75:18 76:21 82:9,22 83:24</p> <p><b>seek (1)</b> 9:9</p> <p><b>seen (11)</b> 24:22 58:15,18,21 61:7 75:13 81:18,18 86:3 87:21 119:25</p> <p><b>sees (3)</b> 60:6,22 63:1</p> <p><b>seesaw (2)</b> 114:16 115:2</p> <p><b>segment (1)</b> 32:21</p> <p><b>segregation (3)</b> 113:10 114:19 115:24</p>	<p><b>select (7)</b> 13:18 14:9 15:1,14,16 15:16,25</p> <p><b>Self-reported (1)</b> 14:7</p> <p><b>Selma (1)</b> 27:13</p> <p><b>Senate (17)</b> 28:11 28:17 103:12 103:12,14,23 104:3,5,17 106:21 108:3,3 108:18,21,21 108:22,23</p> <p><b>send (2)</b> 118:22 121:20</p> <p><b>sending (1)</b> 97:22</p> <p><b>sense (6)</b> 10:17 10:23 15:17 21:18 112:19 117:23</p> <p><b>sent (1)</b> 45:13</p> <p><b>separable (2)</b> 108:22 109:5</p> <p><b>separate (1)</b> 49:23</p> <p><b>September (3)</b> 118:21 143:10 145:18</p> <p><b>series (1)</b> 56:4</p> <p><b>serious (2)</b> 65:20 113:16</p> <p><b>seriously (2)</b> 19:1 96:11</p> <p><b>serve (4)</b> 8:12 21:7 60:15 61:7</p> <p><b>serves (1)</b> 4:9</p> <p><b>service (9)</b> 21:5 21:10 24:24 63:21 70:7 80:14 105:14 121:7 141:13</p> <p><b>services (16)</b> 7:2 10:1 20:7 24:25 52:23 62:1 63:10 77:2 81:3 86:20 87:25 89:24 100:9</p>	<p>107:19 119:21 141:3</p> <p><b>session (3)</b> 2:15 2:16 109:23</p> <p><b>sessions (3)</b> 21:2 64:24 96:5</p> <p><b>set (7)</b> 15:10 111:9 119:1 130:20 131:1 131:15 133:24</p> <p><b>sets (1)</b> 140:2</p> <p><b>setting (3)</b> 42:9 46:18 99:17</p> <p><b>settings (2)</b> 10:4 36:10</p> <p><b>seven (8)</b> 39:10 39:22,23 72:21 72:24 85:14 87:16 88:11</p> <p><b>seven-month (1)</b> 86:17</p> <p><b>sexual (1)</b> 35:13</p> <p><b>sexually (1)</b> 99:22</p> <p><b>Sgt (1)</b> 3:20</p> <p><b>shape (2)</b> 30:23 64:22</p> <p><b>share (9)</b> 7:3 9:22 19:2 87:10 102:7,11 118:12 136:7,7</p> <p><b>sharing (4)</b> 33:2 101:16 108:8 148:17</p> <p><b>she'll (1)</b> 57:20</p> <p><b>shift (1)</b> 100:17</p> <p><b>shifting (1)</b> 91:17</p> <p><b>shocking (1)</b> 55:2</p> <p><b>shoot (1)</b> 30:11</p> <p><b>shop (2)</b> 45:3 67:24</p> <p><b>short (1)</b> 72:25</p> <p><b>Shorthand (1)</b> 150:5</p> <p><b>shot (2)</b> 76:16 77:3</p> <p><b>shout-out (1)</b></p>	<p>21:20</p> <p><b>show (8)</b> 11:6,8 40:18 69:22 81:24 98:6 99:16 116:16</p> <p><b>showed (1)</b> 23:17</p> <p><b>showing (4)</b> 20:24 81:20 82:16 105:19</p> <p><b>shown (2)</b> 119:8 119:9</p> <p><b>shows (1)</b> 90:7</p> <p><b>sick (22)</b> 54:20 65:23 66:6 68:5 68:8,19,23 81:20,25 82:2,9 82:12,15,17 83:4,15,21,25 90:24 91:1,8 98:2</p> <p><b>sickest (1)</b> 52:3</p> <p><b>sickness (1)</b> 66:7</p> <p><b>side (8)</b> 48:11 56:1 63:7 114:20 118:18 118:19 140:1,5</p> <p><b>sidetracked (1)</b> 25:23</p> <p><b>sign (1)</b> 110:14</p> <p><b>signature (1)</b> 103:17</p> <p><b>signed (1)</b> 70:4</p> <p><b>significant (7)</b> 72:9 104:13 106:11 108:15 141:22,25 144:21</p> <p><b>significantly (1)</b> 107:2</p> <p><b>signify (1)</b> 4:12</p> <p><b>silence (1)</b> 149:3</p> <p><b>siloed (2)</b> 120:13 120:14</p> <p><b>similar (2)</b> 27:19 92:25</p> <p><b>simple (1)</b> 12:18</p> <p><b>simple-minded...</b></p>
---	---	---	---	---

<p>112:18  <b>simplicity (2)</b>  112:17,19  <b>simply (5)</b> 49:7  112:11 114:17  114:18 119:1  <b>simultaneously...</b>  84:9  <b>sing (1)</b> 149:14  <b>singing (2)</b>  149:11,17  <b>single (2)</b> 48:15  142:14  <b>sir (1)</b> 100:23  <b>Sister (1)</b> 8:20  <b>sites (4)</b> 60:1,20  61:11 99:14  <b>sitting (3)</b> 7:15  40:11 72:20  <b>situation (1)</b>  27:20  <b>six-month (1)</b>  75:19  <b>sixth (1)</b> 143:16  <b>size (1)</b> 49:13  <b>skills (4)</b> 26:15  30:21 31:4  125:1  <b>skip (1)</b> 55:21  <b>slated (1)</b> 148:11  <b>sleep (1)</b> 39:4  <b>slide (4)</b> 41:5  50:10 68:17  136:5  <b>slides (4)</b> 39:6  48:21 53:17  116:16  <b>sliding (1)</b> 50:21  <b>slightly (1)</b> 19:11  <b>slowing (1)</b> 26:7  <b>Sly (15)</b> 3:17  5:15,16 95:10  95:11 125:8,9  130:11,15,18  130:22 132:5  133:20 135:1  135:13</p>	<p><b>Sly/Ms (1)</b> 2:18  <b>small (1)</b> 146:18  <b>smaller (1)</b> 20:20  <b>smarter (1)</b>  142:10  <b>smile (1)</b> 148:5  <b>smiles (1)</b> 21:23  <b>smoking (1)</b>  36:25  <b>snippets (1)</b>  38:20  <b>social (6)</b> 37:10  38:3 43:4 70:6  121:7 132:15  <b>societal (1)</b> 37:24  <b>solemnity (1)</b>  149:3  <b>solid (1)</b> 51:4  <b>solution (1)</b>  51:14  <b>solutions (1)</b> 6:13  <b>somebody (3)</b>  54:23 64:13  66:23  <b>somewhat (1)</b>  103:10  <b>son (3)</b> 85:10  86:6 128:19  <b>son's (1)</b> 128:10  <b>soon (3)</b> 44:20  78:4 88:8  <b>sooner (1)</b> 123:24  <b>sorry (4)</b> 23:3  41:5 111:1  134:14  <b>sort (7)</b> 49:23  57:19 74:7,12  75:16 88:7  104:24  <b>Sortino (1)</b> 73:17  <b>sorts (2)</b> 56:15  71:11  <b>soul (1)</b> 85:12  <b>sound (1)</b> 79:6  <b>sounds (1)</b> 12:6  <b>sources (1)</b> 104:6  <b>South (2)</b> 20:23</p>	<p>61:1  <b>space (8)</b> 9:2  21:21 53:8,11  72:11 112:14  119:25 124:12  <b>spaces (1)</b> 141:12  <b>Spanish (1)</b>  13:25  <b>speak (7)</b> 23:19  26:9 34:12 63:6  96:14 121:16  123:17  <b>speakers (1)</b> 23:2  <b>speaking (2)</b>  93:23 133:20  <b>specialty (4)</b>  35:11 59:11  64:7 84:16  <b>specific (13)</b> 17:6  21:17 34:17,24  42:18 71:25  88:22,23 89:15  94:18 126:25  127:7 131:21  <b>specifically (3)</b>  16:17 94:23  132:1  <b>spectacular (1)</b>  112:23  <b>speech (1)</b> 110:14  <b>spell (1)</b> 24:3  <b>spend (2)</b> 71:12  108:19  <b>spending (3)</b>  18:18 24:20  76:4  <b>Spiritual (1)</b> 6:3  <b>split (1)</b> 14:6  <b>spoken (1)</b> 95:6  <b>sponsored (1)</b>  81:10  <b>Sports (1)</b> 4:7  <b>spots (1)</b> 80:13  <b>spun (1)</b> 36:23  <b>Square (1)</b> 56:3  <b>squirts (1)</b> 87:5  <b>St (70)</b> 1:12,14</p>	<p>9:20 10:2 12:25  12:25,25 13:2,5  13:6,10,11,11  13:13,16 19:7,9  19:9 22:3,3  27:6 34:15  39:11,20,21,24  40:8 42:12,13  44:10,15,25  45:1,12,16 46:7  52:24 53:3,25  55:23 56:19  57:8 60:21,22  60:24 61:19,22  62:7,17 66:9,9  69:25 71:17  72:7 77:14 85:3  86:21 93:16  99:20 103:24  106:7,12  126:21 127:13  132:22 148:11  148:12,18,20  148:21  <b>staff (4)</b> 103:18  108:16 140:20  148:2  <b>stakeholders (1)</b>  92:16  <b>stalking (1)</b> 26:6  <b>stand (13)</b> 25:9  25:10,10 53:18  56:20 67:3,4,5  67:7 112:25  123:12 148:24  148:25  <b>standing (2)</b>  136:2,9  <b>standpoint (1)</b>  99:1  <b>Starsky (12)</b> 3:4  4:13 8:12 32:22  72:18 109:22  110:3 139:13  144:1,5 145:3  145:10  <b>Starsky's (1)</b></p>	<p>23:1  <b>start (11)</b> 4:4  26:13 46:22  47:25 52:1  71:24 75:7 89:7  94:13 117:13  125:15  <b>started (4)</b> 10:21  69:2 89:9  109:23  <b>starting (3)</b> 51:12  89:1 112:20  <b>starts (2)</b> 50:19  128:6  <b>state (33)</b> 23:22  34:18 39:18  44:1 47:5,11,15  48:1,16 49:5,25  50:12,24 74:11  75:12 78:18  92:25 93:17,22  94:1 96:5  100:19 103:24  108:1 119:9  129:15,19,20  139:25 143:21  144:11 150:6,7  <b>stated (1)</b> 133:12  <b>statement (3)</b>  80:17 110:19  132:8  <b>states (14)</b> 47:17  47:18,19 48:8  48:12 75:14,17  78:8 92:24 93:6  93:8,10 131:25  150:8  <b>statewide (4)</b>  42:4 71:20  78:13 129:12  <b>statistics (2)</b> 19:7  63:7  <b>status (4)</b> 88:12  102:22 120:21  147:16  <b>stay (6)</b> 22:12  52:2 65:25</p>
--	---	--	--	---

122:21 <b>staying (2)</b> 39:1 96:19 <b>stays (1)</b> 108:25 <b>step (1)</b> 22:22 <b>stepped (1)</b> 77:23 <b>STI (1)</b> 99:23 <b>stigma (3)</b> 41:22 41:23,24 <b>stimulus (1)</b> 133:5 <b>stipulate (1)</b> 109:1 <b>stitch (2)</b> 76:14 76:15 <b>STL (2)</b> 44:8,13 <b>stlpositivechan...</b> 17:15 <b>stlpositivechan...</b> 15:23 139:2 148:10 <b>stop (3)</b> 23:21 106:18 112:6 <b>stories (3)</b> 10:5 55:11 56:15 <b>story (9)</b> 8:5 55:12,14,19,23 57:1,16,23 85:9 <b>straightforwar...</b> 11:14 <b>strategies (10)</b> 22:21 34:16 42:24 43:1,5,17 83:13 88:21,23 89:15 <b>strategy (3)</b> 74:19 146:1,21 <b>street (5)</b> 29:8 32:13 54:23 80:17 82:19 <b>streets (2)</b> 63:20 83:16 <b>stress (27)</b> 20:1 20:21,22 24:16 37:7 63:3 64:21 66:1,4,6,7 68:2 68:4,9,18 69:3	69:15 70:6,9 83:20 86:24,24 97:10 98:18 115:22 116:3 117:5 <b>stressed (2)</b> 66:3 68:10 <b>stresses (1)</b> 32:15 <b>stripping (1)</b> 127:4 <b>strokes (1)</b> 58:25 <b>strong (8)</b> 13:20 15:5 93:23 94:9 110:14 116:23 117:8,9 <b>strongest (1)</b> 96:10 <b>strongly (1)</b> 93:18 <b>structural (1)</b> 9:10 <b>structure (3)</b> 53:2 97:17 119:20 <b>struggle (2)</b> 51:18 77:6 <b>student (1)</b> 122:19 <b>students (2)</b> 22:19 122:16 <b>study (2)</b> 25:16 29:6 <b>stuff (1)</b> 83:16 <b>subject (1)</b> 130:22 <b>submit (1)</b> 145:17 <b>submitted (1)</b> 142:24 <b>subsidies (2)</b> 50:18 51:6 <b>substance (1)</b> 36:20 <b>succeed (1)</b> 51:19 <b>succeeding (1)</b> 55:14 <b>success (6)</b> 10:5	22:17,21 55:5 93:7,11 <b>successes (1)</b> 147:1 <b>successful (2)</b> 51:22 54:17 <b>sudden (1)</b> 74:25 <b>sufficient (1)</b> 46:23 <b>sugars (1)</b> 68:22 <b>suggest (3)</b> 89:25 112:18,25 <b>suggested (1)</b> 124:23 <b>suggestions (2)</b> 23:17 28:3 <b>summaries (1)</b> 21:3 <b>summary (3)</b> 21:14 22:24 103:19 <b>summer (2)</b> 118:5,10 <b>summit (1)</b> 97:3 <b>supervision (1)</b> 137:24 <b>support (13)</b> 21:12 43:6 44:5 64:20 78:25 79:7 117:16 119:12 140:2 140:15 143:7 144:9 148:5 <b>supported (2)</b> 37:11 118:2 <b>supporting (1)</b> 90:5 <b>supportive (1)</b> 97:17 <b>supposed (1)</b> 97:23 <b>Supreme (6)</b> 47:14 50:22 105:8,9 107:21 108:1 <b>sure (21)</b> 24:5 41:19 63:4 64:8	65:25 73:8 91:2 91:3 94:20 96:21 124:18 126:4,6 133:5 134:8 136:24 139:8 144:11 144:17 146:15 146:25 <b>surgery (2)</b> 25:7 84:17 <b>surround (1)</b> 114:3 <b>surrounded (1)</b> 116:23 <b>Susan (1)</b> 67:22 <b>suspect (2)</b> 91:16 91:18 <b>suspended (1)</b> 46:4 <b>suspensions (1)</b> 45:24 <b>sustainability (1)</b> 9:23 <b>symbolizes (1)</b> 128:25 <b>sympathy (1)</b> 33:4 <b>symptom (1)</b> 97:14 <b>system (22)</b> 20:10 31:10,24 31:24 36:16 45:14 54:8 57:13 63:13 64:4,5,19 67:21 69:12 75:6 78:5 88:11 91:5,15 96:11 99:8 121:7 <b>systemic (1)</b> 9:10 <b>systems (6)</b> 27:8 37:11,22 75:23 96:18 98:19	102:21 109:13 109:16 138:18 <b>table (2)</b> 40:11 116:11 <b>tackle (1)</b> 74:1 <b>tackled (1)</b> 112:15 <b>tactics (1)</b> 21:6 <b>take (26)</b> 12:3 18:23 19:1 30:15 31:2 33:25 57:21 61:5 63:24 64:1 67:19,25 68:3 70:17 72:14 76:3 79:7 93:5 95:11 113:23 117:24 135:12 136:13 140:5 141:25 149:14 <b>takeaway (1)</b> 116:4 <b>takeaways (1)</b> 114:15 <b>taken (9)</b> 27:13 59:14 72:25 78:8 95:2 136:8 137:4,13 150:10 <b>takes (1)</b> 33:19 <b>talk (22)</b> 28:9 29:19 30:16 31:12 32:17 34:13,20 35:24 37:14,21 43:16 46:11 47:9 62:25 78:23 94:2 95:16 103:15 112:21 124:24 126:5,5 <b>talked (16)</b> 29:11 30:7 58:12 76:17 95:14 97:9 105:4,19 106:23 107:15 109:24 119:4 127:10,12
---	--	---	--	---

**T**

**T's (1)** 131:2  
**T.R (6)** 3:9 4:25

<p>144:4,5  <b>talking (16)</b> 26:2  37:15 38:17,18  43:5 49:14,18  63:2 74:8 83:18  83:19 95:18  104:18 105:13  115:6 117:13  <b>talks (1)</b> 28:22  <b>Tammie (2)</b>  150:4,21  <b>target (4)</b> 43:20  43:20,21 143:9  <b>targeted (1)</b>  131:5  <b>Tashara (1)</b>  133:21  <b>taxation (1)</b>  28:13  <b>teachers (2)</b>  116:24 119:15  <b>team (11)</b> 6:3  67:2,4 82:5  87:2 122:6  123:4 144:6,8  145:9 148:2  <b>technical (1)</b> 44:4  <b>teens (1)</b> 116:8  <b>telephone (1)</b>  123:6  <b>television (1)</b>  31:16  <b>tell (15)</b> 46:2  55:12,25 56:1,3  57:1,15,20,23  59:25 60:18  81:7 100:20  111:11 124:22  <b>telling (7)</b> 66:13  68:16 87:11  90:17 91:7  102:8 120:21  <b>temporary (1)</b>  67:18  <b>ten (6)</b> 9:22  16:25 17:12  52:19 58:23</p>	<p>68:7  <b>term (1)</b> 111:23  <b>terms (10)</b> 36:5  47:2 74:22  80:13 98:18  99:9 104:5,21  132:16 144:3  <b>test (2)</b> 11:23  12:7  <b>testimony (2)</b>  9:19 116:21  <b>texts (1)</b> 31:20  <b>thank (67)</b> 4:8  5:24 6:4,22 7:4  7:6 8:2,10,16  8:20 10:14 15:6  17:22 18:2,17  23:7 25:2 26:15  28:4 29:24 32:1  32:23 33:1 34:9  34:11 52:5,7,11  53:13,16,22  54:2 63:6 64:4  71:22 72:3,6,24  79:9,18 88:20  100:22 101:11  101:16,22,23  102:11,12  103:8,18  108:16 109:13  110:18,24  111:1 119:6  121:3 125:5  130:4,17  133:15 135:22  135:22 136:8,9  138:25 147:23  <b>thanked (1)</b>  110:19  <b>thankful (4)</b> 6:6  6:8 77:22  141:16  <b>thanks (7)</b> 53:24  54:4 67:1,2  72:2 73:14  148:2  <b>theme (2)</b> 9:1,13</p>	<p><b>Theodore (1)</b>  26:24  <b>therapies (1)</b>  24:23  <b>thereto (1)</b>  150:17  <b>they'd (1)</b> 77:3  <b>thing (34)</b> 30:15  31:12 38:1  54:20 55:6  56:25 58:24,25  58:25 66:18  75:21 90:10  96:3 98:23  103:20 104:18  105:18 108:20  111:16,23  113:20 114:14  118:25 120:1  122:4,5 124:22  131:24 132:6  132:14 137:23  140:13 143:14  148:20  <b>things (40)</b> 8:8  29:5,9,11,13,18  30:7,8 38:4,6  54:18 56:11  65:6,14 73:20  74:23 76:13  91:16 94:14,19  95:14 96:6 97:9  105:23 106:22  110:7 113:3,9  114:24 115:5,8  115:12,12,13  119:17 124:11  136:12 144:2  144:17 145:15  <b>think (54)</b> 7:25  11:1 25:12 29:9  29:10,12 30:22  31:17 32:13  43:22 48:2  55:18 57:2 63:8  63:10 70:25  74:23 75:21</p>	<p>76:10,25 83:12  92:6 94:6 95:20  97:11 98:21,21  101:3 111:9,18  113:2,2,6,19,21  114:9,17 116:4  116:5 118:25  119:3 121:17  123:25 124:10  124:13 125:12  127:15 129:25  131:4 132:12  134:19 135:3  145:5 146:20  <b>thinking (4)</b> 75:7  97:20 98:5  128:6  <b>third (3)</b> 20:9  29:21 122:5  <b>Thirdly (1)</b> 65:23  <b>Thomas (4)</b> 2:6  3:23 10:12,14  <b>thorough (3)</b>  125:5 136:19  141:25  <b>thoroughly (1)</b>  145:4  <b>thought (9)</b> 83:13  86:12 87:13  99:18 102:10  130:8 134:1,3  145:13  <b>thoughtful (9)</b>  52:8,16 70:8,23  72:6,10 109:18  123:11 125:5  <b>thoughts (1)</b>  19:19  <b>thousand (3)</b>  60:23 128:3  129:5  <b>thread (1)</b> 87:24  <b>threatened (1)</b>  70:19  <b>three (19)</b> 19:22  20:5 22:11  48:12,15 49:19</p>	<p>60:1,20,21,23  88:2 96:6  102:17 110:3  114:14 119:5  119:22 125:15  140:25  <b>threshold (1)</b>  123:22  <b>thrive (3)</b> 112:5,7  113:8  <b>thriving (1)</b>  112:14  <b>throw (2)</b> 41:24  79:4  <b>Thurgood (1)</b>  25:22  <b>tie (2)</b> 40:14  43:17  <b>tied (3)</b> 38:8 81:8  81:9  <b>ties (2)</b> 43:8  86:24  <b>tight (1)</b> 100:11  <b>time (46)</b> 6:1,4  10:25 11:11  12:5 19:3,5,12  24:21 26:7 28:2  28:3,4 31:2  54:10 55:16  63:23 64:2 65:4  71:12 72:10,16  72:16 73:25  80:8 84:17  85:25 90:12  91:13 94:9  101:16,18  108:19 109:10  114:1 118:1  121:4 132:11  139:7,10  141:25 142:11  143:22 144:16  145:6 149:16  <b>timeline (1)</b>  142:8  <b>timer (1)</b> 72:21  <b>timers (1)</b> 55:25</p>
--	---	--	---	--



FERGUSON COMMISSION MEETING 5/11/2015

112:8	118:5 126:8	<b>visit (3)</b> 40:24	113:21 114:9	111:4,22
<b>Union (1)</b> 77:25	<b>USDA (1)</b> 117:13	42:8 99:25	114:23,23,24	118:13 119:24
<b>unique (1)</b> 27:6	<b>use (7)</b> 30:12	<b>visits (15)</b> 40:14	116:8,16,19	123:9 128:6
<b>unit (2)</b> 46:15	31:4 36:19,20	40:20 41:7,11	118:4,12	131:1 133:8
81:10	80:15 100:4	41:21 42:5,7	121:16 123:17	136:5 138:18
<b>Unitarian (2)</b>	106:16	60:5,7 62:11,13	124:19 132:5	138:23 139:22
26:21,22	<b>useful (4)</b> 34:2,7	82:24 83:7	134:14 135:25	144:7,8 146:12
<b>United (6)</b>	90:6 101:15	91:20,21	138:24 139:13	147:17
118:13 139:22	<b>uses (1)</b> 41:7	<b>vital (3)</b> 55:3,4,7	139:14 144:22	<b>ways (2)</b> 8:23
144:7,8 146:12		<b>voice (1)</b> 116:10	144:24 145:24	111:4
147:17	<b>V</b>	<b>vote (1)</b> 134:25	146:15 148:8	<b>we'll (32)</b> 9:19
<b>universal (3)</b>	<b>Valley (1)</b> 29:4	<b>votes (1)</b> 20:11	148:23 149:3,9	10:21 11:17,22
129:11 132:24	<b>value (1)</b> 132:11	<b>vulnerable (1)</b>	149:10	11:23 33:9
137:19	<b>Vanessa (3)</b> 6:23	9:16	<b>wanted (18)</b> 28:8	57:21 63:2
<b>universalists (1)</b>	7:5 8:20		28:20 31:12	67:12,13,13,16
26:22	<b>variety (2)</b>	<b>W</b>	34:13 39:4	67:17,24,25
<b>universities (1)</b>	125:18,25	<b>W-I-L-L-I-A-...</b>	41:18 43:16	70:2 73:1,2
37:21	<b>vast (1)</b> 61:3	30:4	47:25 62:23,24	84:11 88:4
<b>University (7)</b>	<b>vehicles (1)</b>	<b>wait (5)</b> 40:17,17	95:15 102:1	93:11 100:20
73:17 98:7	107:12	40:17 86:17	131:24 134:8	104:1,16 105:1
100:25 112:23	<b>verbal (1)</b> 102:24	104:16	136:13 137:17	107:24,24
127:11,13	<b>version (1)</b>	<b>waiting (3)</b> 52:2	141:5 146:25	120:14 137:24
141:10	108:18	75:19 83:21	<b>wanting (1)</b>	138:16 148:24
<b>Unravels (1)</b>	<b>versus (2)</b> 78:14	<b>walk (2)</b> 86:4	139:7	149:2
56:18	91:20	140:8	<b>warmly (1)</b> 36:8	<b>we're (104)</b> 4:6
<b>unrepentant (1)</b>	<b>VIC (3)</b> 122:5,25	<b>walking (3)</b>	<b>warrants (2)</b>	10:8,24,25 14:8
29:3	123:14	98:11 111:21	104:21,22	14:22 15:9,11
<b>unresolved (1)</b>	<b>Vice (1)</b> 9:17	118:18	<b>Wash (1)</b> 86:16	15:11 18:14
108:11	<b>video (3)</b> 69:7	<b>Wall (1)</b> 32:13	<b>Washington (5)</b>	23:10 24:20
<b>untouched (1)</b>	86:7 117:4	<b>Wallace (1)</b>	73:16 98:7	30:8 37:15
108:3	<b>view (1)</b> 32:16	144:7	100:25 112:23	43:21 45:9,10
<b>upcoming (1)</b>	<b>views (1)</b> 32:18	<b>want (68)</b> 4:3	127:11	47:4,21 52:14
142:22	<b>Ville (1)</b> 60:13	18:13 25:14	<b>wasn't (2)</b> 79:11	53:12,14 55:13
<b>update (6)</b>	<b>Viola (1)</b> 27:1	27:3 28:10 30:6	147:21	55:13 57:14,22
102:22,24	<b>violates (1)</b> 28:12	30:15 33:1,3	<b>watch (3)</b> 23:21	58:3 59:13,18
103:10 108:17	<b>violating (1)</b>	34:20 36:3 39:2	67:11 107:24	61:24 62:2,10
111:10 136:13	29:16	39:3 47:9 52:7	<b>water (3)</b> 38:11	62:20 64:21
<b>updated (1)</b>	<b>violation (1)</b>	53:21,22 63:4	87:7 141:13	66:5,11 67:15
103:2	122:18	67:6,6,23 68:3	<b>Watson (3)</b> 3:12	68:6,10 69:25
<b>updates (1)</b>	<b>violations (2)</b>	71:22 72:16	5:19,20	70:19,20,23
102:25	104:15 106:2	78:10 79:12	<b>way (32)</b> 21:10	71:14 72:12,14
<b>uphill (1)</b> 100:18	<b>violence (5)</b>	84:15 92:11	37:6 40:9 50:4	72:17 73:9
<b>upset (1)</b> 57:2	38:12 101:1	94:16,18,20,23	50:7 53:19 55:9	74:19 75:18
<b>urban (4)</b> 46:14	113:12 119:17	95:11 102:7	58:2 70:18,20	76:2,4 77:18
87:22 96:10	119:18	103:18 109:15	72:7 74:13	78:1,14 79:1
125:21	<b>virtue (1)</b> 79:20	111:11,16	79:13 84:6	80:25 82:22,23
<b>urgent (3)</b> 118:3	<b>vision (2)</b> 7:16,21	112:6 113:19	88:15 90:16	83:8 87:9 88:8

FERGUSON COMMISSION MEETING 5/11/2015

88:12 90:4	139:2 141:2	30:1 32:3,4	16:2,3 45:11	<b>workforce (2)</b>
95:18 100:1,4	145:1	<b>Williams (5)</b> 2:11	80:8 112:6	43:13 132:2
100:18,19	<b>week (6)</b> 64:17	26:18 30:1,3,4	130:24	<b>workhouse (1)</b>
102:6,17 103:9	97:2,23 140:22	<b>Wilson (28)</b> 2:5	<b>wording (1)</b>	99:8
103:25 112:18	145:4,9	2:21 3:4 4:13	135:2	<b>working (47)</b>
112:19 115:6	<b>weekly (2)</b> 69:23	4:14 7:12,13,15	<b>words (1)</b> 79:13	14:21,23 16:16
118:19,21	69:24	7:16 8:11,12	<b>work (97)</b> 2:17	16:17,18,22
119:19 120:20	<b>weeks (4)</b> 29:4	33:1 34:10 73:1	8:24 9:1,8 13:9	17:3,5,6,11,15
120:21 121:11	97:2 110:3	78:10 79:9	13:16 16:6,10	33:14 36:15
124:15 126:7	146:23	88:17 91:11	16:15 17:5	43:22 44:1
127:6 129:3	<b>welcome (5)</b> 6:24	94:16 99:4	21:21 24:8,11	45:10,22 51:13
131:20,22	7:4 15:4 17:14	100:22 101:7	27:2 28:4 29:17	57:12 62:18
132:4,20,23	34:7	133:7 137:11	37:8 43:18,22	70:12,13 73:20
134:5,11	<b>welcomed (1)</b>	137:15,25	44:21 45:8 46:6	80:5,13,14
140:14 141:3	36:8	145:14 147:23	46:10,12 51:20	94:20,21 95:2,3
141:16 145:24	<b>welcoming (1)</b>	<b>win (1)</b> 62:20	52:9,9,11,19	98:13 102:18
146:6,8 147:18	4:4	<b>wind (2)</b> 24:17	54:24 59:14,19	103:6 105:4
147:19 149:1,6	<b>well-being (16)</b>	24:17	60:15 67:12,13	107:15,17
149:7	16:20 95:1,23	<b>winding (1)</b>	67:13 73:16	109:17 110:6
<b>we've (59)</b> 30:7	101:9 103:1	145:23	74:4 81:9 85:21	112:2 117:6
55:9 57:12	111:6,24 112:2	<b>Windmiller (9)</b>	86:14 95:8	118:20 119:19
58:14,18,20,21	112:15 113:3	3:14 5:22,23	98:15,22	123:4,9 141:8
59:1,2,4,10,17	114:13,16	73:13,14,16	101:11,13,21	141:15 144:15
69:16 70:3,18	115:1,1 116:22	130:6,17 147:8	110:8,8 111:15	<b>works (6)</b> 33:23
70:20,21 71:3	120:10	<b>WINDMLLE...</b>	111:17,24	38:24 62:22
71:20 72:8 74:8	<b>well-liked (1)</b>	130:13	112:1,1,12,13	105:21 114:12
76:17 77:10,13	78:17	<b>Wisconsin (1)</b>	112:22 114:16	114:13
77:15 80:11	<b>wellness (2)</b>	132:1	115:3 116:15	<b>workshop (2)</b>
87:2,3,4,20	61:15 83:18	<b>wisdom (2)</b> 6:13	116:17,18	29:4 97:2
88:13,15 95:14	<b>went (2)</b> 56:12,20	104:2	117:2,15,16	<b>world (1)</b> 32:18
96:4 98:3 111:2	<b>West (2)</b> 60:14	<b>wish (2)</b> 42:25	119:6,16	<b>worrisome (1)</b>
111:18 114:12	80:25	83:5	120:13,22	76:22
117:11 118:11	<b>white (11)</b> 12:10	<b>women (7)</b> 29:8	121:19 122:10	<b>worry (1)</b> 11:22
119:23,25	13:24 14:5	42:23 44:12	123:21 125:6,9	<b>worse (2)</b> 77:15
123:7,20	19:15 40:24	48:19 49:21	125:13,14,15	77:18
125:15 126:3	42:18,23 44:11	58:10,11	126:2,15	<b>wouldn't (3)</b> 68:9
127:8,10,12	45:18,21 94:4	<b>wonder (2)</b> 65:23	127:16 130:23	126:22 145:11
132:21,22	<b>whites (7)</b> 35:3,3	131:10	131:25 133:5	<b>wrap (2)</b> 63:2
142:9,9,10,22	35:20 40:20	<b>wonderful (3)</b>	134:21 135:22	70:16
144:4 145:15	41:9,12 42:5	80:12 111:2	136:11 139:8	<b>wraps (1)</b> 123:25
146:12,17	<b>wide (3)</b> 98:23	114:7	140:14,16	<b>write (1)</b> 144:14
<b>weak (2)</b> 41:25	125:18,25	<b>wondering (6)</b>	142:8,10,10,19	<b>written (4)</b>
96:12	<b>widens (1)</b> 42:12	32:11,17 84:17	143:7,16	106:15,16
<b>wealth (2)</b> 127:3	<b>wife (1)</b> 102:4	100:24 103:25	146:12 148:3	107:11,12
127:3	<b>Wildwood (1)</b>	147:11	<b>worked (7)</b> 19:8	<b>wrong (4)</b> 92:1,2
<b>website (6)</b> 15:23	68:11	<b>wonkey (1)</b> 41:6	57:17 62:5,6	92:2 95:11
16:3 71:10	<b>William (4)</b> 2:12	<b>word (7)</b> 15:21	99:12 129:4,8	<b>wrote (1)</b> 86:7

FERGUSON COMMISSION MEETING 5/11/2015

<b>X</b>	<b>0</b>	<b>1600 (1)</b> 69:23	<b>25,000 (1)</b> 99:25	<b>40 (6)</b> 13:5 28:14
<b>X (2)</b> 2:1 120:6		<b>17 (1)</b> 14:16	<b>250,000 (2)</b> 118:7	60:15 62:13
<b>X's (1)</b> 120:21	<b>1</b>	<b>18 (6)</b> 2:8 35:21	140:2	86:1 88:5
<b>Y</b>	<b>1 (8)</b> 15:1 28:22	48:13,14 65:10	<b>258 (1)</b> 24:22	<b>40's (1)</b> 24:16
<b>yeah (2)</b> 92:22	40:24 41:1,2,2	124:17	<b>26 (3)</b> 2:10 20:21	<b>400 (1)</b> 50:20
124:10	41:2,3	<b>18.4 (1)</b> 42:13	124:21	<b>41 (2)</b> 19:10
<b>year (22)</b> 24:14	<b>1.262 (2)</b> 140:3	<b>18th (1)</b> 44:18	<b>27 (2)</b> 41:12	148:19
38:18 42:23	144:20	<b>196 (2)</b> 48:19	124:22	<b>42nd (1)</b> 126:21
45:17 48:17,18	<b>1.36 (1)</b> 143:4	49:21	<b>27,000 (1)</b> 49:19	<b>43 (2)</b> 13:5
49:19 52:20	<b>10 (20)</b> 2:6 12:11	<b>1999 (1)</b> 66:14	<b>27th (1)</b> 137:8	148:20
56:14 60:7	13:15,15,20	<b>1st (1)</b> 137:7	<b>28 (1)</b> 2:11	<b>44 (2)</b> 14:11 20:3
64:17 65:22	14:12 15:2,25	<b>2</b>	<b>3</b>	<b>45 (6)</b> 14:4,11,15
67:16 69:13	16:9 19:6,8,15	<b>2 (7)</b> 15:2 28:22	<b>3 (5)</b> 15:2 19:15	68:24,25 82:6
76:7 77:14 78:6	25:5 28:13,14	41:2 64:13 86:1	20:22 41:1	<b>47th (1)</b> 126:21
78:7,7 81:5	58:5,16 80:8	86:2,2	42:13	<b>49 (2)</b> 20:1,23
83:7 96:13	87:7 126:23	<b>2.5 (1)</b> 42:12	<b>3,000 (2)</b> 31:21	<b>5</b>
<b>year-long (1)</b>	<b>100 (1)</b> 65:8	<b>20 (7)</b> 55:21	77:13	<b>5 (16)</b> 15:2 28:11
38:21	<b>103 (1)</b> 2:17	61:11 65:18,19	<b>3.2 (1)</b> 41:1	28:17 62:7 83:8
<b>years (31)</b> 9:22	<b>11 (5)</b> 1:8 4:6	99:24 103:23	<b>3.9 (1)</b> 41:2	103:12 104:5
14:10 19:14	25:5 35:20	128:10	<b>30 (6)</b> 2:11 14:14	104:17 106:22
21:21 27:13	45:18	<b>200 (1)</b> 71:4	28:13 58:21	108:3,4,18,21
32:6 42:19,20	<b>11,000 (1)</b> 65:22	<b>2000 (3)</b> 55:9,23	104:11 125:2	108:21,23
46:8 52:19	<b>110 (1)</b> 2:18	66:14	<b>300 (3)</b> 48:7	112:3
55:20 56:5 58:5	<b>1100 (2)</b> 45:17,19	<b>2000's (1)</b> 41:10	49:22 56:13	<b>5,117 (1)</b> 24:13
58:5,16,23	<b>112,000 (1)</b> 45:1	<b>2002 (1)</b> 96:4	<b>300,000 (3)</b> 61:7	<b>5.5 (1)</b> 40:23
59:16 60:16	<b>11th (2)</b> 4:5	<b>2007 (1)</b> 39:8	75:1 83:7	<b>5:33 (2)</b> 1:17 4:1
65:2 68:7 71:4	14:18	<b>2009 (1)</b> 39:8	<b>31 (2)</b> 16:2	<b>50 (6)</b> 14:14
73:21 76:23	<b>12 (1)</b> 59:16	<b>2012 (3)</b> 1:13	145:23	19:11 27:13
79:1 80:8 85:13	<b>12.5 (2)</b> 103:24	7:24 47:14	<b>32 (1)</b> 15:4	41:20 55:17
85:14 87:7,17	104:1	<b>2015 (3)</b> 1:8 4:6	<b>32,000 (1)</b> 142:19	65:17
88:12 101:4	<b>120 (1)</b> 55:20	64:18	<b>33 (2)</b> 2:12 14:5	<b>50,000 (1)</b> 62:12
<b>yellow (5)</b> 12:10	<b>125 (1)</b> 2:18	<b>2017 (1)</b> 94:7	<b>34 (3)</b> 2:13 14:10	<b>51 (1)</b> 20:9
40:6 50:13,23	<b>133 (1)</b> 50:13	<b>21 (2)</b> 14:10 93:8	14:17	<b>529 (2)</b> 128:1
51:4	<b>136 (1)</b> 2:20	<b>22 (4)</b> 14:10,17	<b>35 (2)</b> 14:10	129:9
<b>Yem (1)</b> 119:8	<b>138 (2)</b> 49:8	17:17 93:8	123:5	<b>53 (1)</b> 2:14
<b>young (7)</b> 8:22	50:13	<b>22,000 (1)</b> 68:25	<b>350,000 (1)</b>	<b>54 (2)</b> 14:11,16
25:9,17 31:9	<b>147 (1)</b> 2:21	<b>23 (3)</b> 35:22	147:19	<b>55 (4)</b> 14:11,15
116:9 124:19	<b>15 (7)</b> 14:15 58:5	118:6 125:14	<b>37 (1)</b> 12:13	19:14 41:13
124:25	58:16 65:19	<b>23.6 (1)</b> 42:14	<b>377,000 (1)</b> 143:6	
<b>youth (1)</b> 7:19	71:4 80:8 87:7	<b>230,000 (1)</b> 62:12	<b>39 (2)</b> 24:22,23	<b>6</b>
<b>Z</b>	<b>15-year (1)</b> 80:12	<b>24 (1)</b> 2:9	<b>4</b>	<b>6 (5)</b> 2:4 13:15
<b>zip (8)</b> 39:9,10,22	<b>15.5 (1)</b> 42:23	<b>25 (12)</b> 2:10	<b>4 (7)</b> 2:3 15:2	15:2 16:10 42:6
39:23 40:2,4,7	<b>150,000 (1)</b> 60:6	59:12 62:8 65:2	86:6 87:16	<b>60 (7)</b> 16:4 17:16
60:12	<b>15th (2)</b> 143:10	112:3 124:6,7,8	88:11 91:14	19:25 49:4
	145:19	124:9,17 125:2	92:13	65:17 70:4
	<b>16 (2)</b> 38:17	125:3		78:19
	85:12			



FERGUSON COMMISSION MEETING 5/11/2015

<p><b>63 (2)</b> 45:18,21  <b>63106 (2)</b> 1:14  40:7  <b>63107 (1)</b> 40:6  <b>63112 (1)</b> 40:5  <b>63113 (1)</b> 40:6  <b>63115 (1)</b> 40:6  <b>63120 (1)</b> 40:5  <b>63147 (1)</b> 40:5  <b>63301 (1)</b> 148:13  <b>64 (2)</b> 14:11  19:25  <b>65 (4)</b> 14:11 17:1  48:23 49:1  <b>66 (1)</b> 13:21</p> <hr/> <p style="text-align: center;"><b>7</b></p> <p><b>7 (4)</b> 15:2 41:3  85:13 88:10  <b>7-minute (1)</b>  72:15  <b>70 (2)</b> 16:9 70:4  <b>70,000 (1)</b> 62:10  <b>700 (1)</b> 61:6  <b>700,000 (2)</b> 81:4  83:6  <b>71 (1)</b> 42:20  <b>72 (1)</b> 2:15  <b>725 (1)</b> 148:12  <b>73 (1)</b> 2:16  <b>750,000 (1)</b> 61:6  <b>76.7 (1)</b> 42:19  <b>78 (1)</b> 20:7</p> <hr/> <p style="text-align: center;"><b>8</b></p> <p><b>8 (5)</b> 2:5 15:2,6  15:10 19:8  <b>8:50 (2)</b> 1:17  149:20  <b>85 (3)</b> 48:24  49:12,16  <b>884,000 (1)</b>  144:21  <b>8th (1)</b> 148:9</p> <hr/> <p style="text-align: center;"><b>9</b></p>				
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