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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA - CENTRAL DIVISION  
THE HONORABLE DAVID O. CARTER, U.S. DISTRICT JUDGE

JEFFREY POWERS, et al,

Plaintiffs,

vs.

Case No. LACV22-8357

DENIS RICHARD MCDONOUGH,

Defendants.

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REPORTER'S TRANSCRIPT OF TRIAL PROCEEDINGS  
TRIAL DAY 3  
Thursday, August 8, 2024  
8:30 a.m.  
LOS ANGELES, CALIFORNIA

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**TERRI A. HOURIGAN, CSR NO. 3838, CCRR  
FEDERAL OFFICIAL COURT REPORTER  
350 WEST FIRST STREET, ROOM 4311  
LOS ANGELES, CALIFORNIA 90012  
(213) 894-2849**

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**APPEARANCES OF COUNSEL:**

**FOR THE PLAINTIFF:**

ROBINS KAPLAN LLP  
BY: ROMAN M. SILBERFELD  
TOMMY DU  
Attorneys at Law  
2121 Avenue of the Stars, Suite 2800  
Los Angeles, California 90067

PUBLIC COUNSEL  
BY: MARK D. ROSENBAUM  
AMELIA PIAZZA  
AMANDA ROMAN MANGASER SAVAGE  
Attorneys at Law  
610 South Ardmore Avenue  
Los Angeles, California 90005

BROWN GOLDSTEIN and LEVY, LLP  
BY: EVE L. HILL  
Attorney at Law  
120 East Baltimore Street, Suite 2500  
Baltimore, Maryland 21202

PUBLIC COUNSEL  
BY: AMANDA ROMAN MANGASER SAVAGE  
Attorney at Law  
610 South Ardmore Avenue  
Los Angeles, California 90005

**FOR THE DEFENDANT: DENIS RICHARD MCDONOUGH**

US DEPARTMENT OF JUSTICE  
CIVIL DIVISION - FEDERAL  
PROGRAMS BRANCH  
BY: BRAD ROSENBERG  
AGBEKO PETTY  
JODY LOWENSTEIN  
TAYLOR PITZ  
Attorneys at Law  
1100 L. Street, N.W.  
Washington D.C. 20005

1 APPEARANCES: (CONT.)

2 **FOR THE INTERVENOR:**

3 ELKINS KALT WEINTRAUB REUBEN GARTSIDE LLP

4 BY: JUSTIN TRUJILLO

5 Attorney at Law

6 10345 West Olympic Boulevard

7 Los Angeles, California 90064

8

9 **ALSO PRESENT:**

10 Batina Washington, HUD

11 Kristin Grotecloss, Veterans Administration

12 Tobin Dale, Veterans Administration

13 Keith Harris, Party Representative

14 Robert Davenport, Counsel

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**WITNESS INDEX**

**\* \* \***

<b>WITNESS:</b>	<b>Page</b>
<b>BEN HENWOOD</b>	
Direct Examination by Ms. Hill	8
Cross-Examination by Mr. Knapp	79
Redirect Examination by Ms. Hill	93
<b>JEFFREY POWERS</b>	
Direct Examination by Mr. Du	96
<b>SALLY HAMMITT</b>	
Direct Examination by Mr. Du	138

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
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19  
20  
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22  
23  
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25

**EXHIBIT INDEX**

**\* \* \***

<b>EXHIBIT NO.</b>	<b>Page</b>
<b>1396</b>	<b>29</b>
<b>25</b>	<b>54</b>
<b>16</b>	<b>62</b>
<b>137</b>	<b>65</b>
<b>139</b>	<b>67</b>
<b>140</b>	<b>68</b>
<b>142</b>	<b>69</b>
<b>143</b>	<b>70</b>
<b>144</b>	<b>71</b>
<b>1335</b>	<b>91</b>
<b>65-29, 36</b>	<b>159</b>

1                   **LOS ANGELES, CALIFORNIA; THURSDAY, AUGUST 8, 2024**

2                                   **8:30 A.M.**

3                                   **--oOo--**

4  
5  
6                   THE COURT: We're on the record. And all counsel  
7 are present, the parties are present.

8                   And, counsel, if you would like to call your next  
9 witness on behalf of the plaintiff, please.

10                   MS. HILL: Good morning. Plaintiffs call  
11 Dr. Benjamin Henwood.

12                   THE COURT: Sir, if you would step forward, please.  
13 And would you be kind enough to raise your right hand?

14                   THE COURTROOM DEPUTY: Do you solemnly swear that  
15 the testimony you give in the cause pending before this Court,  
16 shall be the truth, the whole truth, and nothing but the truth,  
17 so help you God?

18                   THE WITNESS: I do.

19                                   BEN HENWOOD,

20                                   having been duly sworn,

21                                   testified as follows:

22                   THE COURT: Thank you, sir. Would you please be  
23 seated in the witness box, to my right.

24                   Sir, would you state your full name for the record.

25                   THE WITNESS: Sure. My name is Ben Henwood.

1 THE COURT: Would you spell your last name.

2 THE WITNESS: H-E-N-W-O-O-D.

3 THE COURT: Thank you.

4 And would this being said, direct examination,  
5 please.

6 MS. HILL: Thank you.

7 DIRECT EXAMINATION

8 BY MS. HILL:

9 Q Good morning.

10 A Good morning.

11 Q Without telling me the conclusions you reached, did  
12 counsel for the plaintiffs ask you to examine the effects of  
13 the lack of permanent supportive housing on homeless veterans?

14 A Yes.

15 Q And did plaintiffs ask you to examine the elements --

16 THE REPORTER: Counsel, you're going to have to slow  
17 down.

18 BY MS. HILL:

19 Q And did plaintiffs ask you to examine the elements and  
20 role of permanent supportive housing in addressing homelessness  
21 among people with serious mental illness and traumatic brain  
22 injury?

23 A Yes.

24 Q Did plaintiffs ask you to examine the outcomes of the  
25 Department of Veterans Affairs Permanent Supporting Housing

1 Program?

2 A Yes, they did.

3 Q And did plaintiffs ask you to examine whether implementing  
4 evidence-based permanent supportive housing --

5 THE REPORTER: Counsel --

6 THE COURT: Yeah, we're going to have to slow you  
7 way down.

8 MS. HILL: I'm sorry.

9 BY MS. HILL:

10 Q Did plaintiffs --

11 THE COURT: If I read the record back, you wouldn't  
12 be pleased with what would be revealed.

13 MS. HILL: Very well.

14 THE COURT: Why don't you start over. Why don't you  
15 start over.

16 MS. HILL: Okay.

17 THE COURT: Please slow down because we just don't  
18 have an accurate record.

19 BY MS. HILL:

20 Q Without telling me the conclusions you reached, did  
21 counsel ask you to examine the effects of lack of the personal  
22 permanent supportive housing on homeless veterans?

23 A Yes.

24 Q Did plaintiffs ask you to examine the elements and role of  
25 permanent supportive housing in addressing homelessness among

1 people with serious mental illness and traumatic brain injury?

2 A Yes.

3 Q Did plaintiffs ask you to examine the outcomes of the  
4 Department of Veterans Affairs Permanent Supportive Housing  
5 Program?

6 A Yes.

7 Q And did plaintiffs ask you to examine whether implementing  
8 evidence-based permanent supportive housing is reasonable for  
9 the VA to do?

10 A Yes, they did.

11 Q Again, without -- we will get to your conclusions later,  
12 but are you prepared today to tell us your conclusions and the  
13 reasons for those conclusions?

14 A Yes, I am.

15 Q In reaching your conclusions did you rely on the social  
16 science principles that are widely used in your field?

17 A Yes, I did.

18 Q Thank you. And before we get to your conclusions, I'm  
19 going to ask you about your education as well as your  
20 professional background and experience.

21 A Okay.

22 Q What is your current position?

23 A I'm a professor at the University of Southern California's  
24 Suzanne Dworak-Peck School of Social Work.

25 THE COURT: Just a moment. Have I met you before?

1 THE WITNESS: Yes.

2 THE COURT: Did we have lunch together three or four  
3 years ago?

4 THE WITNESS: Yes, we did.

5 THE COURT: I've disclosed to you I have had lunch  
6 with the gentleman concerning his work, generally, not  
7 involving the VA, but generally some statistical information  
8 you had published I think four years ago, approximately.

9 THE WITNESS: That is correct.

10 THE COURT: All right. Thank you, I wanted to make  
11 sure of any disclosures.

12 BY MS. HILL:

13 Q What are your other -- the other aspects of your current  
14 position?

15 A I'm also the director of the Center for Homelessness  
16 Housing and Health Equity Research at our school's social work.

17 And more recently I took the position as the director of  
18 the Homelessness Policy Research Institute at U.S.C., that's a  
19 joint institute between the Sol Price School of Public Policy,  
20 and the School of Social Work.

21 THE COURT: And let me further disclose, just so I  
22 am completely transparent, it's coming back to my recollection  
23 that this -- I will represent to you, had nothing to do with  
24 the VA, it was what I perceived to be double-counting at that  
25 time but the City of Los Angeles, concerning homeless

1 statistical data, and this gentleman was involved in those  
2 statistics that were being produced.

3 And I had come to the conclusion and made statements in  
4 court, and presented some documentation that was somewhat a  
5 forewarning to him to be careful with these statistics that  
6 were being shown in court to be double counting.

7 All right, counsel.

8 MS. HILL: Thank you.

9 BY MS. HILL:

10 Q And is that a tenured position?

11 A Yes.

12 Q What does it mean to be a "tenured position"?

13 A It means you've demonstrated expertise in your field, and  
14 considered a full faculty member that can speak freely with  
15 tenure.

16 Q Okay. And are you also a clinical social worker?

17 A Yes. I have been trained as a clinical social worker and  
18 I've been licensed in the state of New York and Pennsylvania.

19 THE COURT: Now, we're going to stop for just a  
20 moment, just pause.

21 (Pause in proceedings.)

22 THE COURT: Counsel.

23 BY MS. HILL:

24 Q And what do you do as a professor, director, and  
25 co-director of those programs?

1 A I primarily conduct research related to homelessness.

2 I also teach courses in our Master's of Social Work  
3 Program, as well as our Doctoral Program in Social Work.

4 Q And do you do research as well?

5 A Yes, I do.

6 Q Were you recently involved in a randomized control trial  
7 of aging in place for homeless veterans?

8 A Yes. We had a study that was funded by the National  
9 Institute on Aging to look at accelerated aging among people  
10 who have experienced homelessness.

11 We focused specifically on people living in permanent  
12 supportive housing who have had a long history --

13 THE REPORTER: Slow down a bit.

14 THE WITNESS: Oh, sorry.

15 We focused specifically on tenants living in permanent  
16 supportive housing and to look at the early onset of older  
17 adult health conditions.

18 Based on that work, we did a review of the  
19 evidence-based practices to support older adults to live  
20 independently, and concluded that the CAPABLE model, which was  
21 developed at Johns Hopkins University School of Social Work --  
22 excuse me, School of Nursing, that the CAPABLE model that is  
23 meant to support older adults to live independently, could be  
24 adapted to use in permanent supportive housing.

25 So we conducted a pilot randomized control trial to look

1 at its effectiveness.

2 BY MS. HILL:

3 Q And that research was focused on homelessness; is that  
4 right?

5 A It was focused on people who were formerly homeless and  
6 now living in permanent supportive housing.

7 Q Okay. You mentioned that you teach, what do you teach?

8 A I've taught several different courses at our school.

9 Most recently, I taught a course to master students that  
10 focused on recovery from serious mental illness and  
11 homelessness.

12 Before that, I have taught courses on Introduction to  
13 Clinical Practice to incoming master students in social work.

14 I also teach courses on Research Methods in our doctoral  
15 program and our master's program.

16 Q Do any of the classes you teach address homelessness?

17 A I typically use examples from my previous clinical  
18 experience that focus on homelessness.

19 The course that I just taught on Recovery From  
20 Homelessness and Serious Mental Illness was exclusively focused  
21 on homelessness.

22 Q And what else do you do in your current positions?

23 A Primarily, I conduct research.

24 Q Okay. Are you involved in the Greater Los Angeles  
25 Homeless Count?

1 A One of the projects that we work on is a partnership with  
2 Los Angeles Homelessness Services Authority, and that  
3 partnership is to produce annual estimates for the  
4 point-in-time count that is conducted each year here in Los  
5 Angeles.

6 Q And how long have you been involved in leading the LA  
7 point-in-time count?

8 A 2017 was the first year we partnered with LAHSA, which is  
9 the LA Homeless Services Authority.

10 Q And is there a point-in-time count of homeless veterans?

11 A The point-in-time count, which is a requirement from the  
12 federal government, the U.S. Department of Housing and Urban  
13 Development, that's required in order to get federal funding  
14 for homeless services which happens each year across the  
15 country.

16 It's actually required every other year, but in Los  
17 Angeles we do it every year. And as part of producing those  
18 estimates, we do provide estimates on veterans homelessness.

19 Q And what is the purpose of the point-in-time count?

20 A The purpose of the point-in-time count is to provide  
21 Congress, ultimately, Congress with a sense of the number of  
22 homeless individuals in the country.

23 It is also used locally here for allocations of funds  
24 and also for political reasons.

25 Q And was there a specific homeless veterans aspect to the

1 point-in-time count this last year?

2 A Yes, we did produce estimates of homeless veterans this  
3 year.

4 Q And what is the "by-name list of veterans"?

5 A The by-name lists, in general, is a practice used in -- by  
6 homeless services -- well, continuums of care, which is what --  
7 how federal funds for homeless services get allocated.

8 So within the Los Angeles Continuum of Care, you could  
9 have by-name lists for any group.

10 The Veterans Administration does have a by-name list  
11 that focuses on any veteran that is identified through outreach  
12 and the point of that is to triage and allocate resources to  
13 those individuals and track them.

14 Q Okay. Turning to your research, what research projects  
15 are you currently participating concerning people experiencing  
16 homelessness?

17 A We have several research projects that are ongoing.

18 Most recently, we concluded a study looking at the  
19 comparative effectiveness of two different approaches to  
20 permanent supportive housing.

21 The first -- the -- one of the approaches is a  
22 single-site model, which essentially is a building that is  
23 dedicated towards people who have experienced homelessness and  
24 the -- that's accompanying with on-site support services.

25 The comparator in this case was scattered-site permanent

1 supportive housing, that's when someone's issued a voucher and  
2 finds a unit in the open rental market and then is provided  
3 support services in the community.

4 Q Have you also been involved in testing remote services for  
5 formerly homeless persons?

6 A We have an ongoing study that recruits people during the  
7 homeless count into a longitudinal study that issues -- that  
8 provides text message phone surveys each month to a cohort of  
9 unsheltered adults. That is an ongoing study.

10 We're also looking at how -- separately there is another  
11 study that looks at the use of technology to support people  
12 living independently in permanent supportive housing.

13 THE COURT: All right. Let's pause for a moment.

14 (Pause in proceedings.)

15 THE COURT: Counsel.

16 BY MS. HILL:

17 Q Are you also involved in study of managing high-risk  
18 individuals in permanent supportive housing?

19 A I am part of a research team based out of Canada that is  
20 looking at high-risk behaviors and supportive housing and ways  
21 to intervene.

22 These could include things like hoarding, fire-setting,  
23 flooding --

24 THE REPORTER: Hoarding?

25 THE WITNESS: Hoarding, yes. Hoarding, just

1 collecting a lot of materials and keeping them in your  
2 apartment.

3 BY MS. HILL:

4 Q And have you done any research involving homeless veterans  
5 in Los Angeles?

6 A Yes. We did have one specific project. It was a project  
7 that I was the co-principal investigator with Sarah Hunter at  
8 the RAND Corporation.

9 So the RAND study, which we refer to it as, looked at --  
10 followed 26 homeless veterans who were recruited in the West  
11 Los Angeles area, and tracked them for one year.

12 Q Okay. Is any of the work you do funded by the federal  
13 government?

14 A Several of my studies have been funded by the National  
15 Institutes of Health, as well as the National Science  
16 Foundation.

17 Q What is the "Thrive Center"?

18 A The Thrive Center is a VA-funded research center located  
19 on West LA VA that focuses on community integration among  
20 formerly homeless veterans, and I'm on the steering committee  
21 of the Thrive Center.

22 Q Okay. What, if any, academic leadership positions do you  
23 hold concerning homelessness?

24 A Again, I direct two centers related to homelessness. The  
25 Homeless Policy Research Institute and the Center for

1 Homelessness Housing and Health Equity Research.

2 THE COURT: Counsel, just a moment, please.

3 (Pause in proceedings.)

4 THE COURT: Counsel.

5 BY MS. HILL:

6 Q How long have you served in your role with the Homeless  
7 Policy Research Institute?

8 A I was formally announced as the director as of July 1st  
9 this year.

10 I have been involved in the Homeless Policy Research  
11 Institute since its inception six years ago. And the Center  
12 for Homelessness Housing and Health Equity Research is a center  
13 that I started in 2019.

14 Q Okay. What do you do at the Center for Homelessness  
15 Housing and Health Equity Research?

16 A There, I primarily conducted research studies related to  
17 homelessness.

18 Q And what is the "Grand Challenge to End Homelessness"?

19 A That is a social work initiative that was started by the  
20 National Academy of Social Work and Social Welfare where they  
21 were trying to identify policy priorities for the profession.

22 In 2014, I submitted a proposal to argue that the grand  
23 challenge of ending homelessness should be one of those  
24 priorities; I was lead author of that proposal.

25 That was accepted by the National Academy of Social Work

1 and Social Welfare as 1 of 12 grand challenges for the  
2 profession.

3 After accepting the proposal, they asked that I lead a  
4 national initiative to get social work -- the profession of  
5 social work more involved in that particular grand challenge.

6 THE COURT: Now, if we can pause for just a moment.

7 (Pause in proceedings.)

8 THE COURT: Counsel.

9 BY MS. HILL:

10 Q How long have you had that role in the Center for  
11 Homelessness Housing and Health Equity Research?

12 A That role started in 2019.

13 Q Have you written articles on homelessness -- excuse me,  
14 and supportive housing?

15 A Yes, I have.

16 Q How many?

17 A I'd have to check my CV, but it's over 120 peer-reviewed  
18 articles.

19 Q Have you written other non-peer-reviewed articles?

20 A Yes, I several book chapters and reports as well.

21 Q How long have you worked in the area of homelessness,  
22 housing and healthcare?

23 A Since I started as a social worker in 2001, my first  
24 placement in 2002 was in supportive housing in New York City.  
25 Once I graduated with my master's in social work, I spent a

1 year and a half working on an assertive community treatment  
2 team that we referred to as "ACT," this is an evidence-based  
3 practice to support adults with serious mental illness to live  
4 in the community.

5 It's the best practice that was developed in the wake of  
6 deinstitutionalization in the 1960s. It's been well studied.

7 In this case I worked on an ACT team in Brooklyn to  
8 support individuals who have serious mental illness and have  
9 been in long-term state psychiatric institutions to transition  
10 into independent apartment living.

11 After that I --

12 Q We will get in to it in a minute.

13 A Okay, sorry.

14 THE COURT: Let's pause for one moment again.

15 (Pause in proceedings.)

16 THE COURT: Just to help, I want you to read back  
17 for a moment and just look at what we've captured on the  
18 realtime, and I have an excellent court reporter. Slow down  
19 just a little bit.

20 THE WITNESS: Yes.

21 THE COURT: Just wanted to show you.

22 THE WITNESS: Okay. Thanks.

23 THE COURT: Just slow down or take a pause in  
24 between.

25 THE WITNESS: Okay.

1 THE COURT: Counsel.

2 BY MS. HILL:

3 Q Turning to your educational background, did you obtain an  
4 undergraduate degree?

5 A Yes, I did.

6 Q And what was that degree?

7 A That was from Swarthmore College, a bachelor's in  
8 philosophy.

9 Q Did you go on to a master's degree?

10 A Yes, I hold two master's degrees.

11 Q What were those in?

12 A I have a master's degree in philosophy from the University  
13 of Wisconsin in Milwaukee, I also have a master's degree in  
14 social work from the New York University.

15 Q And did you go on for any further advanced degrees?

16 A Yes, I also have a Ph.D. in social work also from New York  
17 University.

18 Q And as a Ph.D. candidate, what if any areas of research  
19 did you focus on?

20 A My focus was on housing first, and supportive housing.

21 Q Okay. What did you write your dissertation on?

22 A Looking at the work of frontline providers who work in  
23 homeless services, specifically in a Housing First Program as  
24 compared to traditional homeless services.

25 Q Moving on to your professional experience, after you

1 earned your degree in -- your master's degree, what did you do  
2 next professionally?

3 A Yes, sorry. That was when I worked on an Assertive  
4 Community Treatment Team in Brooklyn to support individuals  
5 transitioning from long-term state psychiatric care to  
6 independent apartment living.

7 Q What organization did you work for in New York?

8 A I worked for Pathways to Housing.

9 Q When was this?

10 A This was between 2004 and 2006.

11 Q What did you do after that?

12 A I enrolled in a doctorate program at New York University.

13 Q And after that?

14 A Well there was overlap while I was getting my doctoral  
15 degree, I also started a Supportive Housing Program in the City  
16 of Philadelphia.

17 Q Was that another Pathways to Housing?

18 A Yes, it was. The City had asked Pathways to Housing,  
19 which is known for pioneering the Housing First model to start  
20 a program in Philadelphia, and the executive director at the  
21 time, who knew I was from Philadelphia originally, asked if I  
22 was open and willing to serve as the clinical director and to  
23 get the program off the ground in 2008.

24 Q Okay. And how long did you serve as the clinical  
25 director?

1 A For two years. From 2008 to 2010.

2 Q And then what did your role become?

3 A I spent one year as the director of research at that  
4 agency.

5 Q What was you -- what did you do as the clinical -- as the  
6 research director?

7 A I focused on looking at adapting our evidence-based  
8 practices to support people living in independent apartments to  
9 include not just behavioral healthcare but primary care as  
10 well.

11 Q What if any of those jobs at Pathways to Housing was  
12 making sure that individuals were placed in permanent  
13 supportive housing?

14 A That was pretty much the entire job.

15 The reason they started the program was really to  
16 address their street homelessness issue that they had and our  
17 original contract was to house 125 individuals out of at the  
18 time they had a by-name list of 500 individuals who had serious  
19 mental illness.

20 Q So that was my next question, did the homeless individuals  
21 you worked with include people with disabilities?

22 A Yes. In order to qualify for the program you needed to  
23 have a serious mental illness, most people had other forms of  
24 disability as well.

25 THE COURT: And once again, remind me, was this in

1 Brooklyn or Philadelphia?

2 THE WITNESS: This program that focused on street  
3 homelessness was in Philadelphia.

4 THE COURT: Thank you.

5 BY MS. HILL:

6 Q So turning to your academic career, your professorship at  
7 the University of Southern California, how long have you been a  
8 professor at U.S.C.?

9 A I started there in 2012.

10 Q And performing research and publishing findings, is that a  
11 part of your job?

12 A Yes. That's the main part of the job.

13 Q So what is your research focused on?

14 A So since arriving in Los Angeles I have continued to focus  
15 on support services and in supportive housing.

16 Many of my projects now do have a focus explicitly on  
17 the unsheltered homeless population.

18 Q And you mentioned you published over 100 articles on  
19 homelessness and permanent supportive housing, have I got that  
20 right?

21 A That's correct.

22 Q Have those publications been peer-reviewed?

23 A Yes, those have all been.

24 Q How does the peer review process work?

25 A Essentially the scientific process works in which you --

1 when you conduct a research project or experiment and you have  
2 findings, that you provide those findings to peers, scientific  
3 peers, who can review the work that you have done and provide  
4 critique.

5 So with peer-reviewed articles you're essentially  
6 providing -- writing up your research findings, having them  
7 critique and then addressing those critiques.

8 THE COURT: Just a moment. If you pause for just a  
9 moment, I don't think we got the last portion of that answer.

10 "So with peer review articles you are essentially  
11 providing writing off your research finding, having them teaked  
12 and addressing those teaks."

13 Is that what you meant to say?

14 A Having them critiqued and then you address those critiques  
15 before the article can be published.

16 BY MS. HILL:

17 Q What, if any, academic papers have you written on homeless  
18 veterans?

19 A We have one report that reports on the findings from the  
20 RAND study that I mentioned earlier.

21 Q And were veterans included in any of the other research  
22 you did?

23 A In our samples of projects that focus on supportive  
24 housing, we do have veterans who are part of those samples.  
25 But the studies are not explicitly focused on veterans

1 homelessness.

2 Q And have you written any book chapters on homelessness?

3 A Yes, I have several book chapters, one is a book chapter  
4 on veterans homelessness.

5 Q And have you written any books on homelessness and  
6 permanent supportive housing?

7 A I coauthored a book on the History and the Philosophy of  
8 Housing First as an Approach of Permanent Housing.

9 Q Okay. Turning to your teaching, you have mentioned what  
10 you currently teach.

11 Have you taught other classes in the past?

12 A Yes, I have taught Introduction to Clinical Practice to  
13 incoming social work students.

14 Q And did you incorporate homelessness in that class?

15 A Yes. I always use examples related to homelessness.

16 Q Okay. Before we break down each of your conclusions I  
17 want to talk a little bit about your methodology for arriving  
18 at your conclusions.

19 What did you do in order to reach your conclusions in  
20 this case?

21 A In this particular case after having read the complaint, I  
22 visited the West LA VA campus, and met with one of the  
23 plaintiffs while I was there.

24 I also spoke with another plaintiff on the phone.

25 I reviewed materials that were provided to me, including

1 the deposition of Dr. Braverman.

2 I looked at the website for the -- that the VA publishes  
3 on the master plan for the West LA VA.

4 And since then I have looked at the deposition of Carlos  
5 VanNatter as well as exhibits that he provided.

6 Q Did you conduct a site visit?

7 A Yes. I spent several hours on the West LA VA campus.

8 Q Is this the information -- is the information you reviewed  
9 in this case, the same kind of information you review whether  
10 you evaluate the effectiveness of a given program in reducing  
11 houses -- house -- strike that -- homelessness?

12 A Yes, so this was not a research study. Typically I would  
13 have a different methodology, but I did try to be systematic in  
14 reviewing the materials that were provided to me.

15 Q Okay. Thank you.

16 Dr. Henwood, I would like you to reviewed Plaintiffs'  
17 Exhibit 1396 which is marked in the binders to your right.

18 MS. HILL: Do you have one for the court?

19 MR. DU: Your Honor, may I approach?

20 THE COURT: Just come up each time informally, give  
21 it to Karlen or just put it on the side, it doesn't matter.  
22 That will save you time, why don't you just come up here in the  
23 future, just put it to the side. Thank you.

24 THE WITNESS: I have it.

25 BY MS. HILL:

1 Q Can you identify this document for the record?

2 A Yes. This is my CV.

3 Q Okay. Does it fairly and accurately describe your  
4 education, training, and experience?

5 A Yes, it does.

6 MS. HILL: Your Honor, plaintiffs offer Exhibit 1396  
7 into evidence.

8 THE COURT: Received.

9 (Exhibit 1396 received into evidence.)

10 MS. HILL: Your Honor, plaintiffs tender Dr. Henwood  
11 as an expert in the fields of homelessness, include  
12 homelessness among veterans and in Los Angeles County and  
13 permanent supportive housing.

14 THE COURT: You may proceed.

15 BY MS. HILL:

16 Q So let's talk about the work you did in this case.

17 First, I want to ask you some of your general opinions  
18 and then we'll discuss them in some greater detail.

19 First, did you examine the effects of homelessness on  
20 veterans with serious mental illness and traumatic brain  
21 injury?

22 A Yes, I did.

23 Q And were you able to reach a conclusion?

24 A Yes, I was.

25 Q And what is your conclusion?

1 A Homelessness has devastating health effects for people who  
2 experience it, including veterans.

3 Q And what kind of health effects?

4 A There are a lot, you can imagine, without having a safe  
5 place to live. There's constant stress that wears at the body.

6 There is also direct exposure to victimization and  
7 violence.

8 We know that this accelerates the aging process which  
9 has been well documented, including a shortened life span. If  
10 you've experienced long-term homelessness you can expect a  
11 shortened life span, research shows, between 15 to 20 years on  
12 average.

13 There's also -- part of that is there's difficulty  
14 accessing healthcare when you don't have a stable place to  
15 live.

16 Q And in terms of accessing healthcare, where do people  
17 living on the streets access their health -- their services?

18 A Yeah, so typically it's very challenging to access  
19 healthcare.

20 There can be outreach teams that come meet you in the  
21 community, including street medicine teams. But, primarily,  
22 you're expected to go to health clinics.

23 A lot of people experiencing homelessness will end up  
24 utilizing the emergency room for routine healthcare.

25 And they can eventually be hospitalized because of that,

1 but typically they'll end up back on the streets.

2 Q And emergency room use and hospitalization are  
3 institutional services, aren't they?

4 A Yes. The homeless population uses a lot of institutional  
5 care on and off, which can include emergency rooms and  
6 hospitals, but really, people end up in other institutions.  
7 They can end up in jails and prisons and treatment programs,  
8 but without stable housing they eventually end up back on the  
9 streets.

10 This is a phenomenon we talk about as the "institutional  
11 circuit."

12 THE COURT: You call it what?

13 THE WITNESS: A phenomenon we call the  
14 "institutional circuit."

15 THE COURT: Thank you.

16 BY MS. HILL:

17 Q Second, did you examine whether permanent supportive  
18 housing is effective in reducing homelessness?

19 A Yes. Permanent supportive housing is highly effective in  
20 addressing homelessness, it's one of our only evidence-based  
21 practices that really ends homelessness for people who have  
22 experienced chronic homelessness or long-term homelessness.

23 Q What does the research indicate the general success rate  
24 of permanent supportive housing is in terms of housing  
25 retention?

1 A The initial research that looked at this issue focused on  
2 adults who had serious mental illnesses who received permanent  
3 supportive housing through a Housing First approach. That  
4 early research that used their randomized control trial found  
5 upwards of 80 percent housing retention among those who  
6 received permanent supportive housing.

7 Q And how long have we known about the effectiveness of  
8 permanent supportive housing at ending homelessness?

9 A That work started in the late 1990s and the initial  
10 publications were in 2004 of the first randomized control  
11 trial.

12 Q And does that conclusion of the success of permanent  
13 supportive housing apply to homelessness among veterans as  
14 well?

15 A Yes. Permanent supportive housing has been shown to be  
16 effective at addressing veterans homelessness as well.

17 Q Does that conclusion apply to people with serious mental  
18 illness and traumatic brain injury as well?

19 A Yes. Most of the research done has focused on adults with  
20 serious mental illness who could also have other co-occurring,  
21 behavioral and physical health challenges.

22 Q Third, did you examine whether the Department of Veterans  
23 Affairs and the Department of Housing and Urban Development are  
24 providing effective permanent supportive housing to veterans  
25 within Los Angeles?

1 A Yes, I did look at that issue.

2 Q Were you able to reach that conclusion?

3 A Yes, I was.

4 Q And what is your conclusion?

5 A It appears that the VA-run program known as the HUD-VASH  
6 program is not as effective as other forms of supportive  
7 housing.

8 Q And, finally, did you examine whether the Department of  
9 Veterans Affairs could reasonably do more to reduce the number  
10 of veterans with disabilities experiencing homelessness in Los  
11 Angeles?

12 A Yes, I did.

13 Q And were you able to reach a conclusion?

14 A Yes, I did.

15 Q And what was your conclusion?

16 THE COURT: Let me stop both of you there for just a  
17 moment and ask each of the parties. I don't know what you have  
18 decided about if we ever got to injunctive relief, which we  
19 obviously will in terms of the Court previously holding that  
20 there's racial discrimination, about whether if we got to the  
21 issue of the injunctive relief what would be appropriate or not  
22 needed.

23 If these experts are going to be called back at that  
24 stage or if you are going to presume that we get there, which  
25 the Court isn't presuming at the present time, so why don't you

1 have a conference about that because different people can be  
2 flying back across the country, by the same token, if you get  
3 into injunctive relief now it assumes we've gotten into that  
4 area when we have made no rulings, that's what this first trial  
5 is about, if we ever get there what are we going to do with  
6 these experts in terms of having them come back? Why don't you  
7 two have a conversation about that, because otherwise I'm going  
8 to keep you on call, I will be polite concerning your vacation,  
9 we won't interpose I promise you, but by the same token, we  
10 could be having a separate hearing, we may not have, I just  
11 don't know yet.

12           Counsel, have that discussion and decide how  
13 we're going to deal with these experts in terms of coming back.

14           Now there are two areas already with the Court's ruling  
15 that we're going to be in injunctive relief on, I'm not sure  
16 that this gentleman will be helpful in that, but my first  
17 question would be if we got there, what are you proposing that  
18 has not been effective about the VA, okay? So you have given  
19 me a broad conclusion, it's not as effective.

20           My question if we got into injunctive relief is what are  
21 your recommendations?

22           And, by the way, we also discussed -- it's coming back  
23 to me and please correct me. We discussed also with the  
24 homeless issues, at that time, how that housing first model  
25 would fit into the need of the Court to deal with literally

1 about 57,000 people that were homeless at that time.

2 I think our conversation involved it was expensive, we  
3 had Proposition H, I believe, and 1.2 billion, we'd produced a  
4 small number of housing at that time. And I was casting  
5 questions, how would I make that model work trying to get  
6 people out of a cardboard box, literally, into some kind of  
7 shelter, and I think I was debating at that time, four years  
8 ago, how the Court was going to deal with Housing First model,  
9 which might be in the model which might work in Boise, but  
10 certainly wasn't going to work on the streets of Los Angeles if  
11 we were going to get thousands in quickly.

12 I think we had that lunch at Central Market, didn't we?

13 THE WITNESS: We did.

14 THE COURT: I'm sorry, I'm over disclosing to you, I  
15 apologize about that, but I feel better saying too much in  
16 terms of whoever I have, you know, seen. I recognize the  
17 gentleman, okay.

18 Counsel.

19 Then we talked a lot about the manipulation of the City  
20 and double counting.

21 THE WITNESS: Yes.

22 THE COURT: And what I don't -- what I want is a  
23 blanket agreement between the two of you. In other words, if  
24 we get to injunctive relief and more testimony is needed, I  
25 don't want that to be piecemeal, in other words, a lot of

1 people are coming back to help the Court in that decision or  
2 nobody is coming back. All right?

3 So this is a judge who made an initial ruling in  
4 these areas, found liability or you haven't found liability,  
5 and now we're going to fly people back in. You can expand it  
6 now --

7 MS. HILL: We're going to cover as much as we can,  
8 Your Honor, now.

9 THE COURT: I'm not going to give you a second  
10 opportunity, I'm being very clear about that. Make your  
11 decision now, okay? I'm not flying 15 people back across the  
12 country.

13 You'll have three days to five days, for  
14 instance, for any findings of fact or conclusions of law,  
15 that's all I'm going to give you. You are going to be working  
16 on the weekend, because I'm not going on to -- I've got a  
17 patent case on September 3rd. I'm not going to let that case  
18 and my memory stand in the way of making some decisions on this  
19 case.

20 MS. HILL: Understood, Your Honor. We're going to  
21 bring in as much as we can now, and if we need anything else,  
22 Dr. Henwood is local and can come back. And most of the  
23 defense witnesses are similar.

24 MR. ROSENBERG: If I can ask one clarifying  
25 question.

1           We have a trial set for this month. Our desire is to  
2 get as much information in at this trial as possible because  
3 we're already out here.

4           The answer to some extent depends on what the Court is  
5 contemplating in terms of further proceedings.

6           For example, if it is contemplating that a trial will  
7 conclude, there will be a break of some sort, and then there  
8 might be further proceedings regarding the scope of relief.

9           That would be --

10           THE COURT: I'm asking both of you to shape that for  
11 me. Let me repeat back. I'm trying to give you as much  
12 control over your lawsuit as possible.

13           So, let's walk through the scenarios.

14           First of all, there is no reason to talk about  
15 injunctive relief because there is no decision by the Court.  
16 It presumes something.

17           So, let's just assume we already have the Court's  
18 decision concerning facial discrimination.

19           There, we do have some kind of injunctive relief.

20           We also have another finding by the Court that could  
21 potentially get you into injunction relief.

22           We have got the APA, which I have delayed, to make this  
23 part of an omnibus decision, so I have as much information as  
24 possible, and then we have various claims that, if there is no  
25 finding, there is no reason to get into any injunctive relief.

1           So I have tried to make certain that I didn't form a  
2 mindset that we were getting there, except in the limited areas  
3 I made a decision on.

4           But what I can't do is I can't go on to a monthlong  
5 patent case and another monthlong case after that, when I have  
6 heard evidence fresh in time on this case.

7           So I'm coming right back to injunctive relief in some  
8 form, if we get there.

9           All I'm asking is -- Dr. Henwood is easy. He is at  
10 U.S.C., right?

11           THE WITNESS: Correct.

12           THE COURT: Okay. What about the future experts who  
13 either, one, have a vacation, have a professional obligation,  
14 because I'm going to then be very demanding.

15           This isn't going to stretch over a long period of time.  
16 So let me set up my scenario.

17           When this case ends, you will three days to five days  
18 for findings of fact and conclusions of law, to renew those  
19 initial findings of fact and conclusions of law, based on the  
20 evidence.

21           Those five days will be over a weekend, probably. You  
22 will be working.

23           I'm going to come back to you very, very quickly, with  
24 some kind of decision.

25           And then, if we have got time, I want to get back into

1 if we're getting into injunctive relief -- injunctive relief.

2 Because that may be the crux of this if we get there,  
3 not the Court's initial decision.

4 So if there is no liability, we're not getting into  
5 injunctive relief, or we are in a couple of claims.

6 Now, is that clear?

7 MS. HILL: That is clear.

8 THE COURT: So when I hear Dr. Henwood may be coming  
9 back, what is not going to happen is one side says, Judge, you  
10 found for me or against me, and, you know, we want to  
11 selectively bring somebody back.

12 Put it on now or put it on later. I don't care. But  
13 don't piecemeal that.

14 MS. HILL: Plaintiffs' plan is to present detailed  
15 remedy solutions through our experts.

16 THE COURT: Okay.

17 What do you want to do on behalf of VA and HUD?

18 MR. ROSENBERG: Your Honor, I think part of the  
19 challenge from the government's perspective is that some of  
20 these issues are intertwined.

21 THE COURT: Exactly.

22 MR. ROSENBERG: For example, I indicated during my  
23 opening statement that we will be presenting testimony from  
24 Dr. Braverman, Mr. Simms on, you know, on issues relating to  
25 the impacts of a potential injunction on the development of the

1 campus.

2 Now, that goes to our affirmative defenses, because we  
3 think that those steps the VA might potentially have to take,  
4 depending on how the Court rules, would go to the affirmative  
5 defenses that we raised.

6 That is a merits question.

7 THE COURT: Right.

8 MR. ROSENBERG: But it's also a relief question.

9 So I think we're in agreement that it makes sense to try  
10 to put as much evidence on as possible to the extent they are  
11 intertwined.

12 THE COURT: Let me interrupt you.

13 I'm going to keep an open mind about that, then.

14 In other words, you two present your case the way you  
15 decide to present it now.

16 Then, if we get to injunctive relief, or broader  
17 injunctive relief than the decision I have already made, I'm  
18 going to be flexible.

19 But keep me aware of where we're at, because I have got  
20 a billion dollar patent case out there, and I have got  
21 attorneys with over \$3 million in bills out there, and they are  
22 set for September 3rd.

23 And if I'm going to move them back, if we're not on  
24 schedule, I would like to pay the courtesy of telling them.

25 And I think I would like to get into any injunctive

1 relief, if there is, immediately after this case. With our  
2 caseload, I don't want there to be this month or two period of  
3 time.

4 That means, though, that these gentlemen and other  
5 witnesses and -- they have to be available.

6 MS. HILL: Right.

7 THE COURT: Because what I'm not going to do is go  
8 by their schedules.

9 So Dr. Braverman or Dr. Henwood says to me, "Hey, I'm on  
10 vacation." No, you are not, okay.

11 MS. HILL: Okay.

12 MR. ROSENBERG: Okay.

13 THE COURT: Okay. Back to you, then. I will just  
14 trust counsels' wisdom.

15 Now, you have been a great guinea pig for that decision.  
16 Thank you very much.

17 THE WITNESS: Pleasure. You are welcome.

18 THE COURT: You won't be taking vacation for the  
19 next three months. No, I'm, just --

20 Counsel.

21 BY MS. HILL:

22 Q So, your final conclusion was about examining whether the  
23 Department of Veterans Affairs could reasonably do more to  
24 reduce the number of veterans with disabilities experiencing  
25 homelessness in Los Angeles.

1           Were you able to reach a conclusion?

2     A       I did.

3     Q       And what was your conclusion?

4     A       They could provide more permanent supportive housing using  
5     a Housing First approach.

6           THE COURT: All right. Just a moment. You know, if  
7     we were at the injunctive stage, what my next question would  
8     be. What would it be? How much?

9           MS. HILL: How much and how soon.

10          THE COURT: Where? Okay. And you can get into it  
11     now, but that assumes we're getting there.

12          MS. HILL: Correct. But that is not Dr. Henwood's  
13     area.

14          THE COURT: Okay. I will turn it back to you.

15     BY MS. HILL:

16     Q       Dealing with your first conclusion that homelessness  
17     causes harm and institutionalization, what kinds of harms are  
18     caused or exacerbated by homelessness?

19     A       As I was explaining earlier that without having a stable  
20     place, a safe place to live, people experience severe health  
21     disparities.

22           The most severe is the shortened life span that we  
23     discussed, could be two decades shortened, because of  
24     accelerating aging, because of experiencing victimization and  
25     violence while on the streets.

1 Homelessness can exacerbate existing health problems.  
2 It makes it very difficult to manage any chronic condition  
3 whether it's a physical or mental health condition.

4 Q And do factors like serious mental illness and traumatic  
5 brain injury increase the risk of victimization?

6 A Yes. You are more likely to be a victim of violence and  
7 discrimination if you have serious mental illness.

8 Q And you mentioned the "institutional circuit." What is  
9 that?

10 A That was a phrase coined by Kim Hopper who was my  
11 dissertation advisor who focused on the fact that traditional  
12 systems of care don't actually resolve homelessness.

13 And so there may be treatment programs that people can  
14 enter, but because of expectations of sobriety or compliance  
15 with physicians that they end up dropping out of those  
16 programs, back to the streets.

17 There is increased risk of incarceration while you are  
18 experiencing homelessness. So that's another example of what  
19 would be on the institutional circuit.

20 So people would end up in jails and prisons, released  
21 again back to the streets, they could be in shelters for short  
22 periods of time, but, again, back to the streets.

23 So, that sort of revolving door is what we refer to as  
24 the the institutional circuit.

25 Q And can homeless veterans appropriately receive services

1 in community based as opposed to institutional settings?

2 A They can, yes.

3 Q For homelessness -- for homeless veterans with serious  
4 mental illness or traumatic brain injury, are their  
5 disabilities the reasons they need VA healthcare services?

6 A My understanding is that's why they qualify for those  
7 benefits, yes, and they can use those -- benefit from those as  
8 well.

9 Q So does homelessness increase the risk of unnecessary  
10 institutionalization of veterans with serious mental illness  
11 and traumatic brain injury?

12 A Yes. Like other individuals who are experiencing  
13 homelessness, there is a higher risk that you would use  
14 institutional care.

15 Q Okay. Turning to your second conclusion, which is that  
16 permanent supportive housing is effective in reducing  
17 homelessness, including among veterans, we have used a number  
18 of terms I want to go back and clarify.

19 What does the term "permanent supportive housing" mean?

20 A Most simply it means access to independent living along  
21 with some sort of wraparound support services.

22 Q And what are the support services involved in permanent  
23 supportive housing?

24 A They can vary, but most of the research that has shown  
25 permanent supportive housing to be effective has utilized one

1 of two different support approaches. For people with more  
2 serious health conditions, Assertive Community Treatment,  
3 otherwise known as ACT, has been well studied as the form of  
4 support.

5           Again, ACT has been described as a hospital without  
6 walls, and it was intended to support people leaving  
7 institutions, psychiatric institutions, and supporting them to  
8 live independently in the community.

9           So the ACT model has been paired with housing for people  
10 with high needs. There is also -- sorry, there has also been  
11 research for people with less severe needs that shows intensive  
12 case management can be used to support those individuals.

13           The difference -- one of the main differences is there's  
14 a different staff-to-client ratio in those two models.

15           An ACT model typically has a 1 to 10 or 1 to 12, as much  
16 much as 1 to 12, client-to-staff ratio. It is different. It's  
17 team-based approach. It's a clinical intervention whereas  
18 intensive case management services typically have higher case  
19 loads, perhaps 1 to 20, and a lot of those services are to  
20 assess and make referrals to other existing service providers.

21 Q       Okay. And what is Housing First?

22 A       Housing First is -- it's a philosophy, it's also a  
23 program model, it's also an approach that has been adopted by  
24 the federal government as a way -- a general way to approach  
25 homelessness.

1                   So it can refer to various different things. For  
2 me, fundamentally, it's a person-centered approach that refers  
3 to providing immediate access to housing without any  
4 preconditions of sobriety or treatment compliance.

5 Q       In your first conclusion, you found that homelessness  
6 results in an institutional circuit of homeless shelters,  
7 emergency departments, jails, and other institutional service  
8 settings.

9                   Is permanent supportive housing a less restrictive  
10 setting than receiving services in those settings?

11 A       Yes. To be clear, permanent supportive housing is  
12 independent living, so it's not considered institutional care.  
13 Support services are offered, but people have their own  
14 apartment.

15 Q       And does permanent supportive housing reduce the risk of  
16 unnecessary institutionalization for people with serious mental  
17 illness and traumatic brain injury or experiencing  
18 homelessness?

19 A       Yes. The research has shown that when people enter  
20 permanent supportive housing, there is decreased use of other  
21 institutional care which also comes with decreased costs from  
22 those other expensive services.

23 Q       And does serious mental illness contribute to  
24 homelessness?

25 A       It is a risk factor for homelessness.

1 Q Does homelessness also contribute to serious mental  
2 illness?

3 A Yes. It will exacerbate symptoms of mental illness.

4 Q How do you conclude that permanent supportive housing is  
5 effective in reducing homelessness?

6 A We have over two decades of research that has consistently  
7 shown high rates of housing retention and ending homelessness  
8 for individuals who receive permanent supportive housing.

9 Q Are all permanent supportive housing programs equally  
10 effective?

11 A No. The research has shown that the -- programs that have  
12 higher fidelity to the Housing First program model do better  
13 than those that have less, that are not as well-implemented as  
14 the initial model was.

15 Q So let's talk a little about, based on your experience and  
16 research, what makes a given permanent supportive housing  
17 program more or less effective.

18 What are the key elements of an effective permanent  
19 supportive housing program?

20 A That you can provide low barrier access to apartments in  
21 the community that is a fit for the individual, and then  
22 provide them with adequate support services.

23 Q And the adequate support services include ACT and  
24 intensive case management. Are there others?

25 A Those are the two that have been most well-studied.

1 Q Okay. Is it important that housing be available quickly?

2 A Yeah. That is an important element of the Housing First  
3 program. In fact, that is where the name comes from -- the  
4 immediate access to housing. So, you do need low barrier  
5 access, but you need the availability of housing units.

6 One of the issues that comes up is if you don't have  
7 that, then individuals who are experiencing homelessness, who  
8 already are not very trusting of the healthcare system or  
9 social service services in general, will be less reluctant to  
10 engage in those services.

11 So in some ways, if you don't have access to housing,  
12 ,that is something you shouldn't then promise someone.

13 Q To what extent, if any, does the proximity of the  
14 available supportive services near or in where you live affect  
15 a program's effectiveness?

16 A Yeah. So the key factor there is just accessibility.

17 And accessibility can be facilitated by having services  
18 that are close by.

19 The place-based or single site model tries to  
20 facilitate that access by having services on-site, maybe on the  
21 ground floor of an apartment.

22 But equally effective can be mobile services that do  
23 home visits or community visits with an individual.

24 Q And if home visits are not being provided but individuals  
25 are expected to go to services, is it important that those

1 services be easily accessible?

2 A They do need to be easily accessible.

3 One of the key characteristics of the support services,  
4 however, is that they need to be assertive. So that -- people  
5 need to understand that home visits may be required, and that  
6 service providers often have to go out of their way to engage  
7 an individual in services.

8 Q Is permanent supportive housing as effective at reducing  
9 homelessness among veterans as among nonveterans?

10 A It has been shown to be very effective among veterans.

11 Q And is permanent supportive housing as effective at  
12 avoiding institutional among veterans as nonveterans?

13 A Yes. That applies as well.

14 Q And how do you know?

15 A Again, there has been over a decade now of research that  
16 has looked at the reductions in veterans homelessness after the  
17 VA has implemented their HUD-VASH or permanent supportive  
18 housing program.

19 Q Okay. Are effective support services as important to  
20 veterans as they are to nonveterans?

21 A Yes, they would be.

22 Q Okay. Now, let's discuss what's happening in Los Angeles.

23 You mentioned a longitudinal study -- the RAND study, I  
24 believe you called it -- that you participated in regarding  
25 veterans in Los Angeles.

1 How was that study conducted?

2 A Yes. It was more of a case study of looking at 26  
3 individuals who lived in West Los Angeles. We enrolled them in  
4 the study in 2019.

5 And to stay in touch with them each month, to try to  
6 understand their trajectories, ideally, out of homelessness, we  
7 followed those 26 individuals, who were all veterans, for one  
8 year. This occurred during the pandemic, so the pandemic  
9 happened in the middle of the study, but we continued to follow  
10 those individuals for the full year.

11 Q And what were the key findings of that study?

12 A Yes. So out of those 26 individuals, very few of them,  
13 even though they were located -- and located near the campus,  
14 ever received housing of any sort.

15 I believe maybe only one received permanent housing.

16 Most of them ended up back where they started when we  
17 began the study.

18 Q And what recommendations did you make for improving the  
19 response to veteran homelessness in Los Angeles?

20 A So from that study, some of the conclusions were to have  
21 better coordinated outreach, as well as providing that  
22 immediate access to low barrier permanent housing.

23 Q So we have discussed what makes a permanent supportive  
24 housing program effective in reducing homelessness.

25 Now, let's turn to what the federal government is

1 actually doing for homeless veterans in Los Angeles.

2 Does the VA have a program that provides permanent  
3 supportive housing to veterans with disabilities in LA?

4 A Yes, they do.

5 Q What is it?

6 A The HUD-VASH program that has issued both tenant-based and  
7 place-based vouchers.

8 Q How does the HUD-VASH program work?

9 A Well, it's modeled on the Housing First approach where  
10 veterans can either be -- apply for and being issued  
11 tenant-based vouchers in which they would need to secure an  
12 apartment in the community. That is the scattered site model  
13 of permanent supportive housing, or they could be referred to a  
14 dedicated building, which is, again, the place-based version of  
15 permanent supportive housing.

16 Q And so, what can a veteran experiencing homelessness do  
17 with a voucher?

18 A So if they are issued the voucher, ideally, there would be  
19 housing navigation that would help them find a unit in a  
20 community they feel comfortable in.

21 And then work with that landlord to lease up the unit.

22 Q Okay. Let's turn to -- from the overview of the program  
23 to the question of whether it is effective in Los Angeles.

24 What, if anything, did you conclude about whether the  
25 current HUD-VASH program is effective in providing permanent

1 supportive housing to veterans in LA?

2 A Yes. So there were several red flags, if you will, in  
3 terms of what -- the material that I reviewed that was provided  
4 on the VA's website.

5 One of the issues was just that a lot of the vouchers  
6 are going unused.

7 So they weren't making use of those resources.

8 The other issue that I identified was it does seem like  
9 there there could be long wait times to access housing, so  
10 again, that immediate access or that low barrier access. In  
11 this case, it looks like it could take up to six months on  
12 average for an individual to get into a housing unit. And the  
13 other thing, just to note, was that there were high rates of  
14 attrition in the program, higher than other permanent  
15 supportive housing programs.

16 And the reasons for dropping out or attrition, dropping  
17 out of the program, a lot of them were identified as sort of  
18 noncompliance with the program. And that's also an issue.

19 Q So is HUD-VASH, as implemented in Los Angeles, as  
20 effective a permanent supportive housing program as those that  
21 have been researched?

22 A It appears to have lower rates of effectiveness than what  
23 we see in the research.

24 THE COURT: Just one moment. Do both the  
25 plaintiff's counsel and doctor -- I don't understand the

1 answer. It appears to have lower rates of effectiveness than  
2 what we see in research.

3 Obviously, what are those lower rates? In other words,  
4 do you have data showing that the veteran has a lower rate? If  
5 so, what is that data?

6 THE WITNESS: Yes. So, in the deposition by Carlos  
7 VanNatter, he spoke about the retention rate in the VA program  
8 versus other supportive housing for nonveterans.

9 THE COURT: So that is what your opinion is based on  
10 is that research by VanNatter.

11 It's not your independent research; is that correct?  
12 And, I'm not finding criticism with that.

13 THE WITNESS: No. I'm responding to the information  
14 provided by Carlos VanNatter.

15 MR. KNAPP: Your Honor, I will just object on the  
16 grounds that that deposition was well after Dr. Henwood  
17 submitted his report and gave his own deposition.

18 THE COURT: Thank you.

19 BY MS. HILL:

20 Q So let's turn to the issue of how long it takes for  
21 veterans to receive housing under HUD-VASH.

22 About how long in your research did you determine that  
23 it takes from entry into the program to housing under the  
24 HUD-VASH program in Los Angeles?

25 A Yes. Based on the VA's website, it is approximately six

1 months.

2 Q All right. I will show you what has been marked as  
3 Exhibit 25. It should be in your binders.

4 THE COURT: Thank you.

5 In the future, just to save time, if you have two  
6 copies in the future, give the witness one copy so they are not  
7 searching through a binder. Just come up the stairway and hand  
8 me the copy.

9 MR. DU: Yes, Your Honor.

10 THE COURT: Thank you.

11 BY MS. HILL:

12 Q Do you recognize Exhibit 25?

13 A Yes. This is what I was referring to as the VA's website.

14 Q And this is data that you referenced and relied on in  
15 reaching your conclusion?

16 A That's correct.

17 Q Is it a true and accurate depiction of the data that you  
18 relied on?

19 A Yes, it is.

20 Q And did you base your opinion, in part, on this data?

21 A Yes, I did.

22 MS. HILL: I would move the admission of Exhibit 25.

23 THE COURT: Received.

24 (Exhibit 25 received into evidence.)

25 BY MS. HILL:

1 Q What does this data show regarding how long it takes to  
2 get a veteran moved into housing in LA city?

3 A Yes. It shows that the average days that it takes from  
4 admission into the program to actually moving into an apartment  
5 is 161 days for those vouchers issued by the Housing Authority  
6 of the City of Los Angeles, and 179 days for vouchers issued by  
7 the Los Angeles County Development Authority.

8 Q Okay. And can you see how long it takes for the Housing  
9 Authority of the City of Pomona to make that move?

10 A Yes. The average amount of time it takes is 82 days in  
11 Pomona.

12 Q So does permanent supportive housing programs in other  
13 jurisdictions move people into housing more quickly than this?

14 A Yes. The goal is to house people as quickly as possible.

15 I mean, that can happen as quickly as the same day.  
16 When I worked in Philadelphia,, we master leased units and we  
17 were able to do outreach. And if people agreed, we would move  
18 them, literally, in the same day. So it could take as short as  
19 one day.

20 Locally, it seems like it can, you know, at least  
21 through the VA numbers, as quickly as 82 days.

22 Q And what, if any, problems do such delays in moving into  
23 housing pose when it comes to reducing homelessness?

24 A Yes. So each day that one experiences homelessness,  
25 again, matters. You are at high risk of a lot of negative

1 consequences from being homeless.

2 So each day matters just in terms of, literally, your  
3 safety. It's not to be overly dramatic, it is a matter of life  
4 and death for many people.

5 But in addition to that, I think the longer it takes  
6 people to get into a housing unit, the less likely they will  
7 trust the service providers who are offering that housing. And  
8 really, trust is one of the most important parts of an  
9 effective program.

10 Q Does it become hard to keep track of people who are  
11 waiting on the streets for housing?

12 A Yes. It's an unstable -- it's an unstable residency.  
13 People can be dislocated from their -- or relocated from where  
14 they are living. It's just hard to track people who don't have  
15 a stable place to live.

16 Q So to what extent, if any, does this delay between  
17 acceptance into the HUD-VASH program and the move-in date  
18 affect that program's ability to address homelessness among  
19 veterans in Los Angeles?

20 A Ultimately, it will mean it's a less effective program.

21 Q You mentioned that this year, the Los Angeles homeless  
22 count had a veteran specific component.

23 What were the results in terms of housing acquisition  
24 for the homeless veterans that you encountered?

25 A So I believe you are referring to a project that we --

1 that we conducted with the cooperation with the VA this year  
2 while, during the homeless count -- and just to be clear, as  
3 part of the homeless count, our teams go to randomly selected  
4 census tracks throughout the county and complete demographic  
5 surveys -- it's about a 52-question survey -- with individuals  
6 to the streets.

7 Each year, we'll -- out of the 5,000 people we talk to,  
8 approximately 200 will identify as a veteran.

9 In the past, that information we just collect and we use  
10 that to produce estimates of the unsheltered population. This  
11 year, we worked with the VA to try to connect anyone who  
12 identifies at the moment as a veteran to our survey teams to  
13 connect them with the outreach.

14 So this past year was an exploratory pilot year to see  
15 if we could make those referrals. This year we were able to  
16 refer 34 individuals who said that they were a veteran to the  
17 VA outreach teams. This was done specifically in the Service  
18 Planning Areas 4 and 5. And we were able to make those  
19 referrals and then ask the VA to track the outcomes of those  
20 referrals.

21 So, out of the 34 people we referred, 24 of them were  
22 eligible for some form of VA benefits. I believe 7 of them  
23 received a transitional housing. To my knowledge, none of them  
24 ended up in permanent supportive housing. And I think only one  
25 of those individuals is still in a housing program as of today.

1 Q So what did you conclude from that experience about the  
2 VA's outreach in the housing program in LA?

3 A That it's a work in progress, that people are trying to  
4 figure out how to make these referrals but, you know, we  
5 weren't able to simply refer people to Outreach that would,  
6 again, get them immediately into housing. We were working with  
7 the VA to try to figure out what that process would look like.

8 Q Okay. I want you to look at the pie charts at the -- on  
9 the second page of Exhibit 25.

10 The pie chart -- one pie chart says 8,436 in the middle  
11 of it.

12 A Okay. Yes.

13 Q So those purport to show the total number of vouchers  
14 allocated to Greater Los Angeles; is that right?

15 A That's correct.

16 Q And what did you -- looking at the utilization of  
17 vouchers, do you have a conclusion regarding whether the West  
18 LA VA is making full use of its voucher allocation?

19 A Yeah, well, there are, you know, 60 -- close to 63 percent  
20 of the vouchers are currently being used.

21 There are a significant number of vouchers that are  
22 available but not being used.

23 Q And is that -- why do you think that is?

24 A In this case I'm just reading the graph that says the  
25 number of vouchers available for use is roughly a third.

1 Q Would that be related to the lack of an effective outreach  
2 program?

3 A It could be related to that. It could be related to just  
4 the referrals to get these vouchers. But, yeah, there's a lot  
5 being unused.

6 Q Okay. Let's turn next to the issue of the physical  
7 location of housing units.

8 Again looking at Exhibit 25, the section titled "West  
9 Los Angeles Campus Program Capacity and Occupancy."

10 What does it purport to show?

11 A Yeah, so these are all the different types of sort of  
12 housing beds or program capacity on the campus and it indicates  
13 that there are 233 units of permanent supportive housing and it  
14 shows that they are almost at full occupancy at 97 percent.

15 Q Uh-huh.

16 A There are other forms of temporary shelter or transitional  
17 housing beds. In this case you can see that there are 184  
18 emergency shelter beds with about 80 percent -- well. It's  
19 80 percent occupancy, and the transitional housing program that  
20 has 138 beds, there's only 58 occupancy, so there's not as high  
21 a utilization there.

22 The remaining beds are medical beds. 286 of those are  
23 medical beds and almost three-quarters of those beds are  
24 occupied.

25 Q So many more of the beds on campus are being used for

1 things other than permanent supportive housing?

2 A Yeah, that's correct.

3 Q Would medical beds be considered institutional?

4 A They would be, right, that is not independent housing.

5 Q And what would emergency shelter beds be considered?

6 A Again, that is not a form of -- you're still considered  
7 homeless if you are in a shelter setting.

8 Q What are transitional housing beds considered?

9 A Again, transitional housing, you would also still be  
10 considered homeless if you're not in permanent supportive  
11 housing.

12 Q Okay. Turning to the supportive services that are offered  
13 to veterans under the HUD-VASH program, what, if anything, did  
14 you conclude regarding whether HUD-VASH provides adequate  
15 supportive services?

16 A I'm sorry, could you repeat the question?

17 Q What, if anything, did you conclude regarding whether  
18 HUD-VASH provides adequate supportive services to have a  
19 permanent supportive housing program?

20 A I was concerned they're not providing adequate support  
21 services.

22 Q How did you determine how many veterans were terminated  
23 from the HUD-VASH program each year?

24 Maybe if you turn to the second set of pie  
25 charts.

1 A Yeah. I don't know if it will come up on the screen, but  
2 here it talks about the reason for -- the reasons for exiting  
3 housing.

4 And you can see that there were half of the number --  
5 half of the individuals who exited from the HUD-VASH program  
6 did so because of program violations.

7 Another 31 percent were because of self termination or  
8 VA discharge.

9 Q So what you say the majority or a substantial number of  
10 veterans were terminated from the HUD-VASH program, with the  
11 HACL A Public Housing Authority because of program violations,  
12 what do you think that means?

13 A So my understand being of program violations primarily has  
14 to do with things such as like recertifying that you're  
15 eligible for those vouchers.

16 Typically that is -- I mean, that's an administrative  
17 task that if the tenant is not able to complete that, support  
18 services should be available and making sure that people  
19 complete those recertifications.

20 Q And looking at the LA County Development Authority pie  
21 chart, what is the most common reason for termination there?

22 A I don't know if someone can move -- yes, thank you.

23 Right, again, we see that 30 percent had a failure to  
24 complete or submit their renewal.

25 And, again, that is an administrative task that people

1 should be receiving support to make sure that happens.

2 Q So do you conclude that if effective case management were  
3 being provided, those numbers could be lowered?

4 A That's correct.

5 Q I want to turn -- I want to show you Exhibit 16.

6 Are you familiar with this?

7 A Yes, I am.

8 Q And what is it?

9 A This is a PowerPoint presentation that was presented by  
10 Carlos VanNatter who's the director of the Section 8 program.

11 Q Did you review this document in your work on this case?

12 A I did.

13 Q For what purpose?

14 A Just to understand the, again, being concerned about the  
15 reasons for discharge on the VA's website, this was helpful to  
16 understand sort of the use of vouchers and attrition.

17 MR. KNAPP: Again, Your Honor, I'll just object on  
18 the ground this review was conducted after Dr. Henwood's expert  
19 report was submitted and after his deposition was taken.

20 THE COURT: Thank you.

21 MS. HILL: I would move the admission of Exhibit 16.

22 THE COURT: Received.

23 (Exhibit 16 received into evidence.)

24 BY MS. HILL:

25 Q What does this show -- looking to the second page of the

1 document, the line for 2023, what does this show regarding  
2 attrition from the HUD-VASH program in Los Angeles City's  
3 program?

4 A Well, again, in addition to the low utilization rates of  
5 the vouchers we see there were more people that left the  
6 program than were referred to the program.

7 Q Was that the same in 2022?

8 A Yes, it was.

9 Q In your experience based on the research would you expect  
10 attrition to be lower in an effective PSH program, or permanent  
11 supportive housing program?

12 A Yes. Again, maybe only one in five individuals would  
13 struggle with maintaining their housing once in supportive  
14 housing, so this does appear to be a high attrition rate.

15 Q Okay. So turning to the temporary housing on the HUD  
16 grounds -- strike that.

17 Turning to the temporary housing on the VA grounds.

18 Is temporary housing available on the West LA VA  
19 grounds?

20 A Temporary housing -- well, there is shelter available and  
21 there are transitional housing beds available.

22 Q Okay. And what are the CTRS tiny sheds?

23 A Those are a form of shelter that is located on the campus.  
24 The day that I went there they were surrounded by a gate so I  
25 couldn't actually go into the area, but I was able to see the

1 sheds that were placed on campus.

2 Q Do the tiny sheds meet the requirements of an effective  
3 permanent supportive housing program?

4 A No, they wouldn't be -- well, they wouldn't qualify for a  
5 voucher to support them. There is no plumbing or running water  
6 in any of those tiny sheds.

7 Q And the other types of temporary housing units available  
8 on campus, what are those?

9 A Again, those are the temporary shelter. There is  
10 transitional housing beds. They typically have a time limit.  
11 They could be one to two years.

12 Q So the time limit makes them not an appropriate permanent  
13 supportive housing program?

14 A That's correct.

15 Q What about the residential treatment facility?

16 A Yeah, so treatment programs, even if they are serving a  
17 homeless population that do provide a place to stay it still is  
18 residential institutional care, so it's not -- it's not a least  
19 restrictive setting in that way.

20 Q Okay. We've talked about the point-in-count time, and  
21 you've stated that in Los Angeles the point-in-count time --  
22 the point-in-time count, sorry, is done every year; is that  
23 right?

24 A That's correct.

25 MS. HILL: So I'd like to show the witness

1 Exhibit 137.

2 BY MS. HILL:

3 Q Are you familiar with this?

4 A Yes, these are the data summary tables that LAHSA  
5 publishes each year.

6 THE REPORTER: I'm sorry, that who publishes?

7 THE WITNESS: Oh, sorry. The LA Homeless Services  
8 Authority.

9 BY MS. HILL:

10 Q And you participated in gathering these numbers?

11 A Yes. We produce these estimates and then provide them to  
12 LAHSA.

13 Q What year is this count for?

14 A This one is for 2018.

15 MS. HILL: I would move the admission of Exhibit  
16 137.

17 THE COURT: Received.

18 (Exhibit 137 received into evidence.)

19 BY MS. HILL:

20 Q What does this show regarding the count of homeless  
21 veterans in 2018?

22 A Yeah, the estimate was that there were 3,538 homeless  
23 veterans. This is in --

24 THE COURT: Just one moment.

25 (Pause in proceedings.)

1 THE COURT: Thank you.

2 BY MS. HILL:

3 Q Would you say that again, the estimate showed?

4 A Yeah, just to clarify, the sheltered numbers come from  
5 administrative records so that's an actual count of individuals  
6 who identify as a veteran who were staying in the shelter  
7 during the night of the count.

8 The unsheltered numbers, which in this case is 2,667,  
9 that's an estimate that we produced based on the sample of  
10 people that we talked to in the demographic survey.

11 But when you combine those two together you get an  
12 estimate of 3,538 homeless veterans.

13 Q And both the sheltered and unsheltered would be considered  
14 homelessness -- would be considered homeless?

15 A That's correct.

16 MS. HILL: I would like to show the witness  
17 Exhibit 139.

18 THE COURT: Just one moment, counsel.

19 MS. HILL: Uh-huh.

20 (Pause in proceedings.)

21 THE COURT: Thank you.

22 BY MS. HILL:

23 Q Are you familiar with this document?

24 A I am. This is the same data summary tables that LAHSA  
25 produces, this time it's for the 2019 homeless count.

1 Q And you contributed the data on which this is based; is  
2 that right?

3 A Yes, that's correct.

4 MS. HILL: I would move the admission of  
5 Exhibit 139.

6 THE COURT: Received.

7 (Exhibit 139 received into evidence.)

8 THE COURT: Same objection, received after -- a  
9 continuing objection, received after the deposition.

10 BY MS. HILL:

11 Q What does this show regarding the count of homeless  
12 veterans in 2019?

13 A Again, it breaks them out between sheltered and  
14 unsheltered, but the total number of homeless veterans in 2019  
15 was estimated to be 3,537.

16 Q Is that a significant difference from the estimated count  
17 in 2018?

18 A No, it's not.

19 MS. HILL: I would like to show the Exhibit 140.

20 BY MS. HILL:

21 Q Are you familiar with this?

22 A Yes. Again, this is a data summary produced by LAHSA,  
23 this time for the 2020 homeless count.

24 Q You contributed the data on which this is based?

25 A Yes, that's correct.

1 MS. HILL: I would move the admission of  
2 Exhibit 140.

3 THE COURT: Received.

4 (Exhibit 140 received into evidence.)

5 BY MS. HILL:

6 Q What does this show regarding the count of homeless  
7 veterans in 2020?

8 A Again, it has the breakout between sheltered and  
9 unsheltered veterans, but the total estimate was 3,681.

10 Q Is that a significant change from 2019 and 2018?

11 A No, it's not.

12 MS. HILL: I would like to show the witness  
13 Exhibit 142.

14 BY MS. HILL:

15 Q Are you familiar with this?

16 A I am.

17 Q What is it?

18 A This is the data summary for the 2022 homeless count.  
19 Although, this is a data summary just for the City and not for  
20 the full Continuum of Care.

21 Q I was going to ask you why the numbers were lower.

22 MS. HILL: I would move the admission of  
23 Exhibit 142.

24 BY MS. HILL:

25 Q And what does this show regarding --

1 THE COURT: Just a moment counsel.

2 Would you repeat your answer, what is the  
3 difference again?

4 THE WITNESS: This data summary focuses only on the  
5 City of Los Angeles.

6 THE COURT: Just the City.

7 THE WITNESS: The other two were the County.

8 THE COURT: County. Thank you very much.

9 MS. HILL: I would move the admission of 142.

10 THE COURT: Received.

11 (Exhibit 142 received into evidence.)

12 BY MS. HILL:

13 Q What does this show regarding the count of homeless  
14 veterans in 2022 in Los Angeles City only?

15 A Again, it breaks it out between sheltered and unsheltered,  
16 but the total estimate for the City was 1,895.

17 Q Does that lower number indicate that there was a  
18 substantial change in the number of homeless people in Los  
19 Angeles County during that time?

20 A No. Statistically speaking they were unchanged.

21 MS. HILL: I would like to show the witness  
22 Exhibit 143.

23 I promise we're almost done.

24 THE COURT: Thank you very much.

25 BY MS. HILL:

1 Q Are you familiar with this document?

2 A I am. This is the data summary for the homeless count,  
3 this time it's the year 2023.

4 Q And what was your involvement in this?

5 A Again, we produced the estimates.

6 MS. HILL: I would move the admission of Exhibit  
7 143.

8 THE COURT: Received. With the same objection.

9 (Exhibit 143 received into evidence.)

10 BY MS. HILL:

11 Q What does this show regarding the count of homeless  
12 veterans across LA County in 2023?

13 A Again, broken out by sheltered and unsheltered veterans,  
14 the total number combined was -- the estimate was 3,878.

15 Q And is this a significant change from the earlier years?

16 A No, it's not.

17 Q I would like to show you Exhibit 144.

18 Are you familiar with this?

19 A I am.

20 Q And how are you familiar with it?

21 A This is the most recent homeless count, 2024, and the data  
22 summary for that.

23 Q And you contributed the data to make this document?

24 A Yes, we did.

25 Q And this is for the whole County; is that correct?

1 A That's correct.

2 MS. HILL: I would move the admission of  
3 Exhibit 144.

4 THE COURT: What's the total on this? Is it 2,991?

5 THE WITNESS: That's correct.

6 THE COURT: So there's been a decrease of over 1,000  
7 -- or close to 1,000?

8 THE WITNESS: I believe it's 881.

9 THE COURT: Thank you very much.

10 Received.

11 (Exhibit 144 received into evidence.)

12 BY MS. HILL:

13 Q So what does this show regarding the count of homeless  
14 veterans in 2024?

15 A Again, it's broken out between sheltered and unsheltered  
16 but the total estimate was 2,991.

17 Q I went to law school to avoid math, but that seems like a  
18 reduction of about 800 people; is that right?

19 A I believe -- I think it was 881 --

20 Q That's why I don't do math.

21 A -- roughly, yes.

22 Q Okay. Is that a significant drop in veterans  
23 homelessness?

24 A Statistically speaking it's not a significant drop.

25 Q Why is that?

1 A Again, the shelter numbers reflect what is in the  
2 administrative data, so those are somewhat a straightforward  
3 accounting of sheltered veterans.

4 The unsheltered estimate is just that, it's an estimate,  
5 it comes with a margin of error. Each year that margin of  
6 error can be slightly different. In the 2023 count our  
7 estimate of roughly 3,900 homeless veterans had plus or minus  
8 roughly 650 veterans. Again, it's a smaller subsample, so it  
9 has a higher margin of error.

10 This year the estimate of 2,034 has a margin of error of  
11 plus or minus roughly 450 people.

12 So, in other words, if you were asking me as a social  
13 scientist the estimate we're 95 percent sure that the true  
14 number of unsheltered veterans is somewhere between roughly  
15 1,600 and 2,400 unsheltered veterans.

16 Q Does this indicate what happened to any veterans who fell  
17 out of the count?

18 A No, this is just a snapshot. It's a point in time. It  
19 doesn't explain why the numbers changed.

20 Q So could they have died?

21 A Yes, they could have.

22 Q Is the VA -- are the VA's permanent supportive housing  
23 efforts responsible for this drop?

24 A I believe the numbers in 2023 were roughly 220 individuals  
25 got housed through permanent supportive housing so that

1 wouldn't account for the change if this was, in fact,  
2 reflective of the actual change.

3 Q Okay. Do the numbers shown by the point-in-time count  
4 indicate that veteran homelessness is an urgent problem?

5 A Yes. There have been, again, while a smaller portion of  
6 the overall sample, there's, you know, each year there's been  
7 over 2,000 -- at least 2,000 homeless veterans since we've been  
8 involved in the count.

9 Q Has it improved substantially since 2018?

10 A No. It's been unchanged.

11 Q And is it possible that as an estimate it undercounts  
12 homeless veterans?

13 A Again, it's an estimate so it does provide the range, so,  
14 right, the point estimate could be an underestimate, yeah.

15 Q Okay. Turning to the last conclusion, that the Department  
16 of Veterans Affairs could reasonably do more to reduce the  
17 number of homeless veterans in Los Angeles, why do you conclude  
18 that?

19 A Sorry, could you repeat the question.

20 Q Turning to your conclusion that the Department of Veterans  
21 Affairs could reasonably do more to reduce the number of  
22 homeless veterans in Los Angeles, why do you conclude that?

23 A That's based on that there could be higher utilization of  
24 vouchers, there could be a quicker time to house individuals.

25 And there could be less attrition or attrition for

1 different reasons than are currently reported.

2 Q To what extent do empirical studies show that permanent  
3 supportive housing when done effectively is effective in  
4 reducing homelessness?

5 A Yeah, again, there are over two decades of research that  
6 support permanent supportive housing as basically our only  
7 effective intervention to address long-term homelessness,  
8 including that amongst veterans. It's been shown to be very  
9 effective repeatedly.

10 Q Where do you think the HUD-VASH program falls down in  
11 comparison to those that were studied?

12 A Well, again, overall the HUD-VASH nationally has been  
13 quite effective, it's reduced homeless veterans by over  
14 50 percent since it's been implemented. But, again, we have  
15 not seen those reductions in LA County in recent years, despite  
16 having the vouchers available.

17 Q Do you believe that part of the problem with the HUD-VASH  
18 program in Los Angeles is a staffing shortage?

19 A It very well could be.

20 The website shows that they're not at full staffing  
21 capacity, so there is room for additional staff that could  
22 address some of those shortfalls we discussed.

23 MS. HILL: If you could pull that up again.

24 BY MS. HILL:

25 Q Can you see the section on Exhibit 25 called HUD-VASH

1 Percent of Homeless Program Office Funded/HUD-VASH Staff  
2 Positions That Are Currently Filled?

3 A Yes, I do.

4 Q And does that show a lack of -- an understaffing of the  
5 homeless program office?

6 A Yes, it shows that about three-quarters of the positions  
7 are filled, so there's still room for additional staff.

8 Q Would a lack of outreach case management, assertive  
9 community treatment, and intensive case management staff be an  
10 indicator -- be one of the contributors to the HUD-VASH's lack  
11 of effectiveness?

12 A Yes. Support services are critical to the success, so if  
13 you don't have all of the support you need, then you will  
14 likely have a less effective program.

15 Q All right. Let's talk about the costs of effective  
16 permanent supportive housing programs.

17 Are permanent supportive programs cost effective?

18 A So there are numerous studies that show when you focus on  
19 individuals with high needs, particularly people with serious  
20 mental illness and other complex health needs, health and  
21 social needs, receiving permanent supportive housing will  
22 offset expensive services in other areas.

23 So, again, you know, a night spent in a jail can be very  
24 costly, a night spent in the emergency room or a hospital can  
25 be costly.

1           The use of emergency responders to address issues that  
2 happen on the streets are all very costly. Treatment programs  
3 when people aren't actually entered in those treatment programs  
4 are costly, and not effective.

5           So, when people receive independent housing through  
6 permanent supportive housing, they tend to use a lot fewer of  
7 those other expensive services, and research has shown that  
8 those costs in cases where you target the high utilizers, so to  
9 speak, can offset most, if not all, of the costs of actually  
10 implementing permanent supportive housing.

11 Q       Have other jurisdictions been able to implement effective  
12 or more effective permanent supportive housing programs?

13 A       Permanent supportive housing is used throughout the  
14 country to address homelessness.

15           Some areas that have used it and have, you know,  
16 effectively ended veterans' homelessness in other areas.

17 Q       And could the VA in Los Angeles implement the steps  
18 necessary to make their permanent supportive housing program  
19 more effective?

20 A       I believe so, yes.

21 Q       Why do you believe that?

22 A       Again, because there are areas of improvement and there is  
23 a clear path to improve those areas through additional staffing  
24 and through implementing the program with high fidelity.

25           I know that when the HUD-VASH program launched they were

1 struggling with the success of it nationally, and they needed  
2 technical assistance to help them improve the implementation of  
3 that program, which they did receive, and because of that the  
4 program became as effective as we've seen in other research  
5 studies.

6 Q And what, if any, consequences will result if the veterans  
7 -- if the Department of Veterans Affairs fails to take these  
8 steps to make it -- the permanent supportive housing program  
9 effective?

10 A Again, we don't have really any other evidence-based  
11 practices that can address this issue, other than permanent  
12 supportive housing, so if it's not implemented fully and to  
13 scale, then we would expect to continue to see homeless  
14 veterans in Los Angeles.

15 MS. HILL: Thank you, Dr. Henwood. I have no  
16 further questions.

17 THE COURT: Do you want to -- would a 15- to  
18 20-minute recess be appropriate?

19 MS. HILL: Yes.

20 THE COURT: Doctor, if you would return in about 15  
21 minutes. Okay. We're in recess. Thank you.

22 (Afternoon recess.)

23 THE COURT: We're back on the record and all counsel  
24 are present. The parties are present.

25 If Dr. Henwood -- would you retake the stand. I'm

1 sorry. Thank you.

2 MS. HILL: I apologize, Your Honor. My colleagues  
3 pointed out that I forgot a question, I would ask the Court's  
4 indulgence to ask him another question.

5 THE COURT: You can reopen.

6 BY MS. HILL:

7 Q Dr. Henwood, can supportive housing be provided in modular  
8 or mobile homes with multi-year leases rather than in  
9 apartments on an interim basis while permanent supportive  
10 housing is being built?

11 A There is not really research evidence on that, if that is  
12 your question. I mean, I think it sounds reasonable. But I  
13 will just point out that, ultimately, the reason why Housing  
14 First works is because it's responding to the needs and  
15 preferences of those people that it serves.

16 So the best people to ask about that would be the  
17 veterans themselves, in terms of what sort of housing  
18 accommodations they would be willing to accept and live  
19 comfortably in.

20 Q Okay. Is that it?

21 MS. HILL: That's all. Thank you

22 THE COURT: Thank you very much.

23 THE WITNESS: Counsel, cross-examination. Once  
24 again -- I know who you are, but would you reintroduce yourself  
25 for the record.

1 MR. KNAPP: Good morning, Your Honor. Cody Knapp  
2 for the federal defendants.

3 BY MR. KNAPP:

4 Q Good morning, Dr. Henwood. Good to see you again.

5 A Good morning.

6 Q You testified earlier that you are a licensed clinical  
7 social worker; is that right?

8 A Yes. I have been licensed in the state of Pennsylvania  
9 and New York.

10 Q And those licenses are reflected on your CV; isn't that  
11 right?

12 A Yes. The license numbers are listed there, yes.

13 Q Do you still have Exhibit 1396 with you that was entered  
14 into evidence?

15 A Yes, I do.

16 Q And if we could pull that up on the screen.

17 If you turn to page 25, so it will say 1396-025.

18 A Yes.

19 Q And do you see in the middle of the page where it says  
20 Professional Associations and Licensure?

21 A I do.

22 Q And do you see where it says "current"?

23 A Yes.

24 Q And beneath that, it lists your licenses, as you just  
25 stated, in Pennsylvania and New York.

1 A That's correct.

2 Q You don't actively hold either of those licenses, do you?

3 A No. As I told you at the deposition, that I wasn't sure  
4 whether those had been renewed. I have since checked and they  
5 are suspended currently. I have not practiced in those two  
6 states since moving here.

7 Q So, earlier this morning, you spoke a bit about your prior  
8 work as a clinical social worker with pathways to housing in  
9 both Brooklyn and Philadelphia. Do you recall that?

10 A That's correct.

11 Q Your work with Pathways to Housing was not focused on  
12 providing treatment or services to veterans; is that right?

13 A It was focused on providing treatment and housing to  
14 people experiencing homelessness.

15 Q In fact, you don't recall whether any of the individuals  
16 you worked with in those positions was a veteran, do you?

17 A I recall that some of them were, but not specifically.

18 Q Your work with Pathways to Housing, it did not involve the  
19 delivery of services to thousands of individuals with  
20 disabilities, did it?

21 A Can you repeat the question.

22 Q Your work with Pathways to Housing in Brooklyn and  
23 Philadelphia did not involve delivering services or treatment  
24 to thousands of individuals with disabilities, did it?

25 A No. The team in Brooklyn had a -- 68 people were on the

1 caseload there. And in Philadelphia, it was 125 individuals.

2 Q You have also spoken a bit today about the HUD-VASH  
3 program. Do you recall that discussion?

4 A I do.

5 Q And do you recall discussing a single site model for the  
6 delivery of permanent supportive housing through HUD-VASH?

7 A I do.

8 Q And just so the record is clear in this section, can you  
9 tell us what single site permanent supportive housing is?

10 A Sure. Single site permanent supportive housing -- I'll  
11 slow down -- refers to a -- typically, a dedicated building for  
12 people who have experienced homelessness.

13 Q And through the HUD-VASH program, a project-based voucher  
14 can be used as such single site permanent supportive housing  
15 locations; is that right?

16 A That's right.

17 Q Are you aware that there is a second type of voucher in  
18 the HUD-VASH program called a tenant-based voucher?

19 A I am, yes.

20 Q And where are tenant-based vouchers used?

21 A Tenant-based vouchers are used in the private rental  
22 market, typically.

23 Q And is one way of saying "the private rental market" to  
24 scattered site housing?

25 A That's correct.

1 Q And isn't it true that research shows similar rates of  
2 housing retention across both single site permanent supportive  
3 housing and scattered site permanent supportive housing?

4 A That's correct.

5 Q In reaching your opinions in this case, you didn't speak  
6 to anyone at VA, did you?

7 A For this case?

8 Q To reach your opinions that you are offering in this case.

9 A No.

10 Q And although you have talked about staffing levels at VA,  
11 with reference to Exhibit 25 which has been entered into  
12 evidence, you aren't familiar with the staff-to-client ratios  
13 in VA's homeless services, are you?

14 A I haven't audited that, no.

15 Q You didn't review any of the laws and regulations  
16 governing the HUD-VASH program informing your opinions in this  
17 case, did you?

18 A No.

19 Q Do you recall discussing a peer-reviewed study in which  
20 you followed 26 veterans experiencing homelessness in Los  
21 Angeles in 2019?

22 A I do.

23 Q Do you recall assessing, as part of that peer-reviewed  
24 study, the factors that those veterans considered "very  
25 important" to their choice of housing location?

1 A I recall that we asked about housing preferences.

2 Q Do you recall asking about veterans' preference to be near  
3 the VA in Los Angeles?

4 A I believe that was an option.

5 Q I'm going to bring up --

6 MR. KNAPP: Your Honor, may I approach the witness.

7 THE COURT: Certainly.

8 MR. KNAPP: And let the record reflect that I have  
9 just handed the witness the document that we have marked for  
10 identification purposes as Exhibit 1503.

11 BY MR. KNAPP:

12 Q Dr. Henwood, do you recognize this study?

13 A Yes. This is a report we published.

14 Q And if you turn to page 22 of that report, which we have  
15 marked for identification purposes as Exhibit 1503, do you see  
16 a section entitled Housing Preferences?

17 A I do.

18 Q And I'm going to read you a portion of that section:

19 "We asked respondents to indicate how important  
20 different features of housing were to them with response  
21 options being 'not important,' 'somewhat important,' and 'very  
22 important.' We present the number of respondents who answered  
23 'very important' in Figure 3.1.

24 Most important was affordability; N equals 323.

25 Followed by a home in, quote, good repair; N of 21.

1 A safe neighborhood; N of 19.

2 And a compatible landlord; N of 19.

3 On the other hand, housing features like an adequate  
4 yard or garage were rarely very important; N equals 2, and N  
5 equals 4, respectively. Nor was being near the VA; N equals  
6 5."

7 Did I read that right, Dr. Henwood?

8 A Yes, you did.

9 Q And if you turn to page 23 of your study, do you see a  
10 list of options for housing preferences in Figure 3.1?

11 A I do.

12 Q And how did "near VA" rank among those listed preferences?

13 A It's on the right side of the graph.

14 Q Would it be accurate to say that it's tied for third to  
15 last among the preferences that veterans you surveyed selected?

16 A Yeah. I would say five individuals selected that, yes.

17 Q And this was a peer reviewed study; is that right?

18 A Yes, this was peer reviewed.

19 Q And although you have discussed the plaintiffs in this  
20 action conveying their desire to reside on or near the West Los  
21 Angeles campus, you never presented them with any similar  
22 survey of multiple options, did you?

23 A No, I did not.

24 Q In fact, you didn't use any scientific process in your  
25 interviews of the plaintiffs, did you?

1 A No, I did not.

2 Q Do you recall discussing earlier today the Care Treatment  
3 and Reintegration Services, CTRS, or tiny shelters, on the West  
4 Los Angeles campus?

5 A I do.

6 Q You visited the CTRS site on the campus, correct?

7 A I have seen it, yes.

8 Q But you have not been in any unit at the CTRS site, have  
9 you?

10 A In a unit, no, I have not.

11 Q Do you recall testifying earlier today that when you  
12 visited the West Los Angeles campus as part of your expert  
13 report in this matter that you spent several hours on campus?

14 A Yeah. I believe it was maybe two hours, yeah.

15 MR. KNAPP: So I'm going to ask permission to  
16 approach the witness again.

17 BY MR. KNAPP:

18 Q Do you now have what has been marked for identification  
19 purposes as Exhibit 1619?

20 A I do.

21 Q What is this document?

22 A It's my deposition.

23 Q And could you turn to page 47 of your deposition. Just  
24 let me know when you are there.

25 A I'm there, yeah.

1 Q I will direct your attention starting at line 2.

2 "QUESTION: And during your visit to the West Los  
3 Angeles campus, what did you do?

4 "ANSWER: I met with Rob Reynolds on campus, so he  
5 could show me around the tiny home village that was set up, the  
6 sheds that are there. And then we walked up to the permanent  
7 supportive housing that exists on campus, and that's when I  
8 spoke with one of the plaintiffs in this case.

9 "QUESTION: And how long would you estimate that  
10 your visit lasted?

11 "ANSWER: I was there roughly an hour."

12 Did I read that correctly?

13 A Yes, you did.

14 Q And Dr. Henwood, do you still have Exhibit 25 available to  
15 you?

16 A Yes, I do.

17 Q Do you recall testifying that you reviewed data showing  
18 that it takes six months on average for a veteran with a  
19 HUD-VASH voucher to obtain housing in Los Angeles?

20 A Yes, I do.

21 Q And that testimony is based on the data in Exhibit 25; is  
22 that correct?

23 A Yes.

24 Q You didn't investigate whether a HUD-VASH voucher holder  
25 might be housed through other programs while they wait to use

1 their HUD-VASH voucher; is that right?

2 A That's correct.

3 Q And do you know whether an individual receives services  
4 through HUD-VASH while they wait to use their voucher?

5 A They should.

6 Q You stated earlier that you were concerned -- I believe  
7 was the term you used -- that VA does not provide adequate  
8 supportive services through HUD-VASH in Los Angeles; is that  
9 right?

10 A That's correct.

11 Q But you didn't receive any firm conclusions on that  
12 subject, did you?

13 A No. I didn't audit the program. No.

14 Q Los Angeles has a particularly acute homelessness problem.  
15 That would be fair to say, right?

16 A We have the largest unsheltered population, yes. In the  
17 country.

18 Q And the degree of that program is attributable, in large  
19 part, to the housing affordability crisis in this region; isn't  
20 that right?

21 A Yes. That's a primary driver.

22 Q And does extreme income inequality here in Los Angeles  
23 also contribute to the homelessness problem in the region?

24 A Yes, it does.

25 Q Meanwhile, are you aware of other cities in the United

1 States that have made substantial progress towards reducing  
2 their homelessness problem?

3 A Yes, I am.

4 Q Is Houston one of those cities that you are aware of that  
5 has made substantial reductions in homelessness?

6 A Yes.

7 Q Is Milwaukee another city that you are aware of that has  
8 made substantial progress in addressing homelessness?

9 A That's correct.

10 Q And would you agree that one of the key factors  
11 contributing to the success of reductions in homelessness in  
12 those two cities is the centralization of homeless services  
13 under one authority?

14 A That has contributed to their success, yes.

15 Q And is it fair to say that centralization has helped to  
16 address the homelessness problem because it promotes  
17 coordination of efforts to combat homelessness?

18 A Yes.

19 Q We don't have a similarly centralized authority here in  
20 Los Angeles, do we?

21 A No. We're decentralized.

22 Q Is it fair to say that since 2007 there has been more than  
23 a 50 percent reduction in veterans homelessness across the  
24 country?

25 A Yes.

1 Q And would it be fair to say that reduction is due, in  
2 substantial part, to VA's policy initiatives to combat  
3 homelessness?

4 A Yes.

5 Q And over that same time period, isn't it true that  
6 homelessness amongst the general population has actually  
7 increased?

8 A Recently, yes, it has. Yeah.

9 Q Do you recall discussing the point-in-time count conducted  
10 in Los Angeles earlier today?

11 A I do.

12 Q And you are a leader of that effort, correct?

13 A Yes.

14 Q And do you recall discussing a pilot program in the most  
15 recent point-in-time count that you conducted to connect  
16 veterans to VA services?

17 A Yes. We call it the VetConnect program.

18 THE COURT: Would you state that again? The Veteran  
19 Connect program?

20 THE WITNESS: Yes.

21 THE COURT: Thank you.

22 BY MR. KNAPP:

23 Q And that pilot program came about after you were  
24 approached by individuals affiliated with the VA; isn't that  
25 right?

1 A That's correct.

2 Q The 2024 PIT count, point-in-time count for the City of  
3 Los Angeles showed a decrease in the estimate of veteran  
4 homelessness as compared to the 2023 point-in-time count; isn't  
5 that right?

6 A Yes. There was a 23 percent point estimate decrease, yes.

7 Q And is that for the Los Angeles Continuum of Care or the  
8 City of Los Angeles?

9 A Sorry, I thought you meant the veterans numbers.

10 Q I do mean the veterans numbers, but --

11 A Oh. Yes, that's for the entire Continuum of Care.

12 Q Are you aware of what the number is for the City of Los  
13 Angeles, more targetedly?

14 A Not offhand.

15 MR. KNAPP: Your Honor, may I approach the witness.

16 THE COURT: You may.

17 BY MR. KNAPP:

18 Q Let the record reflect I have just handed the witness a  
19 document that has been marked as Exhibit 1335.

20 Do you see that in front of you, Dr. Henwood?

21 A I do, yes.

22 Q And what is this document?

23 A This is a data summary published by LAHSA of the 2024  
24 homeless count for the City of Los Angeles.

25 Q And do you see an estimate for the number of homeless

1 veterans in the City of Los Angeles on this document?

2 A Yes, I do.

3 Q And what that is estimate?

4 A So, again, it's broken up by sheltered and unsheltered  
5 numbers, but the total estimate is 1,834.

6 Q And how many are listed as sheltered?

7 A 568.

8 Q And how many veterans are listed -- are estimated to be  
9 unsheltered in the City of Los Angeles?

10 A 1,266.

11 Q And isn't it true that that is around a 32 percent  
12 decrease from be the 2023 point-in-time count for the City of  
13 Los Angeles?

14 A I would have to check the 2023 numbers.

15 Q But does that sound like a fair estimate?

16 A I know that there was a decrease, yes.

17 MR. KNAPP: Your Honor, I would move that  
18 Exhibit 1335 be admitted.

19 THE COURT: Received.

20 (Exhibit 1335 received into evidence.)

21 BY MR. KNAPP:

22 Q Dr. Henwood, do you recall discussing the point-in-time  
23 count for the year 2024 for the Los Angeles Continuum of Care?

24 A I do.

25 Q Do you still have Exhibit 144 with you?

1 A I do.

2 Q You noted that the estimate for the 2024 point-in-time  
3 count for the Los Angeles Continuum of Care was lower than the  
4 estimate for veterans in 2023, correct?

5 A That's correct.

6 Q Do you recall stating you assessed that this was not a  
7 statistically significant decrease?

8 A That's correct.

9 Q But isn't it true that there was, in fact, virtually no  
10 decrease amongst the estimate for the general population from  
11 2023 to 2024?

12 A In the point estimate, yes.

13 Q And do you recall testifying that you didn't know what  
14 happened to the veterans who were no longer estimated to be  
15 unsheltered in the 2024 count?

16 A Yes.

17 Q If you could turn back to Exhibit 25.

18 Do you have the first page in front of you?

19 A I do.

20 Q Do you see near the bottom of that page where it says  
21 "permanent housing placements"?

22 A I do.

23 Q Do you see where it says, "Each PHP means a veteran has  
24 ended homelessness and moved into permanent housing."

25 Did I read that correctly?

1 A Yes.

2 Q Do you see where it says "1,790 veterans housed"?

3 A Yes.

4 Q And do you see a bar chart to the right of that number  
5 showing monthly progress of permanent housing placements  
6 between January of 2023 and what appears to be December  
7 of 2023?

8 A Yes, I do.

9 Q You also testified that the 2024 point-in-time count may  
10 underestimate the number of unsheltered veterans; is that  
11 right?

12 A It could.

13 Q But it would be fair to say that it could equally be  
14 likely that it overestimates the unsheltered number of  
15 veterans?

16 A It could. We provide a margin of error.

17 MR. KNAPP: Nothing further on cross, Your Honor.

18 Thank you, Dr. Henwood.

19 THE COURT: On behalf of Bridgeland?

20 MR. TRUJILLO: Nothing. Nothing, Your Honor.

21 THE COURT: Back to redirect examination?

22 MS. HILL: Yes, Your Honor.

23 REDIRECT EXAMINATION

24 BY MS. HILL:

25 Q Turning back to the RAND study, Exhibit 1503.

1 A Yes.

2 Q And on page 23, my colleague asked you about the --  
3 whether location near the VA was identified as very important.

4 Isn't that in comparison to 16 other options, including  
5 affordability, good repair, and safe neighborhood?

6 A It is.

7 Q And was one of the choices "near veteran health services"?

8 A I believe the option was "near the VA."

9 Q So it didn't -- it didn't ask them whether they wanted to  
10 be near veteran health services?

11 A No, it did not.

12 MS. HILL: That's all I have. Thank you.

13 THE COURT: Recross examination?

14 MR. KNAPP: No recross, Your Honor.

15 THE COURT: On behalf of Bridgeland?

16 MR. TRUJILLO: Nothing for Bridgeland, Your Honor.

17 THE COURT: I'm going to leave you on call, but we  
18 will be courteous.

19 I don't know eventually where we're going in terms of an  
20 eventual decision by the Court, but in case we do get to  
21 injunctive relief, we're going to be calling you back, okay,  
22 but we will be courteous.

23 Whatever personal vacations you have, continue. Just  
24 keep the parties apprised.

25 THE WITNESS: Will do.

1 THE COURT: Thank you very much, sir. You may step  
2 down.

3 Counsel, would you like to call the next witness.

4 MR. DU: Yes, Your Honor. Plaintiffs call Jeffrey  
5 Powers.

6 THE COURT: Thank you.

7 Mr. Powers, would you raise your right hand, sir.

8 THE COURTROOM DEPUTY: Do you solemnly swear that  
9 the testimony you are about to give in the cause now pending  
10 before this Court shall be the truth, the whole truth, and  
11 nothing but the truth, so help you God?

12 THE WITNESS: I do.

13 THE COURT: Thank you, sir. If you would please  
14 take the witness stand. It's just to my right. There is a  
15 stairway closest to the wall.

16 JEFFREY POWERS,  
17 having been duly sworn,  
18 testified as follows:

19 THE COURT: And on another matter -- just a moment,  
20 counsel.

21 Counsel, for the 11 o'clock matter, I'm going to use the  
22 lunch hour to take your matter, but I would like to continue  
23 with this case that we're in session on.

24 So pardon me for the discourtesy, but if you want to go  
25 down and get a cup of coffee, et cetera, I will call your

1 matter at 12 o'clock, okay.

2 Then we will get you on your way by 1 o'clock.

3 Thank you.

4 Sir, would you state your full name, please?

5 THE WITNESS: Jeffrey Powers.

6 THE COURT: Would you spell your last name, sir.

7 THE WITNESS: P-O-W-E-R-S.

8 THE COURT: Thank you.

9 Direct examination. And counsel, would you  
10 identify yourself for the record?

11 MR. DU: Yes. Tommy Du.

12 DIRECT EXAMINATION

13 BY MR. DU:

14 Q Good morning, Mr. Powers.

15 A Good morning.

16 Q How are you doing this morning?

17 A I'm a little nervous, to be honest.

18 Q I know today we're going to talk about some stuff that may  
19 make you feel uncomfortable, so that any time you need a break,  
20 will you let me know?

21 A I will.

22 Q Mr. Powers, can you please tell the Court a little bit  
23 about yourself?

24 A I'm 62-year-old Navy veteran. I have a degree in  
25 economics and computer information systems.

1 I spent the majority of my career in the civilian sector  
2 as an information technology specialist.

3 Q Mr. Powers, where do you currently reside?

4 A 700 Bonsall Avenue. It's one of the permanent supportive  
5 housing units on the VA grounds.

6 Q 700 Bonsall, does it have a building number attributed to  
7 it?

8 A It does. Building 205.

9 Q We will talk a little bit more about that in a moment, but  
10 can you please tell the Court where you grew up?

11 A I grew up in San Jose, California, which is in the San  
12 Francisco Bay Area.

13 Q Did you attend high school?

14 A I did.

15 Q What high school did you attend?

16 A Santa Teresa High School in San Jose.

17 Q What did you do after high school?

18 A In the middle of my senior year, my stepfather went back  
19 into the Navy and we moved down into San Diego into military  
20 housing and that time I talked with a recruiter about joining  
21 the Navy.

22 Q Did you decide to join the Navy at that point?

23 A I did. When we left San Jose, it was during the Iran  
24 hostage crisis. There was a lot of pent-up anger about what  
25 was going on.

1           When I arrived in San Diego, it was the first time I'd  
2 actually ever seen a Navy ship. To see the entire fleet there  
3 was awesome looking, and I decided then that I wanted to be a  
4 part of that.

5 Q       Just so everyone here is aware, when did the Iran hostage  
6 occur?

7 A       1979.

8 Q       And when did you decide to join the Navy?

9 A       May of 1980 I went into the delayed entry program and went  
10 to boot camp in October.

11 Q      And I think we talked a little bit about this, but what  
12 motivated you to join the Navy?

13 A      Like I said, then there was a lot of pent-up anger and  
14 emotions regarding what was going on with Iran, and I wanted to  
15 do something about it.

16           And when -- I guess the combination of my stepfather  
17 going back into the Navy and being immediately flown over to  
18 the Persian Gulf, and then seeing the fleet for the first time  
19 with the three large carriers moored at North Island, and the  
20 service fleet at 32nd Street, it was -- it was very  
21 overwhelming. I just wanted to be a part of that, and do  
22 something to stand up to the enemies of America.

23 Q      When you enlisted, was there a particular position that  
24 you enlisted for?

25 A      Originally, when I first contacted the Navy, I wanted to

1 fly Navy fighter jets.

2 When the recruiter came to see me, he told me that I  
3 needed to be an officer.

4 He invited me to come down and take a series of tests  
5 known as the ASVAB that would identify areas I would be most  
6 suited to.

7 Q And what area were you most suited to?

8 A Aviation electronics.

9 Q What is that?

10 A It basically has anything to do with the electrical  
11 systems on the fighters and attack aircraft of an aircraft  
12 carrier.

13 Q Mr. Powers, can you describe your service in the Navy?

14 A Like I said, in October of 1980 I went to boot camp and  
15 that lasted approximately two months.

16 After I got out of boot camp, I was sent to the Navy  
17 Aviation Training -- Technical Training Center -- excuse me,  
18 in Millington, Tennessee, for my A School.

19 Q When you were in A School, did you receive -- what  
20 training did you receive there?

21 A I started training for the role of being an aviation  
22 electronics technician.

23 The school was configured as a series of terminal  
24 objectives that you needed to learn and complete.

25 It was a combination of self-guided and -- so you would

1 go to your terminal objective when you felt that you were ready  
2 to take the test.

3 If you passed, you moved on to the next one.

4 However, each -- at each level there's only a certain  
5 number of seats, so you may finish yours and be ready for the  
6 next one, but there may not be openings yet.

7 So it was series of go to school, wait for an opening  
8 while you would do something else, usually clean the barracks  
9 or in my case, I was sent to the motor pool, and then when  
10 there is an opening, you would go back to school.

11 Q Did you take the tests?

12 A I did. I took several of them. I believe I got as far as  
13 Terminal Objective 19 before I was discharged.

14 Q How did you do on the test?

15 A Well, they never give you a grade. It's just you either  
16 pass or you fail. If you fail, you stay in that terminal  
17 objective and go back and review the materials until you are  
18 well-versed enough to pass the test.

19 Q Did you receive an accommodation letter for your test?

20 A Not at my A School, but I did get one while I was in boot  
21 camp for having the highest test scores in our company.

22 Q So you mentioned earlier that you were discharged.

23 Were you ever deployed?

24 A No.

25 Q Why not?

1 A I had not finished my A School, so I was not ready to join  
2 the fleet.

3 Q Mr. Powers, I know this may be difficult for you to talk  
4 about, but why you were discharged?

5 A When I got to my A School, people were divided by their  
6 rating into the barracks, and the barracks you would share with  
7 three other people.

8 My bunkmate -- so it was set up as two bunk beds.

9 My bunkmate, named Richard Stricklin and I met and  
10 became good friends, very good friends, and it proved from  
11 there into something more than that, where we -- where we  
12 became lovers.

13 Something that you're not allowed to do in the Navy at  
14 that time.

15 This was even before, "Don't ask, don't tell."

16 It was something we both struggled with very much and  
17 eventually the Navy found out about it, and we were both  
18 discharged.

19 Q Did you keep in touch with Mr. Stricklin?

20 A At first I did.

21 And so -- he was discharged two weeks before I was.

22 When I was discharged, I went down to Georgia where he  
23 was staying.

24 We had plans on going to Florida and getting  
25 construction jobs, but that didn't pan out.

1           Once the money ran out, I went back to California.

2           He came out to visit me one other time since then, and  
3 when he went back to Atlanta, we lost touch with each other.

4           I tried to find him several times over the years, but  
5 was never able to find any kind of social media presence or  
6 anything and then I eventually found his gravestone when I was  
7 doing an ancestry.com search.

8           He had died in 1993, and he was only 32.

9           And I tried to piece together what had happened to him.

10          He had never been married.

11          He lived with his stepfather. He died, the  
12 circumstances were not mentioned, but he died at his sister's  
13 house.

14          Like I said, both of us struggled with our sexuality,  
15 him more than me, and I can only imagine what he must have been  
16 going through that led to his early death.

17          I don't know if it was suicide or something else.

18          I was never able to find out, but it's been very much on  
19 my mind lately.

20        Q     Mr. Powers, thank you for sharing that with us.

21        A     You're welcome.

22        Q     After you were discharged from the Navy, what did you do  
23 next?

24        A     So one of the reasons that I didn't go directly back home  
25 was I was very much embarrassed about being discharged and I

1 had no idea what I was going to tell my family, especially my  
2 stepfather, who played a big role in me wanting to go into the  
3 service in the first place.

4 So when I did eventually go back home, I told them that  
5 I had been discharged because I had hurt my back.

6 I couldn't bring myself to tell them the real reason  
7 that I had been discharged.

8 I lived with that for the rest of my adult life.

9 I pretty much, at that point, decided to just start  
10 over.

11 So I put my entire service and being in the military --  
12 I just buried it. I never listed it on any resumes, I never  
13 talked about it, I never -- never acknowledged it even  
14 happened.

15 And as a result, I stayed in the closet until my late  
16 50s, and I probably would still in be in the closet if I had  
17 not been outed by my brother.

18 Q So what was your career after the Navy?

19 A I went to college. I got a bachelor's degree in economics  
20 and computer information systems.

21 When I graduated, I wanted to have a career in the  
22 information technology field.

23 At the time, if you wanted to be in that field you  
24 needed to be in Silicon Valley.

25 It just so happens that Silicon Valley is mainly San

1 Jose, which is my hometown, so when I got out of college, I  
2 went back to the Bay Area and began my career.

3 Q What was your career in?

4 A In the information technology field, building and  
5 maintaining networks and troubleshooting computers, desktop and  
6 server level.

7 Q During this time, did you mention to anyone about your  
8 career in the Navy?

9 A No.

10 Q Can you provide to us the context, what years did this  
11 occur?

12 A Roughly, 1995 until 2015.

13 Q What happened in 2015?

14 A I was working for a company called OneNeck. They provided  
15 IT support for companies that did not want to have their own IT  
16 department.

17 During that period, I wanted to take another job and I  
18 told my boss that I was going to take this job.

19 He told me if I did not -- if I did not take that job,  
20 they would allow me to work three days from home.

21 So I accepted their deal.

22 Within a month, they were telling me that I could no  
23 longer work from home.

24 We had a disagreement over that.

25 We finally came to an agreement that they would honor

1 their part of the bargain, and then my boss and his boss both  
2 quit and I got a new boss and a new boss' boss, who the first  
3 thing they wanted to do was, again, take away my three days  
4 from home.

5 I again, had to fight the same battle, and again, my  
6 boss and boss' boss both quit and I got a new boss and a new  
7 boss' boss. And, again, they were telling me that I needed to  
8 come into the office. If I did not come into the office, they  
9 would fire me.

10 At which point, I basically told them I have a  
11 compensation package which includes three days from home, if  
12 you want to fire me over that, go ahead, but I'm not coming  
13 into the office more than two days a week, at which point I was  
14 fired.

15 Q At this point, where were you located in 2015?

16 A Tempe, Arizona.

17 THE REPORTER: Where?

18 THE WITNESS: Tempe.

19 BY MR. DU:

20 Q At this point did you ever experience homelessness?

21 A In 2015 I had probably the worst year of my life. As I  
22 said, I lost my job. I wrecked my car. I lost my house, and I  
23 was outed by my brother and lost my family.

24 At that point a friend of mine, who was an Air Force  
25 veteran, suggested that I go to the CRRC to seek help from the

1 Veterans Administration.

2 I had never sought any kind of help or anything from the  
3 VA or the Government related to my military service, but she  
4 explained to me that even if I had only been in for a single  
5 day, that that made me a veteran and that I should not be  
6 embarrassed about having such a short term of service, that  
7 they would help me.

8 Q Were they able to help you?

9 A Yes.

10 Q How long did it take you to find housing in --

11 A It took quite a while.

12 So I went to the CRRC, not knowing what to expect, and  
13 they put in a request for service-connected compensation, an  
14 application into the HUD-VASH program, and found me short-term  
15 housing in the grant per diem program.

16 Q Let's switch gears for a second.

17 Mr. Powers, are you service-connected for any  
18 disability?

19 A I am.

20 Q What is your service-connected disability rating?

21 A 90 percent.

22 Q When did you receive this service-connected disability  
23 rating?

24 A The original service connection was at the end of 2015, or  
25 the beginning of 2016 and over the years, it's been gradually

1 upgraded from zero percent to now 90 percent.

2 Q What is your service-connected disability?

3 A I'm service-connected for migraines, back injury, and  
4 anxiety, mood, and sleep disorder.

5 Q Do you recall when these injuries happened?

6 A I recall the back injury happening while I was at my A  
7 School. That would have been roughly 1980, 1981.

8 It was the result of moving a temporary brig from one  
9 side of the base to the other, and it was done without the use  
10 of any vehicles.

11 So we had to just carry these large portions of the  
12 brig, which required about 20 people to lift one --

13 THE REPORTER: Of the what?

14 THE WITNESS: Of the brig. Which required about 20  
15 people to lift just one side.

16 BY MR. DU:

17 Q Mr. Powers, earlier you mentioned that you felt  
18 uncomfortable identifying yourself as a veteran.

19 At any point, did you try to seek medical treatment from  
20 the VA for your disability?

21 A Yes, I did. While I was in Phoenix, I went to the Jade  
22 Opal Clinic, which is their psychiatric ward.

23 I was having -- at that time, I was having a lot of  
24 trouble coming to grips with my sexuality, especially after  
25 being outed by my brother, and I needed to speak to some sort

1 of mental health professional.

2 I originally had a psychiatrist and he prescribed  
3 several different drugs, which didn't help with the issue that  
4 I was having, and had side effects that were just -- they were  
5 bad side effects. I don't know how to describe it.

6 Q What year was this?

7 A It was 2015 or 2016.

8 Q What about your back issues, did you ever seek treatment  
9 for that?

10 A No. None was ever offered either.

11 Q You mentioned that you received a service-connected  
12 disability rating for your back, right?

13 A Correct.

14 Q When you received that service-connected disability  
15 rating, did the VA offer you any sort of treatment plan for  
16 your back?

17 A No.

18 Q What about your migraines? Did you ever seek help from  
19 the VA for migraines?

20 A I did not.

21 Q Why not?

22 A Again, when I got out of the service, I never felt like I  
23 was worthy of getting any kind of compensation or help or  
24 anything from them.

25 I just -- I basically buried that whole time of my life.

1           So I just lived with the migraines and the back. And  
2 even when I went to the VA and they diagnosed it, they still  
3 did not offer me any kind of treatment for it.

4 Q       Let's talk about the time period from 2020 to the present.

5           Have you gone to the VA to seek any medical treatment  
6 during that time period?

7 A       I have, but not specifically for my back or migraines, but  
8 for things that were ancillary to that, for example, my knee.  
9 You saw that I have to walk with a cane. It's because my right  
10 knee is not strong enough to, like, go up stairs and things  
11 like that.

12           So, I went to the VA here in West LA complaining of  
13 pain. They gave me some lidocaine to put it on and a cane to  
14 use to walk with, but they never gave me any kind of therapy or  
15 long-term help in making it better.

16           It was just relief from the immediate pain and sent me  
17 on my way.

18 Q       Are you currently seeking medical services from the West  
19 LA VA?

20 A       Very, very little. I attend a healthy eating class on  
21 Fridays with Dr. Capone.

22           And I still have an open case with the VA Optical  
23 Department for glasses.

24 Q       At some point were you seeing a therapist on the West LA  
25 VA campus?

1 A I was.

2 Q Why do you say "was"?

3 A Well, I was having weekly sessions with him over  
4 videoconference, and the things that I was telling him were  
5 being put in my medical record, but I didn't know at the time  
6 that my medical record was viewable by just about everybody.

7 And I started to have things regurgitated back to me  
8 that I had told my therapist in confidence that were being said  
9 by staff members of CTRS.

10 And I was flabbergasted to find out that what I thought  
11 was confidential discussions were being put in a file for  
12 everybody to read. So I discontinued the sessions with my  
13 therapist because I couldn't -- I couldn't talk to him about  
14 things that were bothering me without -- with knowing that  
15 everybody else was going to be able to read those.

16 Q Why was the CTRS member repeating what you had said to  
17 your therapist?

18 MR. ROSENBERG: Objection. Calls for speculation,  
19 lacks of foundation. Hearsay.

20 THE COURT: What was the CTRS member repeating that  
21 you had said to your therapist that would cause embarrassment?

22 MR. ROSENBERG: Why, Your Honor?

23 THE WITNESS: Am I supposed to answer that, Your  
24 Honor?

25 MR. DU: Your Honor, if I may be heard. This falls

1 under the hearsay exception of present sense impression.

2 THE COURT: Overruled. You may answer the question,  
3 sir. You can answer the question.

4 THE WITNESS: Could you repeat the question, please.

5 BY MR. DU:

6 Q Do you know why the CTRS member was repeating what you  
7 said to your therapist?

8 A I do not know his reasoning. He was one of the lower  
9 level staff members.

10 I think he got some kind of joy out of it.

11 MR. ROSENBERG: Objection. Move to strike that,  
12 Your Honor. There is no basis for that testimony.

13 THE COURT: I will simply take it as speculation,  
14 counsel.

15 BY MR. DU:

16 Q Mr. Powers, you mentioned that you stopped seeing your  
17 therapist because of this situation.

18 Why is that?

19 A Because I felt like I could not -- could not talk to him  
20 in confidence.

21 You are supposed to -- at least, I always believed that  
22 there is a special relationship between your doctor and the  
23 patient, and that what you say within that context would be  
24 kept confidential.

25 It's clearly not at the VA.

1           To this day, there are people putting stuff in my  
2 medical record that the stuff has never happened, it's not  
3 true, by people that I don't even see.

4           So, I pretty much severed all medical relationship with  
5 the VA, except for the two that I mentioned earlier, and I'm  
6 now -- I've now sought medical treatment outside the VA from a  
7 private doctor.

8       Q     Mr. Powers, let's talk about your housing history.  
9 Earlier you mentioned that you were homeless in 2015 and 2016?

10      A     That is correct.

11      Q     Did you ever experience homelessness again?

12      A     I did.

13           So in 2016, I found an apartment and I lived there for  
14 several years, and then I moved to a new apartment downtown,  
15 and I lived there until March of 2020, when my lease was up.

16           They were not renewing leases because the land that the  
17 apartment was on was owned by another individual and he was  
18 planning on selling that lot and the three adjacent lots to a  
19 building contractor to build high-rise apartments.

20           So, in 2020, I contacted the Phoenix Housing Authority,  
21 told them that my lease was up, and they were not going to  
22 renew it, at which time, they reissued my housing choice  
23 voucher, and I began to look for another apartment.

24      Q     So in March of 2020, was --

25      A     Correct.

1 Q -- you were homeless?

2 A Correct.

3 Q So before we get into the specifics, from March of 2020  
4 until how long were you able to find housing again?

5 A I didn't find housing again until the end of June 2023.

6 Q So a little over three years?

7 A Correct.

8 Q Let's start with March of 2020.

9 What happened after the lease was up?

10 A At the end of March, the Governor of Arizona issued his  
11 first stay-at-home order. This was at the time when COVID had  
12 just hit and they were basically shutting everything down.

13 I could not find an apartment or anybody to talk to  
14 about an apartment, because everybody was staying at home.

15 So if you could go to the apartment complex, there would  
16 be nobody in the office.

17 If you called, you would either get a voicemail or they  
18 would tell you the mailbox was full.

19 So that went on for about three months, and at that  
20 point I decided to leave Phoenix and look for an apartment in a  
21 smaller venue, which in this case, would have been Palm  
22 Springs.

23 Q Between March 2020 and around May or June 2020, where did  
24 you live?

25 A There had been a re-approachment with my mother and she

1 said that I could come and stay with her for -- during the  
2 lockdown.

3           However, when -- so I was trying to find an apartment,  
4 but I was doing it by taking the bus, so I decided I needed  
5 transportation. So I went to one of those companies where you  
6 put down \$500 and drive off the lot with a car.

7           When I got back to my mother's, she told me I had to  
8 leave. She gave me no explanation and to this day I don't know  
9 why, nor has she spoken to me since that time.

10 Q       So is this when you made the decision to move to Palm  
11 Springs?

12 A       Correct.

13 Q       What happened when you arrived in Palm Springs?

14 A       I found pretty much the same situation that I was facing  
15 in Phoenix, where there was nobody to talk to.

16           There were a couple of places where I was able to talk  
17 to somebody, but they had no vacancies.

18           And sometime shortly after that, my car was stolen, and  
19 I went to the VA clinic in Indio to seek help.

20           They told me they had no social worker on-site because  
21 they were such a small clinic, and I should go to the VA in  
22 Loma Linda or the one in West LA.

23           They suggested the one in West LA as it was the largest  
24 one on the west coast.

25 Q       Mr. Powers, around June of 2020, before your car was

1 stolen, where you were living?

2 A Palm Springs.

3 Q Specifically where in Palm Springs?

4 A Part of the month I would live out of my car, and the rest  
5 of the month I would rent a room at one of the hotels.

6 Q You said you were living partially out of your car?

7 A Correct, and partially in a hotel.

8 Q So what happened when your car was stolen?

9 A It provided -- it gave me -- I had to face two problems.

10 One, I no longer had a way to get around to try and find  
11 an apartment in Palm Springs.

12 Two, everything I owned was in the car, and I was -- it  
13 was also my residence part-time during the month.

14 Q So at this point did you decide to try to seek treatment  
15 from the West LA VA?

16 A Like I said, I had gone to the clinic in Indio, they  
17 suggested I go to either Loma Linda or the West LA VA.

18 A friend of mine in Palm Springs was going out to LA  
19 anyway, so I caught a ride with him, and came to the West LA VA  
20 to seek help for housing only.

21 At this point, I had a voucher and I was seeking to find  
22 an apartment in Palm Springs.

23 I was now going to have to do it remotely from LA. So I  
24 only needed shelter, I didn't need any of the other services,  
25 because I already had a voucher.

1 Q Around what time period did you arrive to the West LA VA?

2 A I'm going to say that was probably August, July or August  
3 of 2020.

4 Q And when you arrived to West LA VA, you were able to find  
5 either temporary or permanent housing?

6 A I arrived at the West LA VA and went to the emergency room  
7 where they had their social worker and she offered me some  
8 temporary housing.

9 She gave several choices. Two of them were grant per  
10 diem programs. At this point I only had one grant per diem  
11 left, and I was really not -- I didn't want to give it up  
12 without knowing exactly what kind of housing I would be getting  
13 into using my grant per diem.

14 She offered me another option, which was a tent on the  
15 grounds of the --

16 THE REPORTER: I'm sorry?

17 THE WITNESS: Which was a tent on the grounds of the  
18 West LA VA, what later became known as CTRS.

19 BY MR. DU:

20 Q Did you stay in that tent?

21 A I did. So before I could go into CTRS, I had to go into  
22 quarantine for 24 hours to make sure that I was COVID-free.

23 Q How long did you live in that tent?

24 A Until September of 2020.

25 The problem with the tent was that it was not big enough

1 to stand up in. So every time I needed to get up out of the  
2 tent I was getting off the ground and it was -- it was causing  
3 more problems with my knee.

4 This is when I first went to the VA to seek treatment  
5 for the problem with my knee, which is when they gave me the  
6 lidocaine.

7 Q Did you experience any other issues with the tent at this  
8 time?

9 A Yes. So originally when we got the tent it was in the  
10 parking lot next to the Eisenhower Gate, so it was on asphalt.

11 This is August of the year, so it's summer, so they  
12 decided to move them from the parking lot over to the grass.

13 I'm sorry, Your Honor, but I need to go to the bathroom.

14 THE COURT: Why don't we take a recess, okay?

15 THE WITNESS: Thank you.

16 THE COURT: Counsel, by the time we come back from  
17 the recess, I scheduled another matter at 11 o'clock, but I  
18 wanted to have continuity with our case.

19 And if we could get those folks back, if you see them  
20 down in the lunchroom, yeah, you will recognize them. Just go  
21 down and pay them the courtesy that if we can get both parties  
22 back, I will take them right now and why don't you come back  
23 about at 12:45, okay?

24 This gentleman needs to use the restroom, so step down  
25 and instead of returning just for 15 minutes before lunch, I

1 can use that lunch hour in another way.

2 See you about 12:45.

3 (Lunch recess.)

4 THE COURT: Back on the record. All parties are  
5 present.

6 And, counsel, this would be your continued direct  
7 examination of Mr. Powers?

8 MR. DU: Yes, Your Honor.

9 BY MR. DU:

10 Q Mr. Powers, when we last left off, we were talking about  
11 you being in a tent around August 2020, and the tent being  
12 moved.

13 Can you tell us a little bit about that?

14 A So, it was August, so the temperature was starting to get  
15 really hot, and we were on the black asphalt in the parking lot  
16 next to the Eisenhower gate.

17 It was decided to move us to the grass area where the  
18 park area of the VA compound is.

19 And that was -- at the time, there weren't that many of  
20 us, maybe ten.

21 Q Did you experience any issues when the tents were moved  
22 over to the grass area?

23 A Yes. So, the whole entire park area was filled with  
24 gophers.

25 So the way they would set up these tents is they would

1 lay down a tarp, and then they would pitch the tent on top, and  
2 then you would go inside.

3 So I had a gopher dig a hole, come up, and chew through  
4 the tarp, through the bottom of my tent.

5 And then I had my sleeping bag laid out so that it  
6 covered the entire floor of the tent.

7 I kept seeing this thing popping up, so I reached over  
8 and pulled it up and there was a little gopher. He was looking  
9 at me like, you know, this is my place.

10 So I told Dr. Capone about it, that they should probably  
11 move us. And they decided to build wooden foundations to put  
12 our tents on.

13 So I was moved over to one of those foundations before I  
14 left CTRS.

15 Q When did you leave CTRS this time?

16 A It was in September of 2020. I was having trouble with my  
17 knee, and getting up and down off the ground was aggravating  
18 the condition.

19 So I approached them to get into the PATH program which  
20 would provide me a motel room while I continued my search for  
21 an apartment.

22 Q How long were you in the PATH program?

23 A From September until January of 2022.

24 Q You said September --

25 A Of 2020 -- I'm sorry, to January of 2021.

1 Q Okay. Where did you go after 2021 -- January 2021?

2 A So January of 2021, there was an uptick in COVID.

3 The number of ICU beds available fell below the  
4 threshold that required additional restrictions to be put into  
5 place.

6 The governor ordered the shutdown of all transportation  
7 between cities, and in and out of California.

8 So I took, literally, the last bus back to Phoenix.

9 Q Why did you go back to Phoenix?

10 A Because I was looking for an apartment in Palm Springs,  
11 but I was living in LA, and I knew that if an apartment became  
12 available in Palm Springs, I would not be able to get there  
13 because there was no transportation between LA and Palm Springs  
14 at the time.

15 And there is no transportation in and out of California,  
16 so I went back to Phoenix.

17 And at the same time, the expiration date of voucher was  
18 coming due.

19 I was told when I first moved out to Palm Springs and I  
20 transferred my voucher from Phoenix to the Riverside Housing  
21 Authority, I told them that my voucher would be expiring that  
22 November and that I would need -- we would need to do something  
23 about it.

24 I was told not to worry, that they would just extend it  
25 because of COVID.

1 Q Who told you not to worry?

2 A My case manager at the Riverside Housing Authority.

3 Q Did your voucher expire at some point?

4 A It did. So at the point that it was becoming close to the  
5 expiration date, I contacted Riverside Housing Authority, told  
6 them that it was, you know, in a few days it would be expiring,  
7 and I received a message back from them saying the Riverside  
8 Housing Authority was not granting any extensions at this time.

9 So, I called her and asked her what I should do. And  
10 she suggested that I contact the Phoenix Housing Authority to  
11 see if they would grant an extension as they were the ones that  
12 issued the voucher in the first place.

13 So that was part of the reason for going back to  
14 Phoenix.

15 Q Did you make it back to Phoenix?

16 A I did, with about -- so they granted an extension from  
17 November to January, and I had, like, maybe a week left on the  
18 voucher.

19 I tried to get another extension, but was denied.

20 Q So where did you live while you were in Phoenix? And this  
21 is approximately in 2021, right?

22 A Correct. So from roughly the -- mid-January to May  
23 of 2021, I was either couch surfing with friends I had there or  
24 living in a tent behind the Dollar General Store.

25 Q At some point did you make your way back to the West LA

1 VA?

2 A I did, in May of 2021.

3 so summer was approaching in Phoenix, and I don't know  
4 if you have ever been to Phoenix in summertime, but it's not a  
5 place you want to be camping outside.

6 So with no voucher and no prospects, really, in Phoenix,  
7 I decided to go back to LA so that at least I would have a  
8 place, you know, at least a tent, CTRS, or something while I  
9 attempted to get a new voucher.

10 Q Where did you go in LA to try to find housing?

11 A At this point in time, I was not looking in LA for  
12 housing. I was looking at Palm Springs.

13 So I was living in LA, but my main focus was Palm  
14 Springs because my voucher had been in the Riverside Housing  
15 Authority, which covers the Palm Springs area.

16 When I got back to LA and I had to reenroll in the  
17 HUD-VASH program, which means I had to go all the way back to  
18 square one and go through the entire intake process, the  
19 acceptance into HUD-VASH, the issuing of the voucher and all of  
20 that.

21 At the point that the voucher was issued, my focus would  
22 have been West Hollywood and Santa Monica.

23 Q Mr. Powers, I want to clarify this.

24 So even though you had a voucher, HUD-VASH voucher from  
25 Phoenix, you had to start the process over when you arrived in

1 LA?

2 A That's correct, because the Phoenix voucher had expired.

3 So when they applied for the new voucher -- first, it  
4 was rejected because they said I had an active voucher in  
5 Phoenix. This would have been the voucher that they said was  
6 expired.

7 And I asked them that if that is the case, that you  
8 still have this active voucher, could you port it over to us in  
9 LA?

10 And they said no, we can't do that because it's expired.

11 So, even though it was expired, it was still showing up  
12 as an active voucher.

13 So that whole issue had to be resolved before they could  
14 even start on reissuing me a new voucher.

15 Q So when you returned back to California around the May,  
16 June 2021 time period --

17 A Correct.

18 Q -- where were you living?

19 A CTRS.

20 Q And you mentioned CTRS.

21 Is that the tents or tiny sheds?

22 A At this point it would have been the tents that were on  
23 the wooden foundations that they had built because of the  
24 gophers, but then those had their own issue.

25 They became infested with rats.

1 Q Can you tell us a little bit more about your living  
2 situation in these tents?

3 A Well, in the beginning it's like going camping. You are  
4 like, yeah, this is fun, but it grows old really quick.

5 And because the tents were so small, you couldn't stand  
6 up in them. They were mainly only good for sleeping in.

7 Then you add on top of that the fact that you are on a  
8 foundation that underneath is just fill with rats.

9 That got so bad that at one point I had downloaded an  
10 app that when you used it, it emitted a sound that the other  
11 rats interpreted it as an angry rat and it would keep them at  
12 least out of my tent.

13 At one point I went to visit my friend in Canoga Park  
14 for the weekend, and when I got back, there was a rat sitting  
15 on my cot, eating a granola bar.

16 And that point, I just kind of lost it, and I took a  
17 stick and was trying to hit the rat and ended up destroying my  
18 tent.

19 Q What happened when you destroyed your tent?

20 A I was kicked out of CTRS.

21 And when I went over to the emergency room to talk to  
22 the social worker about getting in somewhere else, they tried  
23 to put me into the psychiatric ward.

24 But the evaluation by -- the doctor at the time rejected  
25 it saying he's not crazy or anything, he doesn't belong in the

1 psychiatric ward.

2 Q So, you were just kicked out of CTRS, you didn't belong at  
3 the psychiatric ward.

4 Where did you go?

5 A So, outside the VA, along the fence on San Vicente  
6 Boulevard was a row of tents with American flags on them that  
7 was labeled -- called Veterans Row.

8 And I had seen the tents there, but I had never talked  
9 to anyone.

10 So I went and pitched my tent right next to the  
11 Eisenhower gate, across from where the first tent started.

12 A gentleman named Derrick and another gentleman named  
13 Michael, befriended me and said that they would talk to Rob  
14 Reynolds about getting me in one of these tents.

15 So, the next day I met Mr. Reynolds, and he assigned me  
16 Tent No. 10.

17 Q Before you ended up on Veterans Row, did you get a chance  
18 to observe the living situation at the CTRS tents?

19 A I don't want anybody to be under any false impression.  
20 CTRS is not a place that anybody should have to live.

21 It is horrible. It is one of the worse places that I  
22 have ever had to stay, and the fact that the VA is providing  
23 that for its veterans is disgusting.

24 I want to make that perfectly clear to anybody who is  
25 listening. It is not a place that anybody should have to live.

1 Q Mr. Powers, how long did you live on Veterans Row?

2 A So, I was on Veterans Row at least two separate times, I  
3 and would say about three to six months total.

4 Q How would you describe the living situation on Veterans  
5 Row?

6 A If I had to pick a place to live, that's where I would  
7 want to be.

8 If I had to be homeless, I would want to be on Veterans  
9 Row.

10 Q Why is that?

11 A There is very much of a sense of community there.

12 Nobody had to tell each other that we would help each  
13 other out.

14 We kept our area clean. Every morning Rob would come by  
15 with a garbage bin. We would all sweep our areas, take out the  
16 trash. It was just very much a sense of community there.

17 And I was sorry to see it disbanded because it provided  
18 something that is not available in any of the things provided  
19 by the VA, and that's a sense of home.

20 Q Approximately, when was it disbanded?

21 A I want to say it was around fall of 2022.

22 Q When it was disbanded, where did you go?

23 A I went to -- so I was receiving money, so I was -- stayed  
24 in a motel room until the money ran out. And then I went back  
25 in to CTRS, under the assumption that they had promised that

1 the people they were bringing in from Veterans Row, they were  
2 going to set up as a separate entity within the CTRS.

3 But that was not the case.

4 It was -- they had just absorbed the people into what  
5 was already existing.

6 And I think at that time is when they started first  
7 building the -- I don't know what to call them, little tiny  
8 homes because there was nothing homey about it.

9 They were basically garden sheds, like you would find in  
10 your grandfather's backyard.

11 Q Approximately, when were these -- when did you start  
12 living in these tiny sheds?

13 A I'm going to say it was near the end of 2022. Yeah, 2022.

14 Q How would you describe your living condition there?

15 A Well, if you've ever had a tool shed, it would be like  
16 living in a tool shed.

17 So there was a shelf that they would have a mattress on,  
18 but it was too narrow, I was constantly rolling off and falling  
19 onto the floor.

20 So I had to take the mattress and put it on the floor.  
21 And now I had the same problem that I had all along with the  
22 tents, which was that getting up off the ground was aggravating  
23 my knee.

24 Q Did you have a bathroom?

25 A Not in the shed. So there were porta potties provided.

1 There was a bathroom in Building 220 that you could -- well, at  
2 first there was no restriction on us using it, but later on  
3 they put up a sign saying that we were not allowed to use it,  
4 but I used it anyway.

5 But it was only open during normal business hours.

6 Q What is "normal business hours"?

7 A I would say from probably 8:00 in the morning until, like,  
8 maybe 5:00 -- there -- it was a clinic.

9 I'm not exactly sure everything that was in there, but  
10 there was acupuncture and some other services including the  
11 Healthy Living Program that Dr. Capone put on was -- came out  
12 of that building.

13 Q Was there a kitchen for you to use?

14 A There was a kitchen. We, as veterans, were not allowed to  
15 use it.

16 But we did -- it was used in the healthy cooking kitchen  
17 class.

18 But if -- for example, if we were going to make some  
19 sort of soup, say a vegetable soup or something, we would chop  
20 up all the vegetables and everything, then take them to  
21 Dr. Capone.

22 He would take it upstairs to the kitchen and do the  
23 cooking, the actual cooking, and then bring the finished  
24 product back down.

25 Q Did you have any privacy in the tiny sheds?

1 A No, not at all. In fact, they would come by on a daily  
2 basis, pound on the door. If you didn't open the door or  
3 acknowledge them, they would just walk in.

4 It was a complete invasion of privacy.

5 One of the things that bothered me the most, because the  
6 -- the only safe zone that I had was inside my shed. And once  
7 that was violated, there was no place for me to go whenever I  
8 needed to recharge my batteries.

9 And, you know, because, like I said, living in that  
10 environment is a constant bombardment against your mental  
11 health. It is so horrible.

12 I watched so many veterans slide into this dark, deep  
13 pit, and many of them didn't come out.

14 And it's so very sad. And even today, the conditions  
15 that go on there are deplorable.

16 You have no privacy, you must be searched whenever you  
17 come in, you can't have any visitors. All these things that  
18 you would expect of a criminal, even though you are not a  
19 criminal, you are simply homeless, but you are treated as  
20 though you are one.

21 So, I don't know what more to say. I can't believe it's  
22 allowed to exist. It should not be there.

23 Q Did you witness any incidents involving a VA official  
24 trying to get into another tiny shed?

25 A Yes. So, as I said, they would come by daily and knock on

1 your door. I heard some commotion outside my shed, so I called  
2 my friend, Rob, who lived not right across from me, but across  
3 and down one unit.

4 I said, can you peek your head outside and see what's  
5 going on because there is a lot of commotion going on right  
6 outside my door, and I'm not sure what that is.

7 And he called back saying there is some guy with a  
8 hammer, and he's going around trying to break into your shed.

9 When I came out to confront him, he threatened to hit me  
10 with his hammer.

11 Apparently, I guess, he also threatened another veteran  
12 farther down on our row.

13 Q Do you know what happened to the veteran?

14 A The gentleman in the audience right now. He's undergoing  
15 his own journey.

16 I don't feel like I should get into it too much.

17 Q Mr. Powers, how long were you in the tiny shed until you  
18 found permanent housing?

19 A So, I found permanent housing in -- at the end of June of  
20 2023.

21 But during that time, there was -- I was in CTRS on and  
22 off because I would go into CTRS and I would tell Dr. Capone,  
23 look, the clock has started.

24 I go, when I come to you and say I have reached my  
25 limit, I need to get out of here. I need -- I said, I need you

1 to find me a place.

2 You cannot keep me in there once I tell you I have  
3 reached my limit.

4 So, the last portion, I guess, would have -- I don't  
5 know when it started, but it ended in July.

6 But the incident with the hammer happened on a Thursday.

7 That Friday, a member of the company running CTRS and VA  
8 police showed up at my shed, and I was told that I had been  
9 discharged and that I needed to get out of my shed right then  
10 and there.

11 I told the VA police, sir, I'm not trying to cause a  
12 problem or anything, but I'm going to need some paperwork  
13 because this is the first that I have heard of it.

14 Q Let's take a step back. Around what time did this happen?

15 A This would have been June -- the last week of June of  
16 2023.

17 Q So at this time, you were still in the tiny sheds, right?

18 A I was.

19 Q What happened when the VA police showed up at your door?

20 A They -- I was told that I would have to leave the shed  
21 right then and there, that I had been discharged.

22 But they had no paperwork or any kind -- and the thing  
23 was, they waited until after 5 o'clock when Dr. Capone and his  
24 staff would have been gone for the day.

25 And, it being a Friday, they would not be back until

1 Monday.

2 So there was no way to challenge this.

3 So when I asked the VA police to see some paperwork, he  
4 turned to the girl who was administering, and said, "do you  
5 have paperwork?"

6 And her reply was "I think I can type up something."

7 So at that point, there really was no paperwork. It was  
8 simply they're -- the discharge on their own say so.

9 Q Mr. Powers, at this point were you detained?

10 A I was not. That incident happened much earlier.

11 Q Can you tell me about that incident?

12 A So I had been -- I had been in my shed and I hadn't really  
13 come out much because I was binge watching the Game of Thrones  
14 on the TV that I had just recently bought.

15 When -- there was a knock on my door and it was the VA  
16 police, and they came in dragged me out of my unit and told me  
17 that I was under arrest for threatening a social worker.

18 I told them that I had made no threats towards anyone  
19 and that this was a mistake.

20 The lady who was running CTRS -- her name was Shannon, I  
21 don't know her last name -- said, "yes, you did."

22 And at that point, I was read my Miranda rights, cuffed,  
23 and placed in the VA cruiser.

24 And I would assume that they were going to take me to  
25 jail and then I would have been arraigned.

1           That is normal procedure if you are arrested for  
2 something.

3           Instead, I was taken over to the psychiatric ward where  
4 I was put in the holding cell in the ER's first floor.

5           And I was there for, like I said, it was probably early  
6 afternoon, like, late at night until like 10:00 p.m., at which  
7 point they said that they were going to admit me for a 72-hour  
8 hold.

9           I was still -- I had no idea why this was happening.  
10 Nobody told me what -- any details of what it was that I  
11 supposedly had threatened, who I had threatened or how.

12           And I had no recollection of it.

13           So, when I got up to the psychiatric ward -- well, let  
14 me back up.

15           So the whole time I was in the holding cell, they would  
16 constantly be coming in and ask me questions, and I would tell  
17 them, I'm exercising my right to remain silent, and I want to  
18 see a lawyer.

19           At no time was a lawyer ever provided.

20           So I was then taken up to the second floor and admitted  
21 to the psychiatric floor.

22           And then for the next three days, I was constantly  
23 interrogated about what had happened and did I want to talk  
24 about it.

25           I kept telling them, I don't have anything to say, I'm

1 exercising my right to remain silent, and I want a lawyer.

2           They would come to me and say if you just cooperate with  
3 us, you can be out of here, but if you don't cooperate with us,  
4 we will hold you for even longer.

5 Q       And, Mr. Powers, were you at some point discharged?

6 A       I was at some point, but not after the 72 hours.

7           After the 72 hours, they initiated a further two-week  
8 psychiatric hold, at which point I requested a writ of habeas  
9 corpus from a federal judge.

10 Q       Was that granted?

11 A       It was.

12 Q       Mr. Powers, you indicated that around June 2023, you  
13 received housing; is that right?

14 A       That is correct.

15 Q       And was that housing in Building 205?

16 A       Yes.

17 Q       Did you receive that housing after you filed this lawsuit?

18 A       Yes.

19 Q       Mr. Powers, if you sought -- earlier you mentioned that  
20 you no longer seek treatment from the West LA VA Medical  
21 Center; is that right?

22 A       That's correct.

23 Q       If you sought treatment on the West LA VA campus, would  
24 living where you live now make it easier for to you access  
25 those medical treatments?

1 A I wish that I could still seek treatment at the West LA  
2 VA, because it would be so convenient, because I'm living just  
3 down the street from where all of the doctor's offices and the  
4 hospital is.

5 Unfortunately, I don't feel that I can until the whole  
6 issue of the medical records is addressed, because I don't feel  
7 comfortable going to see my doctor, knowing that everybody and  
8 his mother can read what is in my file.

9 Q Mr. Powers, I just want to clarify the timeline.

10 Earlier you mentioned that you were on Veterans Row.  
11 Was that in or around 2021?

12 A Yes.

13 Q Okay. Mr. Powers, why did you decide to be class  
14 representative in this case?

15 A Well, I was approached by Rob and he asked me if I wanted  
16 to be part of the lawsuit.

17 And I thought about it, and I go, if I can -- if I can  
18 do something now to get all of this stuff fixed, then people  
19 that follow me will not have to go through the things that I  
20 have had to go through, which has been just a terrible  
21 experience, and I wouldn't want anybody else to have to do  
22 that.

23 So if that is the thing I can get out of this case, that  
24 will be enough for me.

25 MR. DU: Thank you, Mr. Powers. No further

1 questions at this time.

2 THE COURT: Cross-examination, please.

3 MR. ROSENBERG: Yes. Would you give me just one  
4 moment, Your Honor?

5 THE COURT: Sure.

6 MR. ROSENBERG: Mr. Powers, I don't have any  
7 questions for you today, but I did want to take a moment to  
8 acknowledge your service on behalf of the United States.

9 I know that it was shorter than what you would have  
10 liked, but here in this courtroom, on the record, and on behalf  
11 of the United States, thank you for your service.

12 THE WITNESS: Thank you.

13 THE COURT: You are a representative of the class.

14 Is he to be excused, counsel? Can he remain in the  
15 audience? Is he going to retestify? What is your --

16 MR. DU: Your Honor, he's a party. I understand he  
17 may stay in the audience. We have no objections to him  
18 continuing to watch these proceedings.

19 THE COURT: Any concern on the VA's part or HUD?

20 MR. ROSENBERG: If he's no longer testifying, there  
21 is no concern.

22 THE COURT: You can remain. It appears you will not  
23 be testifying again.

24 Thank you very much, sir. You may step down. Be  
25 careful stepping down the steps, please.

1 Counsel, if you would like to call your next witness,  
2 please.

3 MR. DU: At this point, we would like to call Sally  
4 Hammitt.

5 If we may have a moment to get set up, perhaps taking a  
6 five-minute recess, that would be appreciated.

7 THE COURT: We will take a recess for five or  
8 10 minutes, counsel.

9 (Brief recess.)

10 THE COURT: Okay. Call the next witness.

11 Okay. We're back in session. All parties are present.

12 Counsel, if you would like to call your next witness,  
13 please.

14 MR. DU: Yes, Your Honor. Plaintiffs call Sally  
15 Hammitt.

16 THE COURT: If you'd raise your right hand, please.

17 THE COURTROOM DEPUTY: Do you solemnly swear the  
18 testimony you are about to give in the cause now pending before  
19 this Court, shall be the truth, the whole truth, and nothing  
20 but the truth, so help you God?

21 THE WITNESS: I do.

22 THE COURT: If you would please be seated in the  
23 witness box. It's just to my right, and there are some steps  
24 closest to the wall. There are three steps.

25 SALLY HAMMITT,



1 correct?

2 A Correct.

3 Q At that time, you were the chief of social work for  
4 VAGLAHS, correct?

5 A Yes.

6 Q Before that, Ms. Hammitt, you started your career at the  
7 Cincinnati VA in or around 2009, correct?

8 A Yes.

9 Q And at that time, you worked in a variety of homeless  
10 programs for the Cincinnati VA, correct?

11 A Yes.

12 Q Currently, you are the chief of the Community Engagement  
13 and Reintegration Services program, correct?

14 A Yes.

15 Q Also abbreviated as C-E-R-S.

16 A Yes. We call it CERS.

17 Q Thank you. And you have held that position since early  
18 2023, correct?

19 A Yes.

20 Q And CERS is the VA's homelessness program, right?

21 A Yes.

22 Q A goal of CERS is to ensure that every veteran has a place  
23 to call home, right?

24 A Yes. That is one of our goals.

25 Q Another goal of CERS is to provide wraparound services to

1 veterans on their journey to housing, right?

2 A Yes.

3 Q And wraparound services includes counseling, right?

4 A That could be one service, yes.

5 Q Assisting with engaging in different benefits, right?

6 A That's correct.

7 Q Connecting a veteran to medical care?

8 A Yes.

9 Q Food resources?

10 A Correct.

11 Q Transportation?

12 A Yes.

13 Q I want to talk to you about the current staffing levels at  
14 the VA.

15 Now, the VA has case managers that are assigned  
16 specifically to a veteran, correct?

17 A Correct.

18 Q On average, the VA's goal is to have a ratio of one  
19 caseworker to approximately 25 individual veterans, right?

20 A It's a little bit more complicated than that, the ratio.

21 Q The ratio is approximately 1 to 25, depending on what  
22 weight is given to a particular veteran, right?

23 A That's correct.

24 Q In 20 -- in 2020, did the VA meet its goal of having one  
25 caseworker to 25 individual veterans?

1 A I'm actually not certain of that.

2 For most of the time in 2020, I was at the Cincinnati  
3 VA, and then I came to Greater Los Angeles as the social work  
4 chief, so I'm not exactly sure what that ratio or the staffing  
5 levels -- I will just add that we typically don't have a goal  
6 of 1 to 25.

7 We do have a goal of positions that we would like to see  
8 staffed up that are funded by the homeless program office.

9 Q We will talk about that in a second.

10 So are you telling this Court today that there is no  
11 goal of a ratio of 1 to 25?

12 A I'm not aware of that being a goal that we have.

13 Rather, we want to ensure that each veteran has the  
14 support wrapped around them that is necessary to help them be  
15 successful.

16 Q Is there a ratio attributed to that?

17 A Typically -- it's a little complicated. It depends on  
18 what stage of case management the individual is in.

19 It's not as easy as saying 1 to 25.

20 But give or take, we would like to see that any lead  
21 case manager who has someone with intensive case management  
22 needs, we don't want to see that volume go over 25.

23 Q So at most, one caseworker has 25 veterans under their  
24 care?

25 A Sometimes it's more, depending on the level of case

1 management that that individual is in.

2 So we use a weighted caseload approach based on that  
3 veteran's acuity, their needs, and the supports we're  
4 providing.

5 Q Based on that weighted caseload approach, the average is 1  
6 to 25, correct?

7 A So, again, not to be difficult, but it is a little bit  
8 complex. And we try to generally stay in that place, but a  
9 number of factors are taken into consideration.

10 Q What is the current ratio of case workers to individual  
11 veterans at the VA Greater Los Angeles Healthcare System?

12 A Yeah, so that varies. You know, it really depends on the  
13 stage of case management.

14 For example, you could have a veteran in a stage of  
15 aftercare which requires less contact, and so they can have,  
16 you know, upwards of 100 individuals that they are following.

17 Q Ms. Hammitt, do you have a ratio for me for 2022?

18 A For fiscal year 2022?

19 Q Yes.

20 A So, the same would apply here.

21 You know, generally speaking, again, we want to see 1 to  
22 25.

23 We want to make sure that if someone has an intensive  
24 level of need of case management, we would want to make sure  
25 that lead case managers are not going over that amount.

1 But each veteran doesn't have the same lead case  
2 manager.

3 And so I think, ordinarily, if you look at it, it's  
4 close to 1 to 25, but I can't give you a perfect formula  
5 because it really depends on the individual veteran's needs and  
6 what stage of case management they are in.

7 Q So you would agree with me that the goal of the VA is to  
8 prioritize the needs of the veteran, right?

9 A Correct.

10 Q You would agree with me that having one caseworker  
11 assigned to fewer veterans would allow that caseworker more  
12 time to deal with each of their assigned veteran, right?

13 A So, again, that would depend on the needs of the  
14 individual that they are serving.

15 And we also use a team approach. So we have nurses and  
16 we have peer specialists and we have other individuals that  
17 serve on that team, so, it's not a clear cut formula.

18 I'm not familiar with ever being told as a leader of  
19 this program that my responsibility is to ensure each case  
20 manager has 25 veterans on their caseload.

21 Q Ms. Hammitt, my question is much simpler and so I'm going  
22 to repeat it.

23 You would agree with me that having one caseworker  
24 assigned to fewer veterans would allow that caseworker more  
25 time to deal with each of their assigned veterans?

1 A So I think I would agree with that, yeah. I mean, I think  
2 if a staff member had a lower caseload, certainly that would  
3 give more time and that would depend on the needs of each  
4 veteran that we're serving.

5 Q Let's take a look at Exhibit 25. It's been admitted into  
6 evidence today.

7 There's an exhibit right in front of you.

8 A Uh-huh.

9 Q Let's turn to the second page.

10 Earlier you mentioned that there is a staffing goal that  
11 the VA tries to meet.

12 Ms. Hammitt, you are familiar with that Exhibit 25 in  
13 front of you, right?

14 A I am.

15 Q It's a printout of the CERS data dashboard, correct?

16 A Correct. There is a public-facing dashboard, yes.

17 Q The goal of this website is to present data on the VA's  
18 progress in ending homelessness across the five-county VAGLAHS  
19 jurisdiction, right?

20 A Would you mind repeating that question?

21 Q Sure. The goal of this website is to present data on the  
22 VA's progress ending homelessness across the five-county  
23 VAGLAHS jurisdiction, right?

24 A So I'm not exactly sure what the goal of this dashboard  
25 is.

1 I know this was a recommendation and this predates me a  
2 little bit, but I think this was a recommendation from a board  
3 to the secretary.

4 And from what I gather, the goal was really to ensure  
5 transparency around our homeless programs at VA Greater Los  
6 Angeles.

7 Q So let's take a look at the first page.

8 Do you see the last paragraph of the first page that  
9 says: "Below is a surge data dashboard which present key data  
10 sets tracking VA's progress on ending veteran homelessness  
11 across the five-county VAGLAHS jurisdiction."

12 Did I read that correctly?

13 A Yes, I see that.

14 Q What are the five counties across VAGLAHS's jurisdiction?

15 A So we have LA County, Ventura County, San Luis Obispo  
16 County, Kern County, and Santa Barbara County.

17 Q So let's go ahead and take a look at the second page now.

18 Let's talk about the staffing ratio.

19 So there is a dark blue line on the top.

20 Do you see that?

21 A I do.

22 Q That identifies the VA's goal for staffing, right?

23 A Yes. So that goal of 90 percent is for positions that are  
24 funded from our homeless program office, and 90 percent is that  
25 goal that we're striving for for HUD-VASH.

1 Q So the goal isn't 100 percent, right?

2 A Well, the goal for me is 100 percent.

3 Q Sure, but this line -- that goal isn't 100 percent,  
4 correct?

5 A No. This is a 90 percent line, and there is some  
6 directives and some rules around, if you do not get to  
7 90 percent, and you have staff vacancies, along a continuum of  
8 at least 12 months, then those positions must be contracted  
9 out.

10 Q Ms. Hammitt, for Quarter 1 of 2022, did the VA meet its  
11 goal?

12 A So it looks like we're below. I'm seeing you are asking  
13 for Quarter 1, 2022.

14 So, if that data is correct on the spreadsheet then we  
15 were short of that 90 percent goal in Quarter 1 of 2022.

16 Q How about Quarter 2 of 2022?

17 A Edged up a little bit, but it looks like we were still  
18 short of that goal, according to this document in Quarter 2 of  
19 2022.

20 Q The VA also didn't meet a staffing goal in Quarter 3 of  
21 2022, correct?

22 A That's correct, from this data we were under that goal of  
23 90 percent.

24 Q Quarter 4 of 2022 didn't meet its goal either, right?

25 A That's correct.

1 Q That's the same with Quarters 1 through 4 of 2023 as well,  
2 correct?

3 A Yes. I'm seeing all of those quarters reported this data  
4 shows that that is not hitting that line of 90 percent.

5 Q You mentioned earlier that "if the data is correct."

6 Who enters the data on this website?

7 A I'm actually not sure who enters that data.

8 And I noticed that it is delayed.

9 And I am really pleased to report our staffing looks a  
10 lot higher now, and so I think this is something that is  
11 important to me if we are being transparent about our  
12 information.

13 I want to see that this is updated because it will show  
14 some significant improvements.

15 Q Ms. Hammitt, my question -- I just want you to focus on my  
16 question.

17 My question was about who enters this data.

18 Do you know who enters this data?

19 A I'm not certain about who actually, at the VA, enters this  
20 data.

21 Q But it's someone at the VA, correct?

22 A I believe so.

23 Q Do you see the bottom right-hand corner of this exhibit,  
24 it says, "Data source VHA support service center"?

25 A Uh-huh.

1 Q Is that "yes"?

2 A Yes.

3 Q Ms. Hammitt, you would agree with me that meeting your  
4 staffing goal is critical in the fight to house homeless  
5 veterans, right?

6 A I would agree with you.

7 MR. DU: You can take the exhibit down.

8 BY MR. DU:

9 Q Ms. Hammitt, I want to talk to you briefly about temporary  
10 housing.

11 You are aware that the West LA VA recently changed its  
12 policy regarding the duration a veteran can stay in either CTRS  
13 or a bridge home, correct?

14 A Correct.

15 Q Now, a veteran experiencing homelessness who receives  
16 temporary housing at either CTRS or a bridge home has 60 to  
17 90 days to find housing, correct?

18 A Sort of correct.

19 That is not a requirement for them to remain in CTRS.

20 We recognize that veterans, some take longer than  
21 others, but yes, we would like to see in CTRS specifically  
22 60 days being that goal of exiting the tiny shelters in CTRS to  
23 permanent housing.

24 And for bridge, I believe you might be referring to a  
25 bridge home, which is actually healthcare for a homeless

1 veteran contract residential shelter.

2 The goals in those shelters are -- they can range, but  
3 looking at 60 days and it can go up to 120 days.

4 However, the goal of 90 days is what we're looking at in  
5 healthcare for homeless veterans contract shelter, which is  
6 that -- a bridge home you might be referring to.

7 Q Why was the change made?

8 A There weren't clear guidelines around lengths of time that  
9 individuals were staying at CTRS.

10 And CTRS is not permanent housing, and so much like the  
11 rest of the continuum of emergency shelter, which is what we  
12 consider CTRS, the goal nationally is really to be looking at  
13 that 60 to 90 days, and assisting veterans with moving to  
14 permanent housing.

15 Certainly as quickly as can -- as we can, but we  
16 recognize that sometimes people need a little bit more time.

17 Q Ms. Hammitt, the change in duration and how long a veteran  
18 can stay, that was made this year in April of 2024, correct?

19 A That's correct.

20 Q So now, if a veteran is offered housing, they must either  
21 accept or they will be discharged from either CTRS or a bridge  
22 home, correct?

23 A No, that's not correct.

24 Q So if a veteran is offered housing, and they decline, are  
25 they allowed to stay at CTRS or a bridge home?

1 A Yes, they can.

2 Now, if they continue to decline, and there have been  
3 multiple offers of housing, we actually look at other  
4 accommodations for the veteran.

5 So it's really a case-by-case situation with veterans,  
6 but we really -- I will say for myself, emergency shelter is  
7 not a place that we want to see veterans residing in for long  
8 periods of time because it's just really not built like  
9 permanent housing, and, you know, it's important to us to  
10 provide different levels of support for veterans that are in  
11 that setting.

12 Q What happens when a veteran continually refuses the  
13 housing they are offered, for example, the housing is too far  
14 away? Would they be removed from CTRS?

15 A So, I want to make sure I understand you.

16 So if a veteran is in CTRS and they decline a housing  
17 opportunity because it's too far away, would they be removed  
18 from CTRS?

19 Q Yes.

20 A No.

21 Q Where would they go?

22 A Well, if that was their first opportunity at housing, we  
23 would continue to work with them, maybe for a second  
24 opportunity for housing.

25 We would want to know what the preferences are of the

1 veteran and where they want to live.

2 And if the veteran is reluctant to work with case  
3 managers around a plan for housing, we would do our best to  
4 offer alternatives, but we may offer transitional housing  
5 instead of CTRS.

6 Q Let's talk about a bridge home. That's currently being  
7 managed by a third-party contractor, correct?

8 A Correct.

9 Q The goal of a bridge home is to provide emergency shelter;  
10 is that right?

11 A That's correct, emergency shelter and also wraparound  
12 services and connections to care.

13 Q And a bridge home, that was open earlier this year around  
14 April of 2024?

15 A Yes. We had a previous contract ended and a new contract  
16 deployed, and I believe April, early April was the start date  
17 of that contract.

18 Q And that contract is with Volunteers of America; is that  
19 right?

20 A That's correct.

21 Q A bridge home has a capacity of 100 beds, right?

22 A A bridge home in -- there are two tents.

23 There is a capacity of 32 in tent one, and that's where  
24 the contractor is, in tent one.

25 Tent two, is unoccupied.

1 Q When you combine tent one and tent two that is 100 beds,  
2 right?

3 A No. That will be when we combine those two, that will be  
4 64 beds once the full contract is deployed.

5 Q So currently there are only 30 beds open, right?

6 A Yes. Only one tent is being used in a bridge home right  
7 now.

8 Q Earlier you used the phrase "transitional housing."  
9 What does that mean to you?

10 A Transitional housing is temporary housing, and I'm  
11 referring to a program called Grant and Per Diem.

12 That is a program funded by the VA where usually  
13 non-profits apply for a grant and there are various models to  
14 that transitional housing.

15 Overall the goal is six months for transitional housing,  
16 and in some cases -- in some cases, it's 90 days depending on  
17 the model of care.

18 Q Would transitional housing be considered temporary  
19 housing?

20 A I would consider transitional housing temporary housing,  
21 yes.

22 Q Ms. Hammitt, I want to talk to you about the number of  
23 homeless veterans in Los Angeles.

24 Do you have an estimate of the number of veterans  
25 currently experiencing homelessness in LA County?

1 A I do.

2 Q What is that estimate?

3 A So the estimate -- and our team at the VA and our  
4 community partners worked really diligently together to develop  
5 by-name list, a quality list of every veteran experiencing  
6 homelessness in LA County.

7 Right now that list spans Service Planning Areas 1  
8 through 8, and there are a total of around 1,270 -- 1,280  
9 veterans on that -- I'm sorry, let me take that back.

10 There are 1,460, around 1460 veterans on that by-name  
11 list.

12 Q What is "Service Provider Area 1 through 8"? Is that just  
13 LA County?

14 A Yes. So that's in LA County and there are different  
15 geographic areas of LA County.

16 And, excuse me, but I got my numbers confused. 1,600 is  
17 our entire catchment area, but you are asking specifically for  
18 LA County and there's a list of about 1,400 veterans on our  
19 by-name list for LA County specifically.

20 Q So let's just break that down so everyone understands.

21 You mentioned that you had an approximate number of  
22 homeless veterans of 1,600 in the catchment area, correct?

23 A Correct.

24 Q The catchment area is the five-county service by VAGLAHS,  
25 correct?

1 A That's correct. That includes the outlying counties and  
2 LA County as well.

3 Q And the 1,400 number you have mentioned, that is just for  
4 LA County, correct?

5 A Those are the veterans that we have in LA County on our  
6 by-name list that we've identified by name and we verify their  
7 veteran status.

8 Q So you mentioned the "by-name list," and just so we're  
9 clear, there are many different by-name lists, correct?

10 A There is only one by-name list that my team in CERS uses  
11 and that's this list that I'm referring to.

12 Q Is that known as the HOMES, H-O-M-E-S, list?

13 A No. That is actually a different list.

14 This is a list that we partner with LAHSA and some of  
15 the people that we work with in the Continuum of Care for  
16 homeless veterans aren't VA employees, so they don't enter data  
17 into HOMES, they enter data into a system called HMIS.

18 So the list I'm referring to is a list that is managed  
19 by LAHSA and HMIS.

20 But my team also conducts reconciliation for this list,  
21 and so each individual on this list is listed by name and where  
22 they're staying, if they're sheltered or unsheltered, and what  
23 their housing plan is, what their primary contact and the  
24 person that is working with that veteran on their journey  
25 toward permanent housing.

1 Q So the by-name list that is maintained by LAHSA, that is  
2 the Los Angeles Housing Services Authority, right?

3 A Correct.

4 Q That data tracks stuff such as a person's date of birth,  
5 correct?

6 A Correct.

7 Q When they were assessed?

8 A I believe so. I don't enter into HMIS, but I do believe  
9 that's a category that they collect.

10 Q And earlier you mentioned that this by-name list, that  
11 there's a reconciliation done at the end of the year, correct?

12 A So it's not really at the end of the year, our goal is  
13 every month because we want to make sure that people that we  
14 have in our system that we've housed, you know, that they're  
15 not showing up on that list, and we've found that to happen in  
16 the past, where there are people on the list that are actually  
17 housed, but they are remaining on the list.

18 So we're working together with our partners at LAHSA to  
19 ensure we're doing regular and consistent reconciliation.

20 Q And through this reconciliation you compare the LAHSA  
21 lists with the HOMES data, correct?

22 A Yes.

23 Q And by comparing those two you get a sense of how many  
24 veterans are on the by-name list, correct?

25 A Correct.

1 MR. DU: Let's take a look at Exhibit 65-29.

2 BY MR. DU:

3 Q Ms. Hammitt, have you seen this document before?

4 A I have.

5 Q This is the reconciliation between the LAHSA by-name list  
6 and the HOMES by-name list, correct?

7 A Yes, and I should mention that this is not the same  
8 reconciliation that we do every month.

9 This was a one-time reconciliation that pulled from  
10 systems that my team doesn't have access to on a regular basis.

11 So when I talked about comparing the by-name list to  
12 HMIS by-name list, we're only using HOMES data and this  
13 reconciliation is not the one I was referring to, but I do  
14 recognize this, yes.

15 Q So this is one of the reconciliations, correct?

16 A This was the first reconciliation that was done during my  
17 time in this position.

18 Q Was that in 2023?

19 A Yes. I believe it was November, maybe, of 2023.

20 Q And by doing this reconciliation, you were able to  
21 identify 2,168 veterans experiencing homelessness in 2023,  
22 correct?

23 A Yes. So the total number here looks like at the bottom  
24 2,168, yes.

25 Q You would agree with me, Ms. Hammitt, that by-name lists

1 are under-inclusive, correct, meaning it doesn't capture all  
2 veterans experiencing homelessness, correct?

3 A I would agree with that, yes.

4 Q And that's because some homeless veterans may refuse to  
5 have their information taken, correct?

6 A That could be one reason, yes.

7 Q Or because homeless veterans, even though they served,  
8 failed to identify themselves as a veteran when they are  
9 meeting with one of these social workers, correct?

10 A That could be another reason.

11 MR. DU: Let's take a look at Exhibit 36.

12 BY MR. DU:

13 Q Ms. Hammitt, have you seen this document before?

14 A I actually have not seen this document before.

15 Q Okay. Let's flip to page 2.

16 Do you see in the third box it says, "3,456 veterans  
17 experiencing homelessness in LA"?

18 A I do see that.

19 Q Have you seen that figure before 4/2023?

20 A I'm sorry, can you repeat that?

21 Q Have you seen this figure of 3,456 veterans experiencing  
22 homelessness for the year 2023 before?

23 A I'm not sure of the exact number, but it looks familiar to  
24 me.

25 Q Do you recall that this number represents the number of

1 homeless veterans within the VAGLAHS service area?

2 A So this summary, which I haven't actually seen this exact  
3 summary, I don't believe, it looks like it's suggesting that  
4 there are 3,456 veterans experiencing homelessness in LA.

5 Q And this figure captures veterans that are not found in  
6 the by-name list, correct?

7 A We do not have 3,456 veterans on our quality by-name list  
8 that we use for LA County, so that's definitely higher.

9 Q Ms. Hammitt, in 2023, you believe that the number of  
10 veterans experiencing homelessness in the Greater Los Angeles  
11 area to be around 4,000, isn't that right?

12 A I'm not sure that I believe that number is accurate.

13 Q But that is what you believe to be a number of veterans  
14 experiencing homelessness in 2023, correct?

15 A So that's what the PIT count likely said during that time.

16 I'm not sure that I think that the PIT count is entirely  
17 accurate, but I certainly think that the number on our quality  
18 by-name list -- there could be more individuals out there that  
19 we're not aware of, that are on that by-name list.

20 But, because of just questions that I have around the  
21 methodology that's used for PIT counts, I'm not sure that that  
22 number is accurate.

23 Q And you're aware that the 2022 master plan calls for  
24 1,200 units of permanent supportive housing to be built on the  
25 West LA VA campus, correct?

1 A I am, yes.

2 Q You would agree with me that 1,200 units is not sufficient  
3 to house the number of homeless veterans in Los Angeles, right?

4 A I definitely don't think 1,200 units are sufficient and  
5 spread across the community, we would need more to house every  
6 veteran.

7 MR. DU: Your Honor, at this point I would like to  
8 move into evidence Exhibit 25-29 (sic) and 36.

9 THE COURT: That is 65-29?

10 MR. DU: Yes. And 36, Your Honor.

11 THE COURT: Received. Just a reconciliation.

12 THE COURTROOM DEPUTY: It's 65.

13 THE COURT: Isn't it 65, counsel?

14 MR. DU: It's 65-29.

15 THE COURT: 65-29 is what I have. Received.

16 (Exhibits 65-29 and 36 received into evidence.)

17 BY MR. DU:

18 Q Ms. Hammitt, I'll switch gears for a second.

19 We learned last week about a state landfill issue that  
20 is affecting the West LA VA Campus.

21 Are you familiar with that issue?

22 A Vaguely familiar, I don't have a lot of knowledge about  
23 that.

24 Q What do you know about it?

25 A So it sounds like there's some concerns about building

1 housing because of a landfill, and that's, unfortunately, the  
2 extent that I know about that regarding the landfill.

3 I don't really know exactly what that means or where  
4 it's at.

5 But I have heard about that, yes.

6 Q When did you learn about this issue?

7 A Probably less than a few weeks ago.

8 Q Do you know what the VA is trying to do to resolve that  
9 issue?

10 MR. KNAPP: Asked and answered.

11 THE COURT: Overruled. You can answer that  
12 question. Overruled. You can answer the question.

13 BY MR. DU:

14 Q Do you know what the VA has done to try to resolve this  
15 issue?

16 A I don't personally know the steps that have been taken  
17 around that issue, in particular.

18 Q And is it your understanding that this issue will result  
19 in the delay of the opening of permanent supportive housing  
20 units?

21 A So I have heard that if we can't get permits, that that  
22 would slow down building housing.

23 Q Do you know by how long?

24 A I don't.

25 Q CERS, C-E-R-S, it has a Housing First approach to

1 homelessness, correct?

2 A Correct.

3 Q What's a "Housing First approach"?

4 A So, Housing First -- my interpretation of Housing First is  
5 that every veteran -- every person has the fundamental right to  
6 housing, and so we don't put expectations in individual's ways  
7 about having to be sober, having to be compliant with  
8 treatment.

9 We believe that in Housing First that every person has a  
10 right to make their own choices about housing.

11 We believe that we should conduct our work with  
12 compassion and really place the person in the center of  
13 everything that we do.

14 We -- you know, believe in harm reduction as a key  
15 principle of Housing First.

16 So, all of those things are really important to us, and  
17 operating under Housing First model is in our mission statement  
18 for CERS.

19 Q Housing First also means that housing is central to  
20 everything that you do, correct?

21 A Yeah. Yes. I mean, housing is the foundation of a lot of  
22 things. And our teams recognize that putting, you know, things  
23 in the way of people getting housing, like being treatment  
24 compliant or engaging with certain clinicians, like, we should  
25 not be doing those kinds of things.

1           We should make sure that housing is central to  
2 everything that we're doing.

3       Q     Ms. Hammitt, you recall a time when you were at the  
4 Cincinnati VA that the VA would first require people to be  
5 clean and sober in order to get into housing, right?

6       A     When I first started as a VA employee in 2009, I was a  
7 HUD-VASH social worker, and I --

8           THE REPORTER: What kind of social worker?

9           THE WITNESS: HUD-VASH social worker.

10           And during that time I remember veterans having to  
11 submit to urine screens and having to check charts to make sure  
12 that they were compliant with their treatment.

13       BY MR. DU:

14       Q     And that's just to get housing, correct?

15       A     So that was to be in our program at the time.

16           Very shortly after that time, we began to deploy the  
17 model of Housing First.

18       Q     The Housing First approach means that the VA is going to  
19 try to eliminate some barriers to getting people housed,  
20 correct?

21       A     I think our focus is to ensure that housing is central and  
22 where we find that we place barriers in the way of veterans  
23 being successful in obtaining housing, that we do our best to  
24 remove those barriers, yes.

25       Q     Housing First means that if someone has active substance

1 abuse and they decide that they want to continue using, they  
2 can still be a part of the program, correct?

3 A That's correct.

4 Q You also disagree with the notion that people -- people  
5 are homeless because of drugs and alcohol, correct?

6 A I think largely people are homeless due to the shortage of  
7 affordable housing.

8 Q That means you also disagree with the notion that people  
9 are homeless because of mental illness, correct?

10 A Yeah, I think people are homeless because of the shortage  
11 of affordable housing.

12 I think addiction and mental illness, you know, can  
13 complicate things, but homelessness is such a traumatic  
14 experience, and so I believe strongly that shortage of  
15 affordable housing is really the reason why we see the levels  
16 of homelessness that we do.

17 Q And, Ms. Hammitt, you recognize that it is much easier for  
18 an individual to engage in medical treatment if they have a  
19 safe place to go at night, correct?

20 A I do believe that that's true. Whether that's permanent  
21 housing, transitional housing or emergency shelter, having that  
22 safe place maybe built with supports around transportation and  
23 supports around case management, certainly make it easier for  
24 one to engage in healthcare services.

25 Q And this also includes people with traumatic brain injury,

1 correct?

2 A Correct.

3 Q People with substance abuse issues, correct?

4 A Correct.

5 Q Mental health issues, right?

6 A Yes. I believe housing is that foundation and certainly  
7 makes it more likely for folks to be successful in engaging in  
8 other services.

9 Q And, Ms. Hammitt, you believe that housing is a  
10 fundamental right and a need for everyone, correct?

11 A I do.

12 Q And that is true for our homeless veterans as well, right?

13 A Absolutely.

14 MR. DU: Thank you, Ms. Hammitt. No further  
15 questions at this time, Your Honor.

16 THE COURT: Okay. Cross-examination, please.

17 MR. KNAPP: So, Your Honor, pursuant to an agreement  
18 between the parties, we will start the direct examination from  
19 the government of Ms. Hammitt tomorrow morning.

20 THE COURT: All right. Thank you.

21 So you will return tomorrow morning. Thank you very  
22 much. You may step down.

23 THE WITNESS: Thank you, Your Honor.

24 MR. DU: Your Honor, before we break for the day,  
25 there is one housekeeping matter that I want to take care of.

1 THE COURT: Are we breaking?

2 MR. DU: Your Honor said Ms. Hammitt was going to be  
3 taken under direct examination by the government, but they need  
4 additional time.

5 THE COURT: That is fine. But where are we in terms  
6 of our schedule right now?

7 MR. DU: We're ahead of the schedule, Your Honor.

8 THE COURT: You promise? I'm just joking with you  
9 folks.

10 That's fine, then.

11 If this is convenient for all of you folks, then, what  
12 time do you want to reconvene tomorrow?

13 Ms. Hammitt, thank you. We will see you in -- just a  
14 moment, I think it's going to be 8:30.

15 MR. DU: 8:30.

16 THE COURT: 8:30. Have a good evening, counsel.  
17 Thank you very much.

18 MR. DU: Your Honor, before we leave, I believe  
19 there was an issue with an exhibit yesterday.

20 I believe we referred to Exhibit 1 as page 219.

21 It was supposed to be Exhibit 1, page 291.

22 THE COURT: That will be corrected. And why don't  
23 you check with Karlen, informally.

24 Just make sure that your records comport with hers..  
25 okay.

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Have a good evening. We will see you tomorrow at 8:30.

MR. DU: Thank you.

(The proceedings concluded at 2:34 p.m.)

\* \* \*



<b>\$</b>	<b>137</b> [3] - 65:1, 65:16, 65:18	<b>2004</b> [2] - 23:10, 32:10	<b>205</b> [2] - 97:8, 134:15	<b>4</b>
<b>\$500</b> [1] - 114:6	<b>138</b> [1] - 59:20	<b>2006</b> [1] - 23:10	<b>21</b> [1] - 83:25	<b>4</b> [4] - 57:18, 84:5, 146:24, 147:1
<b>'</b>	<b>139</b> [3] - 66:17, 67:5, 67:7	<b>2007</b> [1] - 88:22	<b>21202</b> [1] - 3:13	<b>4,000</b> [1] - 158:11
<b>'not</b> [1] - 83:21	<b>1396</b> [4] - 28:17, 29:6, 29:9, 79:13	<b>2008</b> [2] - 23:23, 24:1	<b>2121</b> [1] - 3:6	<b>4/2023</b> [1] - 157:19
<b>'somewhat</b> [1] - 83:21	<b>1396-025</b> [1] - 79:17	<b>2009</b> [2] - 139:7, 162:6	<b>213</b> [1] - 2:7	<b>4311</b> [1] - 2:6
<b>'very</b> [2] - 83:21, 83:23	<b>140</b> [3] - 67:19, 68:2, 68:4	<b>2010</b> [1] - 24:1	<b>219</b> [1] - 165:20	<b>450</b> [1] - 72:11
<b>/</b>	<b>142</b> [4] - 68:13, 68:23, 69:9, 69:11	<b>2012</b> [1] - 25:9	<b>22</b> [1] - 83:14	<b>47</b> [1] - 85:23
<b>/s</b> [1] - 167:19	<b>143</b> [3] - 69:22, 70:7, 70:9	<b>2014</b> [1] - 19:22	<b>220</b> [2] - 72:24, 128:1	<b>5</b>
<b>1</b>	<b>144</b> [4] - 70:17, 71:3, 71:11, 91:25	<b>2015</b> [7] - 104:12, 104:13, 105:15, 105:21, 106:24, 108:7, 112:9	<b>23</b> [3] - 84:9, 90:6, 94:2	<b>5</b> [3] - 57:18, 84:6, 131:23
<b>1</b> [21] - 20:1, 45:15, 45:16, 45:19, 96:2, 140:21, 141:6, 141:11, 141:19, 142:5, 142:21, 143:4, 146:10, 146:13, 146:15, 147:1, 153:7, 153:12, 165:20, 165:21	<b>146</b> [1] - 153:10	<b>2016</b> [4] - 106:25, 108:7, 112:9, 112:13	<b>233</b> [1] - 59:13	<b>5,000</b> [1] - 57:7
<b>1,000</b> [2] - 71:6, 71:7	<b>15</b> [5] - 30:11, 36:11, 77:17, 77:20, 117:25	<b>2017</b> [1] - 15:8	<b>24</b> [2] - 57:21, 116:22	<b>50</b> [2] - 74:14, 88:23
<b>1,200</b> [3] - 158:24, 159:2, 159:4	<b>1503</b> [3] - 83:10, 83:15, 93:25	<b>2018</b> [5] - 65:14, 65:21, 67:17, 68:10, 73:9	<b>25</b> [26] - 54:3, 54:12, 54:22, 54:24, 58:9, 59:8, 74:25, 79:17, 82:11, 86:14, 86:21, 92:17, 140:19, 140:21, 140:25, 141:6, 141:11, 141:19, 141:22, 141:23, 142:6, 142:22, 143:4, 143:20, 144:5, 144:12	<b>500</b> [1] - 24:18
<b>1,266</b> [1] - 91:10	<b>16</b> [4] - 62:5, 62:21, 62:23, 94:4	<b>2019</b> [8] - 19:13, 20:12, 50:4, 66:25, 67:12, 67:14, 68:10, 82:21	<b>25-29</b> [1] - 159:8	<b>50s</b> [1] - 103:16
<b>1,270</b> [1] - 153:8	<b>161</b> [1] - 55:5	<b>2020</b> [19] - 67:23, 68:7, 109:4, 112:15, 112:20, 112:24, 113:3, 113:8, 113:23, 114:25, 116:3, 116:24, 118:11, 119:16, 119:25, 138:25, 140:24, 141:2	<b>2500</b> [1] - 3:13	<b>52-question</b> [1] - 57:5
<b>1,280</b> [1] - 153:8	<b>169</b> [1] - 85:19	<b>2021</b> [9] - 119:25, 120:1, 120:2, 121:21, 121:23, 122:2, 123:16, 135:11	<b>26</b> [5] - 18:10, 50:2, 50:7, 50:12, 82:20	<b>568</b> [1] - 91:7
<b>1,400</b> [2] - 153:18, 154:3	<b>179</b> [1] - 55:6	<b>2022</b> [17] - 63:7, 68:18, 69:14, 119:23, 126:21, 127:13, 142:17, 142:18, 146:10, 146:13, 146:15, 146:16, 146:19, 146:21, 146:24, 158:23	<b>28</b> [1] - 167:9	<b>57,000</b> [1] - 35:1
<b>1,460</b> [1] - 153:10	<b>184</b> [1] - 59:17	<b>2023</b> [24] - 63:1, 70:3, 70:12, 72:6, 72:24, 90:4, 91:12, 91:14, 92:4, 92:11, 93:6, 93:7, 113:5, 130:20, 131:16, 134:12, 139:18, 147:1, 156:18, 156:19, 156:21, 157:22, 158:9, 158:14	<b>2800</b> [1] - 3:6	<b>58</b> [1] - 59:20
<b>1,600</b> [3] - 72:15, 153:16, 153:22	<b>19</b> [3] - 84:1, 84:2, 100:13	<b>2024</b> [14] - 1:21, 7:1, 70:21, 71:14, 90:2, 90:23, 91:23, 92:2, 92:11, 92:15, 93:9, 149:18, 151:14, 167:16	<b>286</b> [1] - 59:22	<b>5:00</b> [1] - 128:8
<b>1,600</b> [3] - 72:15, 153:16, 153:22	<b>1981</b> [1] - 107:7		<b>291</b> [1] - 165:21	<b>6</b>
<b>1,790</b> [1] - 93:2	<b>1990s</b> [1] - 32:9		<b>2:34</b> [1] - 166:3	<b>60</b> [5] - 58:19, 148:16, 148:22, 149:3, 149:13
<b>1,834</b> [1] - 91:5	<b>1993</b> [1] - 102:8		<b>3</b>	<b>610</b> [2] - 3:10, 3:16
<b>1,895</b> [1] - 69:16	<b>1995</b> [1] - 104:12		<b>3</b> [3] - 1:21, 40:21, 146:20	<b>62-year-old</b> [1] - 96:24
<b>1.2</b> [1] - 35:3	<b>1st</b> [1] - 19:8		<b>3,456</b> [4] - 157:16, 157:21, 158:4, 158:7	<b>63</b> [1] - 58:19
<b>10</b> [3] - 45:15, 125:16, 137:8	<b>2</b>		<b>3,537</b> [1] - 67:15	<b>64</b> [1] - 152:4
<b>100</b> [7] - 25:18, 142:16, 146:1, 146:2, 146:3, 151:21, 152:1	<b>2</b> [5] - 84:4, 86:1, 146:16, 146:18, 157:15		<b>3,538</b> [2] - 65:22, 66:12	<b>65</b> [2] - 159:12, 159:13
<b>10345</b> [1] - 4:4	<b>2,000</b> [2] - 73:7		<b>3,681</b> [1] - 68:9	<b>65-29</b> [5] - 156:1, 159:9, 159:14, 159:15, 159:16
<b>10:00</b> [1] - 133:6	<b>2,034</b> [1] - 72:10		<b>3,878</b> [1] - 70:14	<b>650</b> [1] - 72:8
<b>11</b> [2] - 95:21, 117:17	<b>2,168</b> [2] - 156:21, 156:24		<b>3,900</b> [1] - 72:7	<b>68</b> [1] - 80:25
<b>1100</b> [1] - 3:23	<b>2,400</b> [1] - 72:15		<b>3.1</b> [2] - 83:23, 84:10	<b>7</b>
<b>12</b> [5] - 20:1, 45:15, 45:16, 96:1, 146:8	<b>2,667</b> [1] - 66:8		<b>30</b> [2] - 61:23, 152:5	<b>7</b> [1] - 57:22
<b>120</b> [3] - 3:13, 20:17, 149:3	<b>2,991</b> [2] - 71:4, 71:16		<b>31</b> [1] - 61:7	<b>700</b> [2] - 97:4, 97:6
<b>125</b> [2] - 24:17, 81:1	<b>20</b> [5] - 30:11, 45:19, 107:12, 107:14, 140:24		<b>32</b> [3] - 91:11, 102:8, 151:23	<b>72</b> [2] - 134:6, 134:7
<b>12:45</b> [2] - 117:23, 118:2	<b>20-minute</b> [1] - 77:18		<b>323</b> [1] - 83:24	<b>72-hour</b> [1] - 133:7
<b>1335</b> [3] - 90:19, 91:18, 91:20	<b>200</b> [1] - 57:8		<b>32nd</b> [1] - 98:20	<b>753</b> [1] - 167:9
	<b>20005</b> [1] - 3:23		<b>34</b> [2] - 57:16, 57:21	<b>8</b>
	<b>2001</b> [1] - 20:23		<b>350</b> [1] - 2:6	<b>8</b> [5] - 1:21, 7:1, 62:10, 153:8, 153:12
	<b>2002</b> [1] - 20:24		<b>36</b> [4] - 157:11, 159:8, 159:10, 159:16	<b>8,436</b> [1] - 58:10
			<b>3838</b> [2] - 2:5, 167:20	<b>80</b> [3] - 32:5, 59:18, 59:19
			<b>3rd</b> [2] - 36:17, 40:22	<b>800</b> [1] - 71:18
				<b>82</b> [2] - 55:10, 55:21

<p><b>881</b> [2] - 71:8, 71:19  <b>894-2849</b> [1] - 2:7  <b>8:00</b> [1] - 128:7  <b>8:30</b> [6] - 1:22, 7:2, 165:14, 165:15, 165:16, 166:1  <b>8th</b> [1] - 167:16</p>	<p>104:21  <b>accepting</b> [1] - 20:3  <b>access</b> [15] - 30:17, 30:18, 44:20, 46:3, 47:20, 48:4, 48:5, 48:11, 48:20, 50:22, 52:9, 52:10, 134:24, 156:10  <b>accessibility</b> [2] - 48:16, 48:17  <b>accessible</b> [2] - 49:1, 49:2  <b>accessing</b> [2] - 30:14, 30:16  <b>accommodation</b> [1] - 100:19  <b>accommodations</b> [2] - 78:18, 150:4  <b>accompanying</b> [1] - 16:24  <b>according</b> [1] - 146:18  <b>account</b> [1] - 73:1  <b>accounting</b> [1] - 72:3  <b>accurate</b> [6] - 9:18, 54:17, 84:14, 158:12, 158:17, 158:22  <b>accurately</b> [1] - 29:3  <b>acknowledge</b> [2] - 129:3, 136:8  <b>acknowledged</b> [1] - 103:13  <b>acquisition</b> [1] - 56:23  <b>ACT</b> [7] - 21:2, 21:7, 45:3, 45:5, 45:9, 45:15, 47:23  <b>action</b> [1] - 84:20  <b>active</b> [4] - 123:4, 123:8, 123:12, 162:25  <b>actively</b> [1] - 80:2  <b>actual</b> [3] - 66:5, 73:2, 128:23  <b>acuity</b> [1] - 142:3  <b>acupuncture</b> [1] - 128:10  <b>acute</b> [1] - 87:14  <b>adapted</b> [1] - 13:24  <b>adapting</b> [1] - 24:7  <b>add</b> [2] - 124:7, 141:5  <b>addiction</b> [1] - 163:12  <b>addition</b> [2] - 56:5, 63:4  <b>additional</b> [5] - 74:21, 75:7, 76:23, 120:4, 165:4  <b>address</b> [10] - 14:16, 24:16, 26:14, 56:18,</p>	<p>74:7, 74:22, 76:1, 76:14, 77:11, 88:16  <b>addressed</b> [1] - 135:6  <b>addressing</b> [7] - 8:20, 9:25, 26:7, 26:12, 31:20, 32:16, 88:8  <b>adequate</b> [7] - 47:22, 47:23, 60:14, 60:18, 60:20, 84:3, 87:7  <b>adjacent</b> [1] - 112:18  <b>administering</b> [1] - 132:4  <b>Administration</b> [4] - 4:7, 4:7, 16:10, 106:1  <b>administrative</b> [4] - 61:16, 61:25, 66:5, 72:2  <b>admission</b> [10] - 54:22, 55:4, 62:21, 65:15, 67:4, 68:1, 68:22, 69:9, 70:6, 71:2  <b>admit</b> [1] - 133:7  <b>admitted</b> [3] - 91:18, 133:20, 144:5  <b>adopted</b> [1] - 45:23  <b>adult</b> [2] - 13:17, 103:8  <b>adults</b> [6] - 13:19, 13:23, 17:9, 21:3, 32:2, 32:19  <b>advanced</b> [1] - 22:15  <b>advisor</b> [1] - 43:11  <b>Affairs</b> [8] - 8:25, 10:4, 32:23, 33:9, 41:23, 73:16, 73:21, 77:7  <b>affect</b> [2] - 48:14, 56:18  <b>affecting</b> [1] - 159:20  <b>affiliated</b> [1] - 89:24  <b>affordability</b> [3] - 83:24, 87:19, 94:5  <b>affordable</b> [3] - 163:7, 163:11, 163:15  <b>aftercare</b> [1] - 142:15  <b>afternoon</b> [3] - 133:6, 138:15, 138:16  <b>Afternoon</b> [1] - 77:22  <b>AGBEKO</b> [1] - 3:21  <b>agency</b> [1] - 24:4  <b>aggravating</b> [2] - 119:17, 127:22  <b>Aging</b> [1] - 13:9  <b>aging</b> [4] - 13:7, 13:9, 30:8, 42:24  <b>ago</b> [5] - 11:3, 11:8, 19:11, 35:8, 160:7</p>	<p><b>agree</b> [10] - 88:10, 143:7, 143:10, 143:23, 144:1, 148:3, 148:6, 156:25, 157:3, 159:2  <b>agreed</b> [1] - 55:17  <b>agreement</b> [4] - 35:23, 40:9, 104:25, 164:17  <b>ahead</b> [3] - 105:12, 145:17, 165:7  <b>Air</b> [1] - 105:24  <b>aircraft</b> [2] - 99:11  <b>al</b> [1] - 1:7  <b>alcohol</b> [1] - 163:5  <b>allocate</b> [1] - 16:12  <b>allocated</b> [2] - 16:7, 58:14  <b>allocation</b> [1] - 58:18  <b>allocations</b> [1] - 15:23  <b>allow</b> [3] - 104:20, 143:11, 143:24  <b>allowed</b> [5] - 101:13, 128:3, 128:14, 129:22, 149:25  <b>almost</b> [3] - 59:14, 59:23, 69:23  <b>ALSO</b> [1] - 4:6  <b>alternatives</b> [1] - 151:4  <b>AMANDA</b> [2] - 3:9, 3:15  <b>AMELIA</b> [1] - 3:8  <b>America</b> [2] - 98:22, 151:18  <b>American</b> [1] - 125:6  <b>amount</b> [2] - 55:10, 142:25  <b>ancestry.com</b> [1] - 102:7  <b>ancillary</b> [1] - 109:8  <b>ANGELES</b> [4] - 1:22, 2:6, 7:1, 167:3  <b>Angeles</b> [73] - 3:6, 3:10, 3:16, 4:5, 11:25, 14:24, 15:2, 15:5, 15:17, 16:8, 18:5, 18:11, 25:14, 29:12, 32:25, 33:11, 35:10, 41:25, 49:22, 49:25, 50:3, 50:19, 51:1, 51:23, 52:19, 53:24, 55:6, 55:7, 56:19, 56:21, 58:14, 59:9, 63:2, 64:21, 69:5, 69:14, 69:19, 73:17, 73:22, 74:18, 76:17, 77:14, 82:21, 83:3, 84:21, 85:4, 85:12,</p>	<p>86:3, 86:19, 87:8, 87:14, 87:22, 88:20, 89:10, 90:3, 90:7, 90:8, 90:13, 90:24, 91:1, 91:9, 91:13, 91:23, 92:3, 138:17, 138:25, 141:3, 142:11, 145:6, 152:23, 155:2, 158:10, 159:3  <b>anger</b> [2] - 97:24, 98:13  <b>angry</b> [1] - 124:11  <b>announced</b> [1] - 19:8  <b>annual</b> [1] - 15:3  <b>ANSWER</b> [2] - 86:4, 86:11  <b>answer</b> [9] - 26:9, 37:4, 53:1, 69:2, 110:23, 111:2, 111:3, 160:11, 160:12  <b>answered</b> [2] - 83:22, 160:10  <b>anxiety</b> [1] - 107:4  <b>anyway</b> [2] - 115:19, 128:4  <b>APA</b> [1] - 37:22  <b>apartment</b> [2] - 18:2, 21:10, 23:6, 46:14, 48:21, 51:12, 55:4, 112:13, 112:14, 112:17, 112:23, 113:13, 113:14, 113:15, 113:20, 114:3, 115:11, 115:22, 119:21, 120:10, 120:11  <b>apartments</b> [4] - 24:8, 47:20, 78:9, 112:19  <b>apologize</b> [2] - 35:15, 78:2  <b>app</b> [1] - 124:10  <b>appear</b> [1] - 63:14  <b>APPEARANCES</b> [2] - 3:1, 4:1  <b>application</b> [1] - 106:14  <b>applied</b> [1] - 123:3  <b>applies</b> [1] - 49:13  <b>apply</b> [5] - 32:13, 32:17, 51:10, 142:20, 152:13  <b>appreciated</b> [1] - 137:6  <b>apprised</b> [1] - 94:24  <b>approach</b> [17] - 28:19, 32:3, 42:5, 45:17, 45:23, 45:24, 46:2, 51:9, 83:6,</p>
<p><b>9</b></p>				
<p><b>90</b> [13] - 106:21, 107:1, 145:23, 145:24, 146:5, 146:7, 146:15, 146:23, 147:4, 148:17, 149:4, 149:13, 152:16  <b>90005</b> [2] - 3:10, 3:16  <b>90012</b> [1] - 2:6  <b>90064</b> [1] - 4:5  <b>90067</b> [1] - 3:6  <b>95</b> [1] - 72:13  <b>97</b> [1] - 59:14</p>				
<p><b>A</b></p>				
<p><b>a.m</b> [1] - 1:22  <b>A.M</b> [1] - 7:2  <b>abbreviated</b> [1] - 139:15  <b>ability</b> [1] - 56:18  <b>able</b> [20] - 29:23, 33:2, 33:13, 42:1, 55:17, 57:15, 57:18, 58:5, 61:17, 63:25, 76:11, 102:5, 102:18, 106:8, 110:15, 113:4, 114:16, 116:4, 120:12, 156:20  <b>above-entitled</b> [1] - 167:12  <b>absolutely</b> [1] - 164:13  <b>absorbed</b> [1] - 127:4  <b>abuse</b> [2] - 163:1, 164:3  <b>academic</b> [3] - 18:22, 25:6, 26:17  <b>Academy</b> [2] - 19:20, 19:25  <b>accelerated</b> [1] - 13:9  <b>accelerates</b> [1] - 30:8  <b>accelerating</b> [1] - 42:24  <b>accept</b> [2] - 78:18, 149:21  <b>acceptance</b> [2] - 56:17, 122:19  <b>accepted</b> [2] - 19:25,</p>				

<p>85:16, 90:15, 142:2, 142:5, 143:15, 160:25, 161:3, 162:18  <b>Approach</b> [1] - 27:8  <b>approached</b> [3] - 89:24, 119:19, 135:15  <b>approaches</b> [3] - 16:19, 16:21, 45:1  <b>approaching</b> [1] - 122:3  <b>approachment</b> [1] - 113:25  <b>appropriate</b> [3] - 33:21, 64:12, 77:18  <b>appropriately</b> [1] - 43:25  <b>approximate</b> [1] - 153:21  <b>April</b> [4] - 149:18, 151:14, 151:16  <b>Ardmore</b> [2] - 3:10, 3:16  <b>Area</b> [3] - 97:12, 104:2, 153:12  <b>area</b> [18] - 18:11, 20:21, 34:4, 42:13, 63:25, 99:7, 118:17, 118:18, 118:22, 118:23, 122:15, 126:14, 138:25, 153:17, 153:22, 153:24, 158:1, 158:11  <b>Areas</b> [2] - 57:18, 153:7  <b>areas</b> [12] - 22:18, 34:14, 36:4, 38:2, 75:22, 76:15, 76:16, 76:22, 76:23, 99:5, 126:15, 153:15  <b>argue</b> [1] - 19:22  <b>Arizona</b> [2] - 105:16, 113:10  <b>arraigned</b> [1] - 132:25  <b>arrest</b> [1] - 132:17  <b>arrested</b> [1] - 133:1  <b>arrive</b> [1] - 116:1  <b>arrived</b> [5] - 98:1, 114:13, 116:4, 116:6, 122:25  <b>arriving</b> [2] - 25:14, 27:17  <b>article</b> [1] - 26:15  <b>articles</b> [6] - 20:13, 20:18, 20:19, 25:18, 26:5, 26:10  <b>aspect</b> [1] - 15:25  <b>aspects</b> [1] - 11:13  <b>asphalt</b> [2] - 117:10, 118:15</p>	<p><b>Assertive</b> [2] - 23:3, 45:2  <b>assertive</b> [3] - 21:1, 49:4, 75:8  <b>assess</b> [1] - 45:20  <b>assessed</b> [2] - 92:6, 155:7  <b>assessing</b> [1] - 82:23  <b>assigned</b> [6] - 125:15, 140:15, 143:11, 143:12, 143:24, 143:25  <b>assistance</b> [1] - 77:2  <b>assisting</b> [2] - 140:5, 149:13  <b>Associations</b> [1] - 79:20  <b>assume</b> [2] - 37:17, 132:24  <b>assumes</b> [2] - 34:3, 42:11  <b>assumption</b> [1] - 126:25  <b>ASVAB</b> [1] - 99:5  <b>Atlanta</b> [1] - 102:3  <b>attack</b> [1] - 99:11  <b>attempted</b> [1] - 122:9  <b>attend</b> [3] - 97:13, 97:15, 109:20  <b>attention</b> [1] - 86:1  <b>Attorney</b> [3] - 3:12, 3:15, 4:4  <b>attorneys</b> [1] - 40:21  <b>Attorneys</b> [3] - 3:5, 3:9, 3:22  <b>attributable</b> [1] - 87:18  <b>attributed</b> [2] - 97:6, 141:16  <b>attrition</b> [8] - 52:14, 52:16, 62:16, 63:2, 63:10, 63:14, 73:25  <b>audience</b> [3] - 130:14, 136:15, 136:17  <b>audit</b> [1] - 87:13  <b>audited</b> [1] - 82:14  <b>AUGUST</b> [1] - 7:1  <b>August</b> [7] - 1:21, 116:2, 117:11, 118:11, 118:14, 167:16  <b>author</b> [1] - 19:24  <b>Authority</b> [16] - 15:2, 15:9, 55:5, 55:7, 55:9, 61:11, 61:20, 65:8, 112:20, 120:21, 121:2, 121:5, 121:8, 121:10, 122:15, 155:2</p>	<p><b>authority</b> [2] - 88:13, 88:19  <b>availability</b> [1] - 48:5  <b>available</b> [15] - 41:5, 48:1, 48:14, 58:22, 58:25, 61:18, 63:18, 63:20, 63:21, 64:7, 74:16, 86:14, 120:3, 120:12, 126:18  <b>Avenue</b> [4] - 3:6, 3:10, 3:16, 97:4  <b>average</b> [7] - 30:12, 52:12, 55:3, 55:10, 86:18, 140:18, 142:5  <b>aviation</b> [2] - 99:8, 99:21  <b>Aviational</b> [1] - 99:17  <b>avoid</b> [1] - 71:17  <b>avoiding</b> [1] - 49:12  <b>aware</b> [1] - 40:19, 81:17, 87:25, 88:4, 88:7, 90:12, 98:5, 141:12, 148:11, 158:19, 158:23  <b>awesome</b> [1] - 98:3</p> <p style="text-align: center;"><b>B</b></p> <p><b>bachelor's</b> [2] - 22:7, 103:19  <b>background</b> [2] - 10:20, 22:3  <b>backyard</b> [1] - 127:10  <b>bad</b> [2] - 108:5, 124:9  <b>bag</b> [1] - 119:5  <b>Baltimore</b> [2] - 3:13, 3:13  <b>bar</b> [2] - 93:4, 124:15  <b>Barbara</b> [1] - 145:16  <b>bargain</b> [1] - 105:1  <b>barracks</b> [3] - 100:8, 101:6  <b>barrier</b> [4] - 47:20, 48:4, 50:22, 52:10  <b>barriers</b> [3] - 162:19, 162:22, 162:24  <b>base</b> [2] - 54:20, 107:9  <b>based</b> [32] - 9:4, 10:8, 13:18, 13:19, 17:19, 21:2, 24:7, 31:20, 38:19, 44:1, 45:17, 47:15, 48:19, 51:6, 51:7, 51:11, 51:14, 53:9, 53:25, 63:9, 66:9, 67:1, 67:24, 73:23, 77:10, 81:13, 81:18, 81:20,</p>	<p>81:21, 86:21, 142:2, 142:5  <b>basis</b> [4] - 78:9, 111:12, 129:2, 156:10  <b>bathroom</b> [3] - 117:13, 127:24, 128:1  <b>Batina</b> [1] - 4:6  <b>batteries</b> [1] - 129:8  <b>battle</b> [1] - 105:5  <b>Bay</b> [2] - 97:12, 104:2  <b>became</b> [6] - 77:4, 101:10, 101:12, 116:18, 120:11, 123:25  <b>become</b> [2] - 24:2, 56:10  <b>becoming</b> [1] - 121:4  <b>beds</b> [20] - 59:12, 59:17, 59:18, 59:20, 59:22, 59:23, 59:25, 60:3, 60:5, 60:8, 63:21, 64:10, 101:8, 120:3, 151:21, 152:1, 152:4, 152:5  <b>befriended</b> [1] - 125:13  <b>began</b> [4] - 50:17, 104:2, 112:23, 162:16  <b>beginning</b> [2] - 106:25, 124:3  <b>behalf</b> [6] - 7:9, 39:17, 93:19, 94:15, 136:8, 136:10  <b>behavioral</b> [2] - 24:9, 32:21  <b>behaviors</b> [1] - 17:20  <b>behind</b> [1] - 121:24  <b>belong</b> [2] - 124:25, 125:2  <b>below</b> [3] - 120:3, 145:9, 146:12  <b>Ben</b> [1] - 7:25  <b>beneath</b> [1] - 79:24  <b>benefit</b> [1] - 44:7  <b>benefits</b> [3] - 44:7, 57:22, 140:5  <b>BENJAMIN</b> [2] - 5:3, 7:19  <b>Benjamin</b> [1] - 7:11  <b>best</b> [4] - 21:5, 78:16, 151:3, 162:23  <b>better</b> [4] - 35:15, 47:12, 50:21, 109:15  <b>between</b> [18] - 11:19, 21:24, 23:10, 30:11, 35:23, 56:16, 67:13, 68:8, 69:15, 71:15, 72:14, 93:6, 111:22, 113:23, 120:7,</p>	<p>120:13, 156:5, 164:18  <b>big</b> [2] - 103:2, 116:25  <b>billion</b> [2] - 35:3, 40:20  <b>bills</b> [1] - 40:21  <b>bin</b> [1] - 126:15  <b>binder</b> [1] - 54:7  <b>binders</b> [2] - 28:17, 54:3  <b>binge</b> [1] - 132:13  <b>birth</b> [1] - 155:4  <b>bit</b> [15] - 13:13, 21:19, 27:17, 80:7, 81:2, 96:22, 97:9, 98:11, 118:13, 124:1, 140:20, 142:7, 145:2, 146:17, 149:16  <b>black</b> [1] - 118:15  <b>blanket</b> [1] - 35:23  <b>blue</b> [1] - 145:19  <b>board</b> [1] - 145:2  <b>body</b> [1] - 30:5  <b>Boise</b> [1] - 35:9  <b>bombardment</b> [1] - 129:10  <b>Bonsall</b> [2] - 97:4, 97:6  <b>book</b> [5] - 20:20, 27:2, 27:3, 27:7  <b>books</b> [1] - 27:5  <b>boot</b> [4] - 98:10, 99:14, 99:16, 100:20  <b>boss</b> [9] - 104:18, 105:1, 105:2, 105:6, 105:7  <b>boss'</b> [3] - 105:2, 105:6, 105:7  <b>bothered</b> [1] - 129:5  <b>bothering</b> [1] - 110:14  <b>bottom</b> [4] - 92:20, 119:4, 147:23, 156:23  <b>bought</b> [1] - 132:14  <b>Boulevard</b> [2] - 4:4, 125:6  <b>box</b> [4] - 7:23, 35:6, 137:23, 157:16  <b>BRAD</b> [1] - 3:20  <b>brain</b> [9] - 8:21, 10:1, 29:20, 32:18, 43:5, 44:4, 44:11, 46:17, 163:25  <b>BRANCH</b> [1] - 3:20  <b>Braverman</b> [3] - 28:1, 39:24, 41:9  <b>break</b> [6] - 27:16, 37:7, 96:19, 130:8, 153:20, 164:24  <b>breaking</b> [1] - 165:1</p>
--	---	--	---	---

<p><b>breakout</b> [1] - 68:8  <b>breaks</b> [2] - 67:13, 69:15  <b>bridge</b> [13] - 148:13, 148:16, 148:24, 148:25, 149:6, 149:21, 149:25, 151:6, 151:9, 151:13, 151:21, 151:22, 152:6  <b>Bridgeland</b> [3] - 93:19, 94:15, 94:16  <b>Brief</b> [1] - 137:9  <b>briefly</b> [1] - 148:9  <b>brig</b> [3] - 107:8, 107:12, 107:14  <b>bring</b> [5] - 36:21, 39:11, 83:5, 103:6, 128:23  <b>bringing</b> [1] - 127:1  <b>broad</b> [1] - 34:19  <b>broader</b> [1] - 40:16  <b>broken</b> [3] - 70:13, 71:15, 91:4  <b>Brooklyn</b> [6] - 21:7, 23:4, 25:1, 80:9, 80:22, 80:25  <b>brother</b> [3] - 103:17, 105:23, 107:25  <b>BROWN</b> [1] - 3:11  <b>build</b> [2] - 112:19, 119:11  <b>Building</b> [3] - 97:8, 128:1, 134:15  <b>building</b> [10] - 16:22, 51:14, 81:11, 97:6, 104:4, 112:19, 127:7, 128:12, 159:25, 160:22  <b>built</b> [5] - 78:10, 123:23, 150:8, 158:24, 163:22  <b>bunk</b> [1] - 101:8  <b>bunkmate</b> [2] - 101:8, 101:9  <b>buried</b> [2] - 103:12, 108:25  <b>bus</b> [2] - 114:4, 120:8  <b>business</b> [2] - 128:5, 128:6  <b>BY</b> [67] - 3:4, 3:8, 3:12, 3:15, 3:20, 4:3, 8:8, 8:18, 9:9, 9:19, 11:12, 12:9, 12:23, 14:2, 17:16, 18:3, 19:5, 20:9, 22:2, 25:5, 26:16, 28:25, 29:15, 31:16, 41:21, 42:15, 53:19, 54:11, 54:25, 62:24, 65:2, 65:9,</p>	<p>65:19, 66:2, 66:22, 67:10, 67:20, 68:5, 68:14, 68:24, 69:12, 69:25, 70:10, 71:12, 74:24, 78:6, 79:3, 83:11, 85:17, 89:22, 90:17, 91:21, 93:24, 96:13, 105:19, 107:16, 111:5, 111:15, 116:19, 118:9, 138:14, 148:8, 156:2, 157:12, 159:17, 160:13, 162:13  <b>by-name</b> [24] - 16:4, 16:5, 16:9, 16:10, 24:18, 153:5, 153:10, 153:19, 154:6, 154:8, 154:9, 154:10, 155:1, 155:10, 155:24, 156:5, 156:6, 156:11, 156:12, 156:25, 158:6, 158:7, 158:18, 158:19</p>	<p><b>capacity</b> [4] - 59:12, 74:21, 151:21, 151:23  <b>Capone</b> [6] - 109:21, 119:10, 128:11, 128:21, 130:22, 131:23  <b>capture</b> [1] - 157:1  <b>captured</b> [1] - 21:17  <b>captures</b> [1] - 158:5  <b>car</b> [8] - 105:22, 114:6, 114:18, 114:25, 115:4, 115:6, 115:8, 115:12  <b>cardboard</b> [1] - 35:6  <b>care</b> [15] - 16:6, 23:5, 24:9, 31:5, 39:12, 43:12, 44:14, 46:12, 46:21, 64:18, 140:7, 141:24, 151:12, 152:17, 164:25  <b>Care</b> [8] - 16:8, 68:20, 85:2, 90:7, 90:11, 91:23, 92:3, 154:15  <b>career</b> [8] - 25:6, 97:1, 103:18, 103:21, 104:2, 104:3, 104:8, 139:6  <b>careful</b> [2] - 12:5, 136:25  <b>Carlos</b> [4] - 28:4, 53:6, 53:14, 62:10  <b>carrier</b> [1] - 99:12  <b>carriers</b> [1] - 98:19  <b>carry</b> [1] - 107:11  <b>CARTER</b> [1] - 1:3  <b>case</b> [61] - 16:25, 21:7, 27:20, 27:21, 28:9, 29:16, 36:17, 36:19, 38:5, 38:6, 38:17, 40:14, 40:20, 41:1, 45:12, 45:18, 47:24, 50:2, 52:11, 58:24, 59:17, 62:2, 62:11, 66:8, 75:8, 75:9, 82:5, 82:7, 82:8, 82:17, 86:8, 94:20, 95:23, 100:9, 109:22, 113:21, 117:18, 121:2, 123:7, 127:3, 135:14, 135:23, 140:15, 141:18, 141:21, 141:25, 142:10, 142:13, 142:24, 142:25, 143:1, 143:6, 143:19, 150:5, 151:2, 163:23  <b>Case</b> [1] - 1:11  <b>case-by-case</b> [1] - 150:5</p>	<p><b>caseload</b> [6] - 41:2, 81:1, 142:2, 142:5, 143:20, 144:2  <b>cases</b> [3] - 76:8, 152:16  <b>caseworker</b> [7] - 140:19, 140:25, 141:23, 143:10, 143:11, 143:23, 143:24  <b>casting</b> [1] - 35:4  <b>catchment</b> [3] - 153:17, 153:22, 153:24  <b>category</b> [1] - 155:9  <b>caught</b> [1] - 115:19  <b>caused</b> [1] - 42:18  <b>causes</b> [1] - 42:17  <b>causing</b> [1] - 117:2  <b>CCRR</b> [1] - 2:5  <b>cell</b> [2] - 133:4, 133:15  <b>census</b> [1] - 57:4  <b>center</b> [4] - 18:18, 19:12, 147:24, 161:12  <b>Center</b> [10] - 11:15, 18:17, 18:18, 18:21, 18:25, 19:11, 19:14, 20:10, 99:17, 134:21  <b>centered</b> [1] - 46:2  <b>centers</b> [1] - 18:24  <b>central</b> [4] - 1:2, 161:19, 162:1, 162:21  <b>Central</b> [2] - 35:12, 167:8  <b>CENTRAL</b> [1] - 1:2  <b>centralization</b> [2] - 88:12, 88:15  <b>centralized</b> [1] - 88:19  <b>CERS</b> [9] - 139:16, 139:20, 139:22, 139:25, 144:15, 154:10, 160:25, 161:18  <b>certain</b> [5] - 38:1, 100:4, 141:1, 147:19, 161:24  <b>certainly</b> [7] - 35:10, 83:7, 144:2, 149:15, 158:17, 163:23, 164:6  <b>CERTIFICATE</b> [1] - 167:1  <b>certify</b> [1] - 167:8  <b>cetera</b> [1] - 95:25  <b>chair</b> [1] - 138:5  <b>challenge</b> [4] - 19:23, 20:5, 39:19, 132:2  <b>Challenge</b> [1] - 19:18</p>	<p><b>challenges</b> [2] - 20:1, 32:21  <b>challenging</b> [1] - 30:18  <b>chance</b> [1] - 125:17  <b>change</b> [7] - 68:10, 69:18, 70:15, 73:1, 73:2, 149:7, 149:17  <b>changed</b> [2] - 72:19, 148:11  <b>chapter</b> [1] - 27:3  <b>chapters</b> [3] - 20:20, 27:2, 27:3  <b>characteristics</b> [1] - 49:3  <b>chart</b> [4] - 58:10, 61:21, 93:4  <b>charts</b> [3] - 58:8, 60:25, 162:11  <b>check</b> [4] - 20:17, 91:14, 162:11, 165:23  <b>checked</b> [1] - 80:4  <b>chew</b> [1] - 119:3  <b>chief</b> [3] - 139:3, 139:12, 141:4  <b>choice</b> [2] - 82:25, 112:22  <b>choices</b> [3] - 94:7, 116:9, 161:10  <b>chop</b> [1] - 128:19  <b>chronic</b> [2] - 31:22, 43:2  <b>Cincinnati</b> [4] - 139:7, 139:10, 141:2, 162:4  <b>circuit</b> [6] - 31:11, 31:14, 43:8, 43:19, 43:24, 46:6  <b>circumstances</b> [1] - 102:12  <b>cities</b> [4] - 87:25, 88:4, 88:12, 120:7  <b>city</b> [2] - 55:2, 88:7  <b>City</b> [19] - 11:25, 20:24, 23:15, 23:18, 35:19, 55:6, 55:9, 68:19, 69:5, 69:6, 69:14, 69:16, 90:2, 90:8, 90:12, 90:24, 91:1, 91:9, 91:12  <b>City's</b> [1] - 63:2  <b>CIVIL</b> [1] - 3:19  <b>civilian</b> [1] - 97:1  <b>claims</b> [2] - 37:24, 39:5  <b>clarify</b> [4] - 44:18, 66:4, 122:23, 135:9  <b>clarifying</b> [1] - 36:24  <b>class</b> [5] - 27:14, 109:20, 128:17,</p>
<p><b>C</b></p>		<p><b>C-E-R-S</b> [1] - 139:15  <b>California</b> [11] - 3:6, 3:10, 3:16, 4:5, 25:7, 97:11, 102:1, 120:7, 120:15, 123:15, 167:8  <b>CALIFORNIA</b> [5] - 1:2, 1:22, 2:6, 7:1, 167:4  <b>California's</b> [1] - 10:23  <b>camp</b> [4] - 98:10, 99:14, 99:16, 100:21  <b>camping</b> [2] - 122:5, 124:3  <b>Campus</b> [2] - 59:9, 159:20  <b>campus</b> [20] - 27:22, 28:7, 40:1, 50:13, 59:12, 59:25, 63:23, 64:1, 64:8, 84:21, 85:4, 85:6, 85:12, 85:13, 86:3, 86:4, 86:7, 109:25, 134:23, 158:25  <b>Canada</b> [1] - 17:19  <b>candidate</b> [1] - 22:18  <b>cane</b> [2] - 109:9, 109:13  <b>cannot</b> [1] - 131:2  <b>Canoga</b> [1] - 124:13  <b>CAPABLE</b> [2] - 13:20, 13:22  <b>Capacity</b> [1] - 59:9</p>		

<p>135:13, 136:13  <b>classes</b> [2] - 14:16, 27:11  <b>clean</b> [3] - 100:8, 126:14, 162:5  <b>clear</b> [1] - 36:10, 39:6, 39:7, 46:11, 57:2, 76:23, 81:8, 125:24, 143:17, 149:8, 154:9  <b>clearly</b> [1] - 111:25  <b>client</b> [3] - 45:14, 45:16, 82:12  <b>client-to-staff</b> [1] - 45:16  <b>clinic</b> [4] - 114:19, 114:21, 115:16, 128:8  <b>Clinic</b> [1] - 107:22  <b>Clinical</b> [2] - 14:13, 27:12  <b>clinical</b> [9] - 12:16, 12:17, 14:17, 23:22, 23:24, 24:5, 45:17, 79:6, 80:8  <b>clinicians</b> [1] - 161:24  <b>clinics</b> [1] - 30:22  <b>clock</b> [1] - 130:23  <b>close</b> [5] - 48:18, 58:19, 71:7, 121:4, 143:4  <b>closer</b> [1] - 138:6  <b>closest</b> [2] - 95:15, 137:24  <b>closet</b> [2] - 103:15, 103:16  <b>co</b> [3] - 12:25, 18:7, 32:20  <b>co-director</b> [1] - 12:25  <b>co-occurring</b> [1] - 32:20  <b>co-principal</b> [1] - 18:7  <b>coast</b> [1] - 114:24  <b>coauthored</b> [1] - 27:7  <b>Code</b> [1] - 167:9  <b>Cody</b> [1] - 79:1  <b>coffee</b> [1] - 95:25  <b>cohort</b> [1] - 17:8  <b>coined</b> [1] - 43:10  <b>colleague</b> [1] - 94:2  <b>colleagues</b> [1] - 78:2  <b>collect</b> [2] - 57:9, 155:9  <b>collecting</b> [1] - 18:1  <b>College</b> [1] - 22:7  <b>college</b> [2] - 103:19, 104:1</p>	<p><b>combat</b> [2] - 88:17, 89:2  <b>combination</b> [2] - 98:16, 99:25  <b>combine</b> [3] - 66:11, 152:1, 152:3  <b>combined</b> [1] - 70:14  <b>comfortable</b> [2] - 51:20, 135:7  <b>comfortably</b> [2] - 78:19, 138:3  <b>coming</b> [1] - 11:22, 34:13, 34:22, 36:1, 36:2, 38:7, 39:8, 105:12, 107:24, 120:18, 133:16  <b>committee</b> [1] - 18:20  <b>common</b> [1] - 61:21  <b>commotion</b> [2] - 130:1, 130:5  <b>community</b> [16] - 17:3, 18:19, 21:1, 21:4, 30:21, 44:1, 45:8, 47:21, 48:23, 51:12, 51:20, 75:9, 126:11, 126:16, 153:4, 159:5  <b>Community</b> [3] - 23:4, 45:2, 139:12  <b>companies</b> [2] - 104:15, 114:5  <b>company</b> [3] - 100:21, 104:14, 131:7  <b>comparative</b> [1] - 16:19  <b>comparator</b> [1] - 16:25  <b>compare</b> [1] - 155:20  <b>compared</b> [2] - 22:24, 90:4  <b>comparing</b> [2] - 155:23, 156:11  <b>comparison</b> [2] - 74:11, 94:4  <b>compassion</b> [1] - 161:12  <b>compatible</b> [1] - 84:2  <b>compensation</b> [3] - 105:11, 106:13, 108:23  <b>complaining</b> [1] - 109:12  <b>complaint</b> [1] - 27:21  <b>complete</b> [6] - 57:4, 61:17, 61:19, 61:24, 99:24, 129:4  <b>completely</b> [1] - 11:22  <b>complex</b> [3] - 75:20,</p>	<p>113:15, 142:8  <b>compliance</b> [2] - 43:14, 46:4  <b>compliant</b> [3] - 161:7, 161:24, 162:12  <b>complicate</b> [1] - 163:13  <b>complicated</b> [2] - 140:20, 141:17  <b>component</b> [1] - 56:22  <b>comport</b> [1] - 165:24  <b>compound</b> [1] - 118:18  <b>computer</b> [2] - 96:25, 103:20  <b>computers</b> [1] - 104:5  <b>concern</b> [2] - 136:19, 136:21  <b>concerned</b> [3] - 60:20, 62:14, 87:6  <b>concerning</b> [6] - 11:6, 11:25, 16:15, 18:23, 34:8, 37:18  <b>concerns</b> [1] - 159:25  <b>conclude</b> [9] - 37:7, 47:4, 51:24, 58:1, 60:14, 60:17, 62:2, 73:17, 73:22  <b>concluded</b> [3] - 13:20, 16:18, 166:3  <b>conclusion</b> [20] - 12:3, 29:23, 29:25, 32:12, 32:17, 33:2, 33:4, 33:13, 33:15, 34:19, 41:22, 42:1, 42:3, 42:16, 44:15, 46:5, 54:15, 58:17, 73:15, 73:20  <b>conclusions</b> [15] - 8:11, 9:20, 10:11, 10:12, 10:13, 10:15, 10:18, 27:16, 27:18, 27:19, 36:14, 38:18, 38:19, 50:20, 87:11  <b>condition</b> [4] - 43:2, 43:3, 119:18, 127:14  <b>conditions</b> [3] - 13:17, 45:2, 129:14  <b>conduct</b> [5] - 13:1, 14:23, 26:1, 28:6, 161:11  <b>conducted</b> [8] - 13:25, 15:4, 19:16, 50:1, 57:1, 62:18, 89:9, 89:15  <b>conducts</b> [1] - 154:20</p>	<p><b>conference</b> [2] - 34:1, 167:13  <b>confidence</b> [2] - 110:8, 111:20  <b>confidential</b> [2] - 110:11, 111:24  <b>configured</b> [1] - 99:23  <b>conformance</b> [1] - 167:13  <b>confront</b> [1] - 130:9  <b>confused</b> [1] - 153:16  <b>Congress</b> [2] - 15:21  <b>connect</b> [3] - 57:11, 57:13, 89:15  <b>Connect</b> [1] - 89:19  <b>connected</b> [8] - 106:13, 106:17, 106:20, 106:22, 107:2, 107:3, 108:11, 108:14  <b>connecting</b> [1] - 140:7  <b>connection</b> [1] - 106:24  <b>connections</b> [1] - 151:12  <b>consequences</b> [2] - 56:1, 77:6  <b>consider</b> [2] - 149:12, 152:20  <b>consideration</b> [1] - 142:9  <b>considered</b> [11] - 12:14, 46:12, 60:3, 60:5, 60:6, 60:8, 60:10, 66:13, 66:14, 82:24, 152:18  <b>consistent</b> [1] - 155:19  <b>consistently</b> [1] - 47:6  <b>constant</b> [2] - 30:5, 129:10  <b>constantly</b> [3] - 127:18, 133:16, 133:22  <b>construction</b> [1] - 101:25  <b>cONT</b> [1] - 4:1  <b>contact</b> [3] - 121:10, 142:15, 154:23  <b>contacted</b> [3] - 98:25, 112:20, 121:5  <b>contemplating</b> [2] - 37:5, 37:6  <b>context</b> [2] - 104:10, 111:23  <b>continually</b> [1] -</p>	<p>150:12  <b>continue</b> [6] - 77:13, 94:23, 95:22, 150:2, 150:23, 163:1  <b>continued</b> [4] - 25:14, 50:9, 118:6, 119:20  <b>continuing</b> [2] - 67:9, 136:18  <b>continuity</b> [1] - 117:18  <b>continuum</b> [2] - 146:7, 149:11  <b>Continuum</b> [7] - 16:8, 68:20, 90:7, 90:11, 91:23, 92:3, 154:15  <b>continuums</b> [1] - 16:6  <b>contract</b> [8] - 24:17, 149:1, 149:5, 151:15, 151:17, 151:18, 152:4  <b>contracted</b> [1] - 146:8  <b>contractor</b> [3] - 112:19, 151:7, 151:24  <b>contribute</b> [3] - 46:23, 47:1, 87:23  <b>contributed</b> [4] - 67:1, 67:24, 70:23, 88:14  <b>contributing</b> [1] - 88:11  <b>contributors</b> [1] - 75:10  <b>control</b> [5] - 13:6, 13:25, 32:4, 32:10, 37:12  <b>convenient</b> [2] - 135:2, 165:11  <b>conversation</b> [2] - 34:7, 35:2  <b>conveying</b> [1] - 84:20  <b>cooking</b> [3] - 128:16, 128:23  <b>cooperate</b> [2] - 134:2, 134:3  <b>cooperation</b> [1] - 57:1  <b>coordinated</b> [1] - 50:21  <b>coordination</b> [1] - 88:17  <b>copies</b> [1] - 54:6  <b>copy</b> [2] - 54:6, 54:8  <b>corner</b> [1] - 147:23  <b>Corporation</b> [1] - 18:8  <b>corpus</b> [1] - 134:9</p>
--	---	--	---	--

<p><b>correct</b> [120] - 11:9, 25:21, 34:23, 38:11, 42:12, 53:11, 54:16, 58:15, 60:2, 62:4, 64:14, 64:24, 66:15, 67:3, 67:25, 70:25, 71:1, 71:5, 80:1, 80:10, 81:25, 82:4, 85:6, 86:22, 87:2, 87:10, 88:9, 89:12, 90:1, 92:4, 92:5, 92:8, 108:13, 112:10, 112:25, 113:2, 113:7, 114:12, 115:7, 121:22, 123:2, 123:17, 134:14, 134:22, 138:18, 139:1, 139:2, 139:4, 139:7, 139:10, 139:13, 139:18, 140:6, 140:10, 140:16, 140:17, 140:23, 142:6, 143:9, 144:15, 144:16, 146:4, 146:14, 146:21, 146:22, 146:25, 147:2, 147:5, 147:21, 148:13, 148:14, 148:17, 148:18, 149:18, 149:19, 149:22, 149:23, 151:7, 151:8, 151:11, 151:20, 153:22, 153:23, 153:25, 154:1, 154:4, 154:9, 155:3, 155:5, 155:6, 155:11, 155:21, 155:24, 155:25, 156:6, 156:15, 156:22, 157:1, 157:2, 157:5, 157:9, 158:6, 158:14, 158:25, 161:1, 161:2, 161:20, 162:14, 162:20, 163:2, 163:3, 163:5, 163:9, 163:19, 164:1, 164:2, 164:3, 164:4, 164:10, 167:10</p> <p><b>corrected</b> [1] - 165:22</p> <p><b>correctly</b> [3] - 86:12, 92:25, 145:12</p> <p><b>cost</b> [1] - 75:17</p> <p><b>costly</b> [4] - 75:24, 75:25, 76:2, 76:4</p> <p><b>costs</b> [4] - 46:21, 75:15, 76:8, 76:9</p> <p><b>cot</b> [1] - 124:15</p> <p><b>couch</b> [1] - 121:23</p> <p><b>COUNSEL</b> [3] - 3:1,</p>	<p>3:7, 3:14</p> <p><b>Counsel</b> [3] - 4:8, 8:16, 19:4</p> <p><b>counsel</b> [32] - 7:6, 7:8, 8:12, 9:5, 9:21, 12:7, 12:22, 17:15, 19:2, 20:8, 22:1, 34:12, 35:18, 41:20, 52:25, 66:18, 69:1, 77:23, 78:23, 95:3, 95:20, 95:21, 96:9, 111:14, 117:16, 118:6, 136:14, 137:1, 137:8, 137:12, 159:13, 165:16</p> <p><b>counseling</b> [1] - 140:3</p> <p><b>counsels'</b> [1] - 41:14</p> <p><b>Count</b> [1] - 14:25</p> <p><b>count</b> [46] - 15:4, 15:7, 15:10, 15:11, 15:19, 15:20, 16:1, 17:7, 56:22, 57:2, 57:3, 64:20, 64:21, 64:22, 65:13, 65:20, 66:5, 66:7, 66:25, 67:11, 67:16, 67:23, 68:6, 68:18, 69:13, 70:2, 70:11, 70:21, 71:13, 72:6, 72:17, 73:3, 73:8, 89:9, 89:15, 90:2, 90:4, 90:24, 91:12, 91:23, 92:3, 92:15, 93:9, 158:15, 158:16</p> <p><b>counties</b> [2] - 145:14, 154:1</p> <p><b>counting</b> [3] - 11:24, 12:6, 35:20</p> <p><b>country</b> [7] - 15:15, 15:22, 34:2, 36:12, 76:14, 87:17, 88:24</p> <p><b>counts</b> [1] - 158:21</p> <p><b>county</b> [5] - 57:4, 144:18, 144:22, 145:11, 153:24</p> <p><b>COUNTY</b> [1] - 167:3</p> <p><b>County</b> [25] - 29:12, 55:7, 61:20, 69:7, 69:8, 69:19, 70:12, 70:25, 74:15, 145:15, 145:16, 152:25, 153:6, 153:13, 153:14, 153:15, 153:18, 153:19, 154:2, 154:4, 154:5, 158:8</p> <p><b>couple</b> [2] - 39:5, 114:16</p> <p><b>course</b> [2] - 14:9,</p>	<p>14:19</p> <p><b>courses</b> [4] - 13:2, 14:8, 14:12, 14:14</p> <p><b>Court</b> [19] - 7:15, 33:19, 33:25, 34:25, 35:8, 36:1, 37:4, 37:15, 37:20, 40:4, 94:20, 95:10, 96:22, 97:10, 137:19, 141:10, 167:7, 167:20</p> <p><b>COURT</b> [130] - 1:1, 2:5, 7:6, 7:12, 7:22, 8:1, 8:3, 9:6, 9:11, 9:14, 9:17, 10:25, 11:2, 11:5, 11:10, 11:21, 12:19, 12:22, 17:13, 17:15, 19:2, 19:4, 20:6, 20:8, 21:14, 21:16, 21:21, 21:23, 22:1, 24:25, 25:4, 26:8, 28:20, 29:8, 29:14, 31:12, 31:15, 33:16, 35:14, 35:22, 36:9, 37:10, 38:12, 39:8, 39:16, 39:21, 40:7, 40:12, 41:7, 41:13, 41:18, 42:6, 42:10, 42:14, 52:24, 53:9, 53:18, 54:4, 54:10, 54:23, 62:20, 62:22, 65:17, 65:24, 66:1, 66:18, 66:21, 67:6, 67:8, 68:3, 69:1, 69:6, 69:8, 69:10, 69:24, 70:8, 71:4, 71:6, 71:9, 77:17, 77:20, 77:23, 78:5, 78:22, 83:7, 89:18, 89:21, 90:16, 91:19, 93:19, 93:21, 94:13, 94:15, 94:17, 95:1, 95:6, 95:13, 95:19, 96:6, 96:8, 110:20, 111:2, 111:13, 117:14, 117:16, 118:4, 136:2, 136:5, 136:13, 136:19, 136:22, 137:7, 137:10, 137:16, 137:22, 138:3, 138:8, 138:10, 159:9, 159:11, 159:13, 159:15, 160:11, 164:16, 164:20, 165:1, 165:5, 165:8, 165:16, 165:22</p> <p><b>court</b> [4] - 12:4, 12:6, 21:18, 28:18</p> <p><b>Court's</b> [4] - 34:14, 37:17, 39:3, 78:3</p>	<p><b>courteous</b> [2] - 94:18, 94:22</p> <p><b>courtesy</b> [2] - 40:24, 117:21</p> <p><b>COURTROOM</b> [4] - 7:14, 95:8, 137:17, 159:12</p> <p><b>courtroom</b> [1] - 136:10</p> <p><b>cover</b> [1] - 36:7</p> <p><b>covered</b> [1] - 119:6</p> <p><b>covers</b> [1] - 122:15</p> <p><b>COVID</b> [4] - 113:11, 116:22, 120:2, 120:25</p> <p><b>COVID-free</b> [1] - 116:22</p> <p><b>crazy</b> [1] - 124:25</p> <p><b>criminal</b> [2] - 129:18, 129:19</p> <p><b>crisis</b> [2] - 87:19, 97:24</p> <p><b>critical</b> [2] - 75:12, 148:4</p> <p><b>criticism</b> [1] - 53:12</p> <p><b>critique</b> [2] - 26:4, 26:7</p> <p><b>critiqued</b> [1] - 26:14</p> <p><b>critiques</b> [2] - 26:7, 26:14</p> <p><b>cross</b> [4] - 78:23, 93:17, 136:2, 164:16</p> <p><b>cross-examination</b> [3] - 78:23, 136:2, 164:16</p> <p><b>CRR</b> [1] - 167:20</p> <p><b>CRRC</b> [2] - 105:25, 106:12</p> <p><b>cruiser</b> [1] - 132:23</p> <p><b>crux</b> [1] - 39:2</p> <p><b>CSR</b> [2] - 2:5, 167:20</p> <p><b>CTRS</b> [39] - 63:22, 85:3, 85:6, 85:8, 110:9, 110:16, 110:20, 111:6, 116:18, 116:21, 119:14, 119:15, 122:8, 123:19, 123:20, 124:20, 125:2, 125:18, 125:20, 126:25, 127:2, 130:21, 130:22, 131:7, 132:20, 148:12, 148:16, 148:19, 148:21, 148:22, 149:9, 149:10, 149:12, 149:21, 149:25, 150:14, 150:16, 150:18, 151:5</p> <p><b>cuffed</b> [1] - 132:22</p>	<p><b>cup</b> [1] - 95:25</p> <p><b>current</b> [7] - 10:22, 11:13, 14:22, 51:25, 79:22, 140:13, 142:10</p> <p><b>cut</b> [1] - 143:17</p> <p><b>CV</b> [3] - 20:17, 29:2, 79:10</p>
<b>D</b>				
<p><b>D.C</b> [1] - 3:23</p> <p><b>daily</b> [2] - 129:1, 129:25</p> <p><b>Dale</b> [1] - 4:7</p> <p><b>dark</b> [2] - 129:12, 145:19</p> <p><b>dashboard</b> [4] - 144:15, 144:16, 144:24, 145:9</p> <p><b>data</b> [41] - 12:1, 53:4, 53:5, 54:14, 54:17, 54:20, 55:1, 65:4, 66:24, 67:1, 67:22, 67:24, 68:18, 68:19, 69:4, 70:2, 70:21, 70:23, 72:2, 86:17, 86:21, 90:23, 144:15, 144:17, 144:21, 145:9, 146:14, 146:22, 147:3, 147:5, 147:6, 147:7, 147:17, 147:18, 147:20, 154:16, 154:17, 155:4, 155:21, 156:12</p> <p><b>Data</b> [1] - 147:24</p> <p><b>date</b> [5] - 56:17, 120:17, 121:5, 151:16, 155:4</p> <p><b>Date</b> [1] - 167:16</p> <p><b>Davenport</b> [1] - 4:8</p> <p><b>DAVID</b> [1] - 1:3</p> <p><b>DAY</b> [1] - 1:21</p> <p><b>days</b> [23] - 36:13, 38:17, 38:21, 55:3, 55:5, 55:6, 55:10, 55:21, 104:20, 105:3, 105:11, 105:13, 121:6, 133:22, 148:17, 148:22, 149:3, 149:4, 149:13, 152:16</p> <p><b>deal</b> [6] - 34:13, 34:25, 35:8, 104:21, 143:12, 143:25</p> <p><b>dealing</b> [1] - 42:16</p> <p><b>death</b> [2] - 56:4, 102:16</p> <p><b>debating</b> [1] - 35:7</p> <p><b>decade</b> [1] - 49:15</p> <p><b>decades</b> [3] - 42:23,</p>				

<p>47:6, 74:5  <b>December</b> [1] - 93:6  <b>decentralized</b> [1] - 88:21  <b>decide</b> [7] - 34:12, 40:15, 97:22, 98:8, 115:14, 135:13, 163:1  <b>decided</b> [9] - 33:18, 98:3, 103:9, 113:20, 114:4, 117:12, 118:17, 119:11, 122:7  <b>decision</b> [12] - 36:1, 36:11, 37:15, 37:18, 37:23, 38:3, 38:24, 39:3, 40:17, 41:15, 94:20, 114:10  <b>decisions</b> [1] - 36:18  <b>decline</b> [3] - 149:24, 150:2, 150:16  <b>decrease</b> [7] - 71:6, 90:3, 90:6, 91:12, 91:16, 92:7, 92:10  <b>decreased</b> [2] - 46:20, 46:21  <b>dedicated</b> [3] - 16:23, 51:14, 81:11  <b>deep</b> [1] - 129:12  <b>DEFENDANT</b> [1] - 3:18  <b>Defendants</b> [1] - 1:15  <b>defendants</b> [1] - 79:2  <b>defense</b> [1] - 36:23  <b>defenses</b> [2] - 40:2, 40:5  <b>definitely</b> [2] - 158:8, 159:4  <b>degree</b> [11] - 22:4, 22:6, 22:9, 22:12, 22:13, 23:1, 23:15, 87:18, 96:24, 103:19  <b>degrees</b> [2] - 22:10, 22:15  <b>deinstitutionalizati on</b> [1] - 21:6  <b>delay</b> [2] - 56:16, 160:19  <b>delayed</b> [3] - 37:22, 98:9, 147:8  <b>delays</b> [1] - 55:22  <b>delivering</b> [1] - 80:23  <b>delivery</b> [2] - 80:19, 81:6  <b>demanding</b> [1] - 38:14  <b>demographic</b> [2] - 57:4, 66:10  <b>demonstrated</b> [1] - 12:13  <b>denied</b> [1] - 121:19</p>	<p><b>DENIS</b> [2] - 1:13, 3:18  <b>Department</b> [11] - 8:25, 10:4, 15:12, 32:22, 32:23, 33:8, 41:23, 73:15, 73:20, 77:7, 109:23  <b>DEPARTMENT</b> [1] - 3:19  <b>department</b> [1] - 104:16  <b>departments</b> [1] - 46:7  <b>depiction</b> [1] - 54:17  <b>deplorable</b> [1] - 129:15  <b>deploy</b> [1] - 162:16  <b>deployed</b> [3] - 100:23, 151:16, 152:4  <b>deposition</b> [10] - 28:1, 28:4, 53:6, 53:16, 53:17, 62:19, 67:9, 80:3, 85:22, 85:23  <b>DEPUTY</b> [4] - 7:14, 95:8, 137:17, 159:12  <b>Derrick</b> [1] - 125:12  <b>describe</b> [5] - 29:3, 99:13, 108:5, 126:4, 127:14  <b>described</b> [1] - 45:5  <b>desire</b> [2] - 37:1, 84:20  <b>desktop</b> [1] - 104:5  <b>despite</b> [1] - 74:15  <b>destroyed</b> [1] - 124:19  <b>destroying</b> [1] - 124:17  <b>detail</b> [1] - 29:18  <b>detailed</b> [1] - 39:14  <b>details</b> [1] - 133:10  <b>detained</b> [1] - 132:9  <b>determine</b> [2] - 53:22, 60:22  <b>devastating</b> [1] - 30:1  <b>develop</b> [1] - 153:4  <b>developed</b> [2] - 13:21, 21:5  <b>development</b> [1] - 39:25  <b>Development</b> [4] - 15:13, 32:23, 55:7, 61:20  <b>diagnosed</b> [1] - 109:2  <b>died</b> [4] - 72:20, 102:8, 102:11, 102:12  <b>Diego</b> [2] - 97:19,</p>	<p>98:1  <b>diem</b> [4] - 106:15, 116:10, 116:13  <b>Diem</b> [1] - 152:11  <b>difference</b> [3] - 45:13, 67:16, 69:3  <b>differences</b> [1] - 45:13  <b>different</b> [18] - 14:8, 16:19, 28:13, 34:1, 45:1, 45:14, 45:16, 46:1, 59:11, 72:6, 74:1, 83:20, 108:3, 140:5, 150:10, 153:14, 154:9, 154:13  <b>difficult</b> [3] - 43:2, 101:3, 142:7  <b>difficulty</b> [1] - 30:13  <b>dig</b> [1] - 119:3  <b>diligently</b> [1] - 153:4  <b>direct</b> [9] - 8:4, 18:24, 30:6, 86:1, 96:9, 118:6, 138:10, 164:18, 165:3  <b>DIRECT</b> [3] - 8:7, 96:12, 138:13  <b>directives</b> [1] - 146:6  <b>directly</b> [1] - 102:24  <b>director</b> [11] - 11:15, 11:17, 12:24, 12:25, 19:8, 23:20, 23:22, 23:25, 24:3, 24:6, 62:10  <b>disabilities</b> [7] - 24:21, 33:10, 41:24, 44:5, 51:3, 80:20, 80:24  <b>disability</b> [8] - 24:24, 106:18, 106:20, 106:22, 107:2, 107:20, 108:12, 108:14  <b>disagree</b> [2] - 163:4, 163:8  <b>disagreement</b> [1] - 104:24  <b>disbanded</b> [3] - 126:17, 126:20, 126:22  <b>discharge</b> [3] - 61:8, 62:15, 132:8  <b>discharged</b> [14] - 100:13, 100:22, 101:4, 101:18, 101:21, 101:22, 102:22, 102:25, 103:5, 103:7, 131:9, 131:21, 134:5, 149:21  <b>disclose</b> [1] - 11:21  <b>disclosed</b> [1] - 11:5</p>	<p><b>disclosing</b> [1] - 35:14  <b>disclosures</b> [1] - 11:11  <b>discontinued</b> [1] - 110:12  <b>discourtesy</b> [1] - 95:24  <b>discrimination</b> [3] - 33:20, 37:18, 43:7  <b>discuss</b> [2] - 29:18, 49:22  <b>discussed</b> [6] - 34:22, 34:23, 42:23, 50:23, 74:22, 84:19  <b>discussing</b> [6] - 81:5, 82:19, 85:2, 89:9, 89:14, 91:22  <b>discussion</b> [2] - 34:12, 81:3  <b>discussions</b> [1] - 110:11  <b>disgusting</b> [1] - 125:23  <b>dislocated</b> [1] - 56:13  <b>disorder</b> [1] - 107:4  <b>disparities</b> [1] - 42:21  <b>dissertation</b> [2] - 22:21, 43:11  <b>DISTRICT</b> [3] - 1:1, 1:2, 1:3  <b>District</b> [2] - 167:7, 167:8  <b>divided</b> [1] - 101:5  <b>DIVISION</b> [2] - 1:2, 3:19  <b>doctor</b> [6] - 52:25, 77:20, 111:22, 112:7, 124:24, 135:7  <b>doctor's</b> [1] - 135:3  <b>doctoral</b> [2] - 14:14, 23:14  <b>Doctoral</b> [1] - 13:3  <b>doctorate</b> [1] - 23:12  <b>document</b> [15] - 29:1, 62:11, 63:1, 66:23, 70:1, 70:23, 83:9, 85:21, 90:19, 90:22, 91:1, 146:18, 156:3, 157:13, 157:14  <b>documentation</b> [1] - 12:4  <b>documented</b> [1] - 30:9  <b>dollar</b> [1] - 40:20  <b>Dollar</b> [1] - 121:24  <b>done</b> [11] - 18:4, 26:3, 32:19, 57:17,</p>	<p>64:22, 69:23, 74:3, 107:9, 155:11, 156:16, 160:14  <b>door</b> [7] - 43:23, 129:2, 130:1, 130:6, 131:19, 132:15  <b>double</b> [3] - 11:24, 12:6, 35:20  <b>double-counting</b> [1] - 11:24  <b>down</b> [31] - 8:17, 9:7, 9:17, 13:13, 21:18, 21:23, 27:16, 74:10, 81:11, 95:2, 95:25, 97:19, 99:4, 101:22, 113:12, 114:6, 117:20, 117:21, 117:24, 119:1, 119:17, 128:24, 130:3, 130:12, 135:3, 136:24, 136:25, 148:7, 153:20, 160:22, 164:22  <b>downloaded</b> [1] - 124:9  <b>downtown</b> [1] - 112:14  <b>Dr</b> [29] - 7:11, 28:1, 28:16, 29:10, 36:22, 38:9, 39:8, 39:24, 41:9, 42:12, 53:16, 62:18, 77:15, 77:25, 78:7, 79:4, 83:12, 84:7, 86:14, 90:20, 91:22, 93:18, 109:21, 119:10, 128:11, 128:21, 130:22, 131:23  <b>dragged</b> [1] - 132:16  <b>dramatic</b> [1] - 56:3  <b>drive</b> [1] - 114:6  <b>driver</b> [1] - 87:21  <b>drop</b> [3] - 71:22, 71:24, 72:23  <b>dropping</b> [3] - 43:15, 52:16  <b>drugs</b> [2] - 108:3, 163:5  <b>DU</b> [39] - 3:5, 28:19, 54:9, 95:4, 96:11, 96:13, 105:19, 107:16, 110:25, 111:5, 111:15, 116:19, 118:8, 118:9, 135:25, 136:16, 137:3, 137:14, 138:12, 138:14, 148:7, 148:8, 156:1, 156:2, 157:11, 157:12, 159:7,</p>
---	---	--	--	--

<p>159:10, 159:14, 159:17, 160:13, 162:13, 164:14, 164:24, 165:2, 165:7, 165:15, 165:18, 166:2  <b>Du</b> [1] - 96:11  <b>due</b> [3] - 89:1, 120:18, 163:6  <b>duly</b> [3] - 7:20, 95:17, 138:1  <b>duration</b> [2] - 148:12, 149:17  <b>during</b> [18] - 17:6, 39:22, 50:8, 57:2, 66:7, 69:19, 86:2, 97:23, 104:7, 104:17, 109:6, 114:1, 115:13, 128:5, 130:21, 156:16, 158:15, 162:10  <b>Dworak</b> [1] - 10:24  <b>Dworak-Peck</b> [1] - 10:24</p>	<p><b>effectively</b> [2] - 74:3, 76:16  <b>effectiveness</b> [8] - 14:1, 16:19, 28:10, 32:7, 48:15, 52:22, 53:1, 75:11  <b>effects</b> [7] - 8:12, 9:21, 29:19, 30:1, 30:3, 108:4, 108:5  <b>effort</b> [1] - 89:12  <b>efforts</b> [2] - 72:23, 88:17  <b>Eisenhower</b> [3] - 117:10, 118:16, 125:11  <b>either</b> [14] - 38:13, 51:10, 80:2, 100:15, 108:10, 113:17, 115:17, 116:5, 121:23, 146:24, 148:12, 148:16, 149:20, 149:21  <b>electrical</b> [1] - 99:10  <b>electronics</b> [2] - 99:8, 99:22  <b>element</b> [1] - 48:2  <b>elements</b> [4] - 8:15, 8:19, 9:24, 47:18  <b>eligible</b> [2] - 57:22, 61:15  <b>eliminate</b> [1] - 162:19  <b>ELKINS</b> [1] - 4:3  <b>embarrassed</b> [2] - 102:25, 106:6  <b>embarrassment</b> [1] - 110:21  <b>emergency</b> [15] - 30:24, 31:2, 31:5, 46:7, 59:18, 60:5, 75:24, 76:1, 116:6, 124:21, 149:11, 150:6, 151:9, 151:11, 163:21  <b>emitted</b> [1] - 124:10  <b>emotions</b> [1] - 98:14  <b>empirical</b> [1] - 74:2  <b>employee</b> [1] - 162:6  <b>employees</b> [1] - 154:16  <b>encountered</b> [1] - 56:24  <b>end</b> [14] - 30:23, 31:1, 31:6, 31:7, 31:8, 43:15, 43:20, 106:24, 113:5, 113:10, 127:13, 130:19, 155:11, 155:12  <b>End</b> [1] - 19:18  <b>ended</b> [8] - 50:16,</p>	<p>57:24, 76:16, 92:24, 124:17, 125:17, 131:5, 151:15  <b>ending</b> [6] - 19:23, 32:8, 47:7, 144:18, 144:22, 145:10  <b>ends</b> [2] - 31:21, 38:17  <b>enemies</b> [1] - 98:22  <b>engage</b> [4] - 48:10, 49:6, 163:18, 163:24  <b>Engagement</b> [1] - 139:12  <b>engaging</b> [3] - 140:5, 161:24, 164:7  <b>enlisted</b> [2] - 98:23, 98:24  <b>enrolled</b> [2] - 23:12, 50:3  <b>ensure</b> [6] - 139:22, 141:13, 143:19, 145:4, 155:19, 162:21  <b>enter</b> [5] - 43:14, 46:19, 154:16, 154:17, 155:8  <b>entered</b> [3] - 76:3, 79:13, 82:11  <b>enters</b> [5] - 147:6, 147:7, 147:17, 147:18, 147:19  <b>entire</b> [8] - 24:14, 90:11, 98:2, 103:11, 118:23, 119:6, 122:18, 153:17  <b>entirely</b> [1] - 158:16  <b>entitled</b> [2] - 83:16, 167:12  <b>entity</b> [1] - 127:2  <b>entry</b> [2] - 53:23, 98:9  <b>environment</b> [1] - 129:10  <b>equally</b> [3] - 47:9, 48:22, 93:13  <b>equals</b> [4] - 83:24, 84:4, 84:5  <b>Equity</b> [5] - 11:16, 19:1, 19:12, 19:15, 20:11  <b>ER's</b> [1] - 133:4  <b>ERNEST</b> [1] - 4:3  <b>error</b> [5] - 72:5, 72:6, 72:9, 72:10, 93:16  <b>especially</b> [2] - 103:1, 107:24  <b>essentially</b> [4] - 16:22, 25:25, 26:5, 26:10  <b>estimate</b> [30] - 65:22, 66:3, 66:9, 66:12,</p>	<p>68:9, 69:16, 70:14, 71:16, 72:4, 72:7, 72:10, 72:13, 73:11, 73:13, 73:14, 86:9, 90:3, 90:6, 90:25, 91:3, 91:5, 91:15, 92:2, 92:4, 92:10, 92:12, 152:24, 153:2, 153:3  <b>estimated</b> [4] - 67:15, 67:16, 91:8, 92:14  <b>estimates</b> [7] - 15:3, 15:18, 16:2, 57:10, 65:11, 70:5  <b>et</b> [2] - 1:7, 95:25  <b>evaluate</b> [1] - 28:10  <b>evaluation</b> [1] - 124:24  <b>EVE</b> [1] - 3:12  <b>evening</b> [2] - 165:16, 166:1  <b>eventual</b> [1] - 94:20  <b>eventually</b> [6] - 30:25, 31:8, 94:19, 101:17, 102:6, 103:4  <b>evidence</b> [27] - 9:4, 10:8, 13:19, 21:2, 24:7, 29:7, 29:9, 31:20, 38:6, 38:20, 40:10, 54:24, 62:23, 65:18, 67:7, 68:4, 69:11, 70:9, 71:11, 77:10, 78:11, 79:14, 82:12, 91:20, 144:6, 159:8, 159:16  <b>evidence-based</b> [7] - 9:4, 10:8, 13:19, 21:2, 24:7, 31:20, 77:10  <b>exacerbate</b> [2] - 43:1, 47:3  <b>exacerbated</b> [1] - 42:18  <b>exact</b> [2] - 157:23, 158:2  <b>exactly</b> [6] - 39:21, 116:12, 128:9, 141:4, 144:24, 160:3  <b>examination</b> [11] - 8:4, 78:23, 93:21, 94:13, 96:9, 118:7, 136:2, 138:11, 164:16, 164:18, 165:3  <b>EXAMINATION</b> [4] - 8:7, 93:23, 96:12, 138:13  <b>examine</b> [13] - 8:12, 8:15, 8:19, 8:24, 9:3, 9:21, 9:24, 10:3, 10:7, 29:19, 31:17, 32:22,</p>	<p>33:8  <b>examining</b> [1] - 41:22  <b>example</b> [7] - 37:6, 39:22, 43:18, 109:8, 128:18, 142:14, 150:13  <b>examples</b> [2] - 14:17, 27:15  <b>excellent</b> [1] - 21:18  <b>except</b> [2] - 38:2, 112:5  <b>exception</b> [1] - 111:1  <b>exclusively</b> [1] - 14:20  <b>excuse</b> [4] - 13:22, 20:13, 99:17, 153:16  <b>excused</b> [1] - 136:14  <b>executive</b> [1] - 23:20  <b>exercising</b> [2] - 133:17, 134:1  <b>EXHIBIT</b> [2] - 6:1, 6:2  <b>exhibit</b> [4] - 144:7, 147:23, 148:7, 165:19  <b>Exhibit</b> [51] - 28:17, 29:6, 29:9, 54:3, 54:12, 54:22, 54:24, 58:9, 59:8, 62:5, 62:21, 62:23, 65:1, 65:15, 65:18, 66:17, 67:5, 67:7, 67:19, 68:2, 68:4, 68:13, 68:23, 69:11, 69:22, 70:6, 70:9, 70:17, 71:3, 71:11, 74:25, 79:13, 82:11, 83:10, 83:15, 85:19, 86:14, 86:21, 90:19, 91:18, 91:20, 91:25, 92:17, 93:25, 144:5, 144:12, 156:1, 157:11, 159:8, 165:20, 165:21  <b>Exhibits</b> [1] - 159:16  <b>exhibits</b> [1] - 28:5  <b>exist</b> [1] - 129:22  <b>existing</b> [3] - 43:1, 45:20, 127:5  <b>exists</b> [1] - 86:7  <b>exited</b> [1] - 61:5  <b>exiting</b> [2] - 61:2, 148:22  <b>expand</b> [1] - 36:5  <b>expect</b> [5] - 30:10, 63:9, 77:13, 106:12, 129:18  <b>expectations</b> [2] - 43:14, 161:6  <b>expected</b> [2] - 30:22, 48:25  <b>expensive</b> [4] - 35:2,</p>
<b>E</b>				
<p><b>early</b> [6] - 13:16, 32:4, 102:16, 133:5, 139:17, 151:16  <b>earned</b> [1] - 23:1  <b>easier</b> [4] - 134:24, 138:6, 163:17, 163:23  <b>easily</b> [2] - 49:1, 49:2  <b>East</b> [1] - 3:13  <b>easy</b> [2] - 38:9, 141:19  <b>eating</b> [2] - 109:20, 124:15  <b>economics</b> [2] - 96:25, 103:19  <b>edged</b> [1] - 146:17  <b>education</b> [2] - 10:19, 29:4  <b>educational</b> [1] - 22:3  <b>effective</b> [41] - 31:18, 31:19, 32:16, 32:24, 33:6, 34:18, 34:19, 44:16, 44:25, 47:5, 47:10, 47:17, 47:18, 48:22, 49:8, 49:10, 49:11, 49:19, 50:24, 51:23, 51:25, 52:20, 56:9, 56:20, 59:1, 62:2, 63:10, 64:2, 74:3, 74:7, 74:9, 74:13, 75:14, 75:15, 75:17, 76:4, 76:11, 76:12, 76:19, 77:4, 77:9</p>	<p><b>effectively</b> [2] - 74:3, 76:16  <b>effectiveness</b> [8] - 14:1, 16:19, 28:10, 32:7, 48:15, 52:22, 53:1, 75:11  <b>effects</b> [7] - 8:12, 9:21, 29:19, 30:1, 30:3, 108:4, 108:5  <b>effort</b> [1] - 89:12  <b>efforts</b> [2] - 72:23, 88:17  <b>Eisenhower</b> [3] - 117:10, 118:16, 125:11  <b>either</b> [14] - 38:13, 51:10, 80:2, 100:15, 108:10, 113:17, 115:17, 116:5, 121:23, 146:24, 148:12, 148:16, 149:20, 149:21  <b>electrical</b> [1] - 99:10  <b>electronics</b> [2] - 99:8, 99:22  <b>element</b> [1] - 48:2  <b>elements</b> [4] - 8:15, 8:19, 9:24, 47:18  <b>eligible</b> [2] - 57:22, 61:15  <b>eliminate</b> [1] - 162:19  <b>ELKINS</b> [1] - 4:3  <b>embarrassed</b> [2] - 102:25, 106:6  <b>embarrassment</b> [1] - 110:21  <b>emergency</b> [15] - 30:24, 31:2, 31:5, 46:7, 59:18, 60:5, 75:24, 76:1, 116:6, 124:21, 149:11, 150:6, 151:9, 151:11, 163:21  <b>emitted</b> [1] - 124:10  <b>emotions</b> [1] - 98:14  <b>empirical</b> [1] - 74:2  <b>employee</b> [1] - 162:6  <b>employees</b> [1] - 154:16  <b>encountered</b> [1] - 56:24  <b>end</b> [14] - 30:23, 31:1, 31:6, 31:7, 31:8, 43:15, 43:20, 106:24, 113:5, 113:10, 127:13, 130:19, 155:11, 155:12  <b>End</b> [1] - 19:18  <b>ended</b> [8] - 50:16,</p>	<p>57:24, 76:16, 92:24, 124:17, 125:17, 131:5, 151:15  <b>ending</b> [6] - 19:23, 32:8, 47:7, 144:18, 144:22, 145:10  <b>ends</b> [2] - 31:21, 38:17  <b>enemies</b> [1] - 98:22  <b>engage</b> [4] - 48:10, 49:6, 163:18, 163:24  <b>Engagement</b> [1] - 139:12  <b>engaging</b> [3] - 140:5, 161:24, 164:7  <b>enlisted</b> [2] - 98:23, 98:24  <b>enrolled</b> [2] - 23:12, 50:3  <b>ensure</b> [6] - 139:22, 141:13, 143:19, 145:4, 155:19, 162:21  <b>enter</b> [5] - 43:14, 46:19, 154:16, 154:17, 155:8  <b>entered</b> [3] - 76:3, 79:13, 82:11  <b>enters</b> [5] - 147:6, 147:7, 147:17, 147:18, 147:19  <b>entire</b> [8] - 24:14, 90:11, 98:2, 103:11, 118:23, 119:6, 122:18, 153:17  <b>entirely</b> [1] - 158:16  <b>entitled</b> [2] - 83:16, 167:12  <b>entity</b> [1] - 127:2  <b>entry</b> [2] - 53:23, 98:9  <b>environment</b> [1] - 129:10  <b>equally</b> [3] - 47:9, 48:22, 93:13  <b>equals</b> [4] - 83:24, 84:4, 84:5  <b>Equity</b> [5] - 11:16, 19:1, 19:12, 19:15, 20:11  <b>ER's</b> [1] - 133:4  <b>ERNEST</b> [1] - 4:3  <b>error</b> [5] - 72:5, 72:6, 72:9, 72:10, 93:16  <b>especially</b> [2] - 103:1, 107:24  <b>essentially</b> [4] - 16:22, 25:25, 26:5, 26:10  <b>estimate</b> [30] - 65:22, 66:3, 66:9, 66:12,</p>	<p>68:9, 69:16, 70:14, 71:16, 72:4, 72:7, 72:10, 72:13, 73:11, 73:13, 73:14, 86:9, 90:3, 90:6, 90:25, 91:3, 91:5, 91:15, 92:2, 92:4, 92:10, 92:12, 152:24, 153:2, 153:3  <b>estimated</b> [4] - 67:15, 67:16, 91:8, 92:14  <b>estimates</b> [7] - 15:3, 15:18, 16:2, 57:10, 65:11, 70:5  <b>et</b> [2] - 1:7, 95:25  <b>evaluate</b> [1] - 28:10  <b>evaluation</b> [1] - 124:24  <b>EVE</b> [1] - 3:12  <b>evening</b> [2] - 165:16, 166:1  <b>eventual</b> [1] - 94:20  <b>eventually</b> [6] - 30:25, 31:8, 94:19, 101:17, 102:6, 103:4  <b>evidence</b> [27] - 9:4, 10:8, 13:19, 21:2, 24:7, 29:7, 29:9, 31:20, 38:6, 38:20, 40:10, 54:24, 62:23, 65:18, 67:7, 68:4, 69:11, 70:9, 71:11, 77:10, 78:11, 79:14, 82:12, 91:20, 144:6, 159:8, 159:16  <b>evidence-based</b> [7] - 9:4, 10:8, 13:19, 21:2, 24:7, 31:20, 77:10  <b>exacerbate</b> [2] - 43:1, 47:3  <b>exacerbated</b> [1] - 42:18  <b>exact</b> [2] - 157:23, 158:2  <b>exactly</b> [6] - 39:21, 116:12, 128:9, 141:4, 144:24, 160:3  <b>examination</b> [11] - 8:4, 78:23, 93:21, 94:13, 96:9, 118:7, 136:2, 138:11, 164:16, 164:18, 165:3  <b>EXAMINATION</b> [4] - 8:7, 93:23, 96:12, 138:13  <b>examine</b> [13] - 8:12, 8:15, 8:19, 8:24, 9:3, 9:21, 9:24, 10:3, 10:7, 29:19, 31:17, 32:22,</p>	<p>33:8  <b>examining</b> [1] - 41:22  <b>example</b> [7] - 37:6, 39:22, 43:18, 109:8, 128:18, 142:14, 150:13  <b>examples</b> [2] - 14:17, 27:15  <b>excellent</b> [1] - 21:18  <b>except</b> [2] - 38:2, 112:5  <b>exception</b> [1] - 111:1  <b>exclusively</b> [1] - 14:20  <b>excuse</b> [4] - 13:22, 20:13, 99:17, 153:16  <b>excused</b> [1] - 136:14  <b>executive</b> [1] - 23:20  <b>exercising</b> [2] - 133:17, 134:1  <b>EXHIBIT</b> [2] - 6:1, 6:2  <b>exhibit</b> [4] - 144:7, 147:23, 148:7, 165:19  <b>Exhibit</b> [51] - 28:17, 29:6, 29:9, 54:3, 54:12, 54:22, 54:24, 58:9, 59:8, 62:5, 62:21, 62:23, 65:1, 65:15, 65:18, 66:17, 67:5, 67:7, 67:19, 68:2, 68:4, 68:13, 68:23, 69:11, 69:22, 70:6, 70:9, 70:17, 71:3, 71:11, 74:25, 79:13, 82:11, 83:10, 83:15, 85:19, 86:14, 86:21, 90:19, 91:18, 91:20, 91:25, 92:17, 93:25, 144:5, 144:12, 156:1, 157:11, 159:8, 165:20, 165:21  <b>Exhibits</b> [1] - 159:16  <b>exhibits</b> [1] - 28:5  <b>exist</b> [1] - 129:22  <b>existing</b> [3] - 43:1, 45:20, 127:5  <b>exists</b> [1] - 86:7  <b>exited</b> [1] - 61:5  <b>exiting</b> [2] - 61:2, 148:22  <b>expand</b> [1] - 36:5  <b>expect</b> [5] - 30:10, 63:9, 77:13, 106:12, 129:18  <b>expectations</b> [2] - 43:14, 161:6  <b>expected</b> [2] - 30:22, 48:25  <b>expensive</b> [4] - 35:2,</p>

<p>46:22, 75:22, 76:7  <b>experience</b> [15] - 10:20, 14:18, 22:25, 29:4, 30:2, 42:20, 47:15, 58:1, 63:9, 105:20, 112:11, 117:7, 118:21, 135:21, 163:14  <b>experienced</b> [5] - 13:10, 16:23, 30:10, 31:22, 81:12  <b>experiences</b> [1] - 55:24  <b>experiencing</b> [22] - 16:15, 30:23, 33:10, 41:24, 42:24, 43:18, 44:12, 46:17, 48:7, 51:16, 80:14, 82:20, 148:15, 152:25, 153:5, 156:21, 157:2, 157:17, 157:21, 158:4, 158:10, 158:14  <b>experiment</b> [1] - 26:1  <b>expert</b> [3] - 29:11, 62:18, 85:12  <b>expertise</b> [1] - 12:13  <b>experts</b> [5] - 33:23, 34:6, 34:13, 38:12, 39:15  <b>expiration</b> [2] - 120:17, 121:5  <b>expire</b> [1] - 121:3  <b>expired</b> [4] - 123:2, 123:6, 123:10, 123:11  <b>expiring</b> [2] - 120:21, 121:6  <b>explain</b> [1] - 72:19  <b>explained</b> [1] - 106:4  <b>explaining</b> [1] - 42:19  <b>explanation</b> [1] - 114:8  <b>explicitly</b> [2] - 25:16, 26:25  <b>exploratory</b> [1] - 57:14  <b>exposure</b> [1] - 30:6  <b>extend</b> [1] - 120:24  <b>extension</b> [3] - 121:11, 121:16, 121:19  <b>extensions</b> [1] - 121:8  <b>extent</b> [6] - 37:4, 40:10, 48:13, 56:16, 74:2, 160:2  <b>extreme</b> [1] - 87:22</p>	<p style="text-align: center;"><b>F</b></p> <p><b>face</b> [1] - 115:9  <b>facial</b> [1] - 37:18  <b>facilitate</b> [1] - 48:20  <b>facilitated</b> [1] - 48:17  <b>facility</b> [1] - 64:15  <b>facings</b> [2] - 114:14, 144:16  <b>fact</b> [12] - 36:14, 38:18, 38:19, 43:11, 48:3, 73:1, 80:15, 84:24, 92:9, 124:7, 125:22, 129:1  <b>factor</b> [2] - 46:25, 48:16  <b>factors</b> [4] - 43:4, 82:24, 88:10, 142:9  <b>faculty</b> [1] - 12:14  <b>fail</b> [2] - 100:16  <b>failed</b> [1] - 157:8  <b>fails</b> [1] - 77:7  <b>failure</b> [1] - 61:23  <b>fair</b> [6] - 87:15, 88:15, 88:22, 89:1, 91:15, 93:13  <b>fairly</b> [1] - 29:3  <b>fall</b> [1] - 126:21  <b>falling</b> [1] - 127:18  <b>falls</b> [2] - 74:10, 110:25  <b>false</b> [1] - 125:19  <b>familiar</b> [14] - 62:6, 65:3, 66:23, 67:21, 68:15, 70:1, 70:18, 70:20, 82:12, 143:18, 144:12, 157:23, 159:21, 159:22  <b>family</b> [2] - 103:1, 105:23  <b>far</b> [3] - 100:12, 150:13, 150:17  <b>features</b> [2] - 83:20, 84:3  <b>FEDERAL</b> [2] - 2:5, 3:19  <b>Federal</b> [2] - 167:6, 167:20  <b>federal</b> [8] - 15:12, 15:13, 16:7, 18:12, 45:24, 50:25, 79:2, 134:9  <b>fell</b> [2] - 72:16, 120:3  <b>felt</b> [4] - 100:1, 107:17, 108:22, 111:19  <b>fence</b> [1] - 125:5  <b>few</b> [3] - 50:12, 121:6, 160:7  <b>fewer</b> [3] - 76:6,</p>	<p>143:11, 143:24  <b>fidelity</b> [2] - 47:12, 76:24  <b>field</b> [5] - 10:16, 12:13, 103:22, 103:23, 104:4  <b>fields</b> [1] - 29:11  <b>fight</b> [2] - 105:5, 148:4  <b>fighter</b> [1] - 99:1  <b>fighters</b> [1] - 99:11  <b>figure</b> [5] - 58:4, 58:7, 157:19, 157:21, 158:5  <b>Figure</b> [2] - 83:23, 84:10  <b>file</b> [2] - 110:11, 135:8  <b>filed</b> [1] - 134:17  <b>fill</b> [1] - 124:8  <b>Filled</b> [1] - 75:2  <b>filled</b> [2] - 75:7, 118:23  <b>final</b> [1] - 41:22  <b>finally</b> [2] - 33:8, 104:25  <b>findings</b> [9] - 25:10, 26:2, 26:6, 26:19, 36:14, 38:18, 38:19, 50:11  <b>fine</b> [2] - 165:5, 165:10  <b>finish</b> [1] - 100:5  <b>finished</b> [2] - 101:1, 128:23  <b>fire</b> [3] - 17:22, 105:9, 105:12  <b>fire-setting</b> [1] - 17:22  <b>fired</b> [1] - 105:14  <b>firm</b> [1] - 87:11  <b>First</b> [23] - 22:23, 23:19, 27:8, 32:3, 35:8, 42:5, 45:21, 45:22, 47:12, 48:2, 51:9, 78:14, 160:25, 161:3, 161:4, 161:9, 161:15, 161:17, 161:19, 162:17, 162:18, 162:25  <b>first</b> [36] - 15:8, 16:21, 20:23, 22:20, 29:17, 29:19, 32:10, 34:4, 34:16, 34:24, 37:14, 42:16, 46:5, 92:18, 98:1, 98:18, 98:25, 101:20, 103:3, 105:2, 113:11, 117:4, 120:19, 121:12, 123:3, 125:11, 127:6,</p>	<p>128:2, 131:13, 133:4, 145:7, 145:8, 150:22, 156:16, 162:4, 162:6  <b>FIRST</b> [1] - 2:6  <b>fiscal</b> [1] - 142:18  <b>fit</b> [2] - 34:25, 47:21  <b>five</b> [12] - 36:13, 38:17, 38:21, 63:12, 84:16, 137:6, 137:7, 144:18, 144:22, 145:11, 145:14, 153:24  <b>five-county</b> [4] - 144:18, 144:22, 145:11, 153:24  <b>five-minute</b> [1] - 137:6  <b>fixed</b> [1] - 135:18  <b>flabbergasted</b> [1] - 110:10  <b>flags</b> [2] - 52:2, 125:6  <b>fleet</b> [4] - 98:2, 98:18, 98:20, 101:2  <b>flexible</b> [1] - 40:18  <b>flip</b> [1] - 157:15  <b>flooding</b> [1] - 17:23  <b>floor</b> [7] - 48:21, 119:6, 127:19, 127:20, 133:4, 133:20, 133:21  <b>Florida</b> [1] - 101:24  <b>flown</b> [1] - 98:17  <b>fly</b> [2] - 36:5, 99:1  <b>flying</b> [2] - 34:2, 36:11  <b>focus</b> [11] - 14:18, 22:19, 22:20, 25:14, 25:16, 26:23, 75:18, 122:13, 122:21, 147:15, 162:21  <b>focused</b> [15] - 13:11, 13:15, 14:3, 14:5, 14:10, 14:20, 24:7, 25:2, 25:13, 26:25, 32:1, 32:19, 43:11, 80:11, 80:13  <b>focuses</b> [3] - 16:11, 18:19, 69:4  <b>folks</b> [4] - 117:19, 164:7, 165:9, 165:11  <b>follow</b> [2] - 50:9, 135:19  <b>followed</b> [4] - 18:10, 50:7, 82:20, 83:25  <b>following</b> [1] - 142:16  <b>follows</b> [3] - 7:21, 95:18, 138:2  <b>food</b> [1] - 140:9</p>	<p><b>FOR</b> [3] - 3:3, 3:18, 4:2  <b>Force</b> [1] - 105:24  <b>foregoing</b> [1] - 167:10  <b>forewarning</b> [1] - 12:5  <b>forgot</b> [1] - 78:3  <b>form</b> [6] - 38:1, 38:8, 45:3, 57:22, 60:6, 63:23  <b>formally</b> [1] - 19:8  <b>format</b> [1] - 167:12  <b>formerly</b> [3] - 14:5, 17:5, 18:20  <b>forms</b> [3] - 24:23, 33:6, 59:16  <b>formula</b> [2] - 143:4, 143:17  <b>forward</b> [1] - 7:12  <b>foundation</b> [4] - 110:19, 124:8, 161:21, 164:6  <b>Foundation</b> [1] - 18:16  <b>foundations</b> [3] - 119:11, 119:13, 123:23  <b>four</b> [3] - 11:2, 11:8, 35:7  <b>Francisco</b> [1] - 97:12  <b>free</b> [1] - 116:22  <b>freely</b> [1] - 12:14  <b>fresh</b> [1] - 38:6  <b>Friday</b> [2] - 131:7, 131:25  <b>Fridays</b> [1] - 109:21  <b>friend</b> [4] - 105:24, 115:18, 124:13, 130:2  <b>friends</b> [3] - 101:10, 121:23  <b>front</b> [4] - 90:20, 92:18, 144:7, 144:13  <b>frontline</b> [1] - 22:22  <b>full</b> [11] - 7:24, 12:14, 50:10, 58:18, 59:14, 68:20, 74:20, 96:4, 113:18, 138:4, 152:4  <b>fully</b> [1] - 77:12  <b>fun</b> [1] - 124:4  <b>fundamental</b> [2] - 161:5, 164:10  <b>fundamentally</b> [1] - 46:2  <b>funded</b> [7] - 13:8, 18:12, 18:14, 18:18, 141:8, 145:24, 152:12  <b>Funded/HUD</b> [1] - 75:1  <b>Funded/HUD-VASH</b></p>
--	--	--	---	--

<p>[1] - 75:1  <b>funding</b> [1] - 15:13  <b>funds</b> [2] - 15:23, 16:7  <b>future</b> [4] - 28:23, 38:12, 54:5, 54:6</p>	<p>3:11  <b>gopher</b> [2] - 119:3, 119:8  <b>gophers</b> [2] - 118:24, 123:24  <b>governing</b> [1] - 82:16</p>	<p><b>GUADIANA</b> [3] - 4:3, 93:20, 94:16  <b>guess</b> [3] - 98:16, 130:11, 131:4  <b>guided</b> [1] - 99:25  <b>guidelines</b> [1] - 149:8  <b>guinea</b> [1] - 41:15  <b>Gulf</b> [1] - 98:18  <b>guy</b> [1] - 130:7</p>	<p>20:22, 24:9, 30:14, 30:16, 30:19, 30:24, 44:5, 48:8, 148:25, 149:5, 163:24  <b>Healthcare</b> [2] - 138:18, 142:11  <b>Healthy</b> [1] - 128:11  <b>healthy</b> [2] - 109:20, 128:16  <b>hear</b> [1] - 39:8  <b>heard</b> [7] - 38:6, 110:25, 130:1, 131:13, 138:23, 160:5, 160:21  <b>hearing</b> [1] - 34:10  <b>hearsay</b> [2] - 110:19, 111:1  <b>held</b> [2] - 139:17, 167:11  <b>help</b> [19] - 7:17, 21:16, 36:1, 51:19, 77:2, 95:11, 105:25, 106:2, 106:7, 106:8, 108:3, 108:18, 108:23, 109:15, 114:19, 115:20, 126:12, 137:20, 141:14  <b>helped</b> [1] - 88:15  <b>helpful</b> [2] - 34:16, 62:15  <b>HENWOOD</b> [2] - 5:3, 7:19  <b>Henwood</b> [19] - 7:11, 7:25, 28:16, 29:10, 36:22, 38:9, 39:8, 41:9, 53:16, 77:15, 77:25, 78:7, 79:4, 83:12, 84:7, 86:14, 90:20, 91:22, 93:18  <b>Henwood's</b> [1] - 62:18  <b>henwood's</b> [1] - 42:12  <b>hereby</b> [1] - 167:8  <b>hers.</b> [1] - 165:24  <b>high</b> [15] - 17:17, 17:20, 45:10, 47:7, 52:13, 55:25, 59:20, 63:14, 75:19, 76:8, 76:24, 97:13, 97:15, 97:17, 112:19  <b>High</b> [1] - 97:16  <b>high-rise</b> [1] - 112:19  <b>high-risk</b> [2] - 17:17, 17:20  <b>higher</b> [8] - 44:13, 45:18, 47:12, 52:14, 72:9, 73:23, 147:10, 158:8</p>	<p><b>highest</b> [1] - 100:21  <b>highly</b> [1] - 31:19  <b>HILL</b> [81] - 3:12, 7:10, 8:6, 8:8, 8:18, 9:8, 9:9, 9:13, 9:16, 9:19, 11:12, 12:8, 12:9, 12:23, 14:2, 17:16, 18:3, 19:5, 20:9, 22:2, 25:5, 26:16, 28:18, 28:25, 29:6, 29:10, 29:15, 31:16, 36:7, 36:20, 39:7, 39:14, 41:6, 41:11, 41:21, 42:9, 42:12, 42:15, 53:19, 54:11, 54:22, 54:25, 62:21, 62:24, 64:25, 65:2, 65:9, 65:15, 65:19, 66:2, 66:16, 66:19, 66:22, 67:4, 67:10, 67:19, 67:20, 68:1, 68:5, 68:12, 68:14, 68:22, 68:24, 69:9, 69:12, 69:21, 69:25, 70:6, 70:10, 71:2, 71:12, 74:23, 74:24, 77:15, 77:19, 78:2, 78:6, 78:21, 93:22, 93:24, 94:12  <b>history</b> [2] - 13:12, 112:8  <b>History</b> [1] - 27:7  <b>hit</b> [3] - 113:12, 124:17, 130:9  <b>hitting</b> [1] - 147:4  <b>HMIS</b> [4] - 154:17, 154:19, 155:8, 156:12  <b>hoarding</b> [2] - 17:22, 17:25  <b>Hoarding</b> [2] - 17:24, 17:25  <b>hold</b> [6] - 18:23, 22:10, 80:2, 133:8, 134:4, 134:8  <b>holder</b> [1] - 86:24  <b>holding</b> [3] - 33:19, 133:4, 133:15  <b>hole</b> [1] - 119:3  <b>Hollywood</b> [1] - 122:22  <b>home</b> [27] - 48:23, 48:24, 49:5, 83:25, 86:5, 102:24, 103:4, 104:20, 104:23, 105:4, 105:11, 113:11, 113:14, 126:19, 139:23, 148:13, 148:16, 148:25, 149:6, 149:22, 149:25,</p>
<b>G</b>		<b>H</b>		
<p><b>Game</b> [1] - 132:13  <b>garage</b> [1] - 84:4  <b>garbage</b> [1] - 126:15  <b>garden</b> [1] - 127:9  <b>GARTSIDE</b> [1] - 4:3  <b>gate</b> [3] - 63:24, 118:16, 125:11  <b>Gate</b> [1] - 117:10  <b>gather</b> [1] - 145:4  <b>gathering</b> [1] - 65:10  <b>gears</b> [2] - 106:16, 159:18  <b>General</b> [1] - 121:24  <b>general</b> [7] - 16:5, 29:17, 31:23, 45:24, 48:9, 89:6, 92:10  <b>generally</b> [4] - 11:6, 11:7, 142:8, 142:21  <b>gentleman</b> [8] - 11:6, 12:1, 34:16, 35:17, 117:24, 125:12, 130:14  <b>gentlemen</b> [1] - 41:4  <b>geographic</b> [1] - 153:15  <b>Georgia</b> [1] - 101:22  <b>girl</b> [1] - 132:4  <b>given</b> [4] - 28:10, 34:18, 47:16, 140:22  <b>glasses</b> [1] - 109:23  <b>goal</b> [34] - 55:14, 139:22, 139:25, 140:18, 140:24, 141:5, 141:7, 141:11, 141:12, 143:7, 144:10, 144:17, 144:21, 144:24, 145:4, 145:22, 145:23, 145:25, 146:1, 146:2, 146:3, 146:11, 146:15, 146:18, 146:20, 146:22, 146:24, 148:4, 148:22, 149:4, 149:12, 151:9, 152:15, 155:12  <b>goals</b> [2] - 139:24, 149:2  <b>God</b> [3] - 7:17, 95:11, 137:20  <b>GOLDSTEIN</b> [1] -</p>	<p><b>government</b> [6] - 15:12, 18:13, 45:24, 50:25, 164:19, 165:3  <b>Government</b> [1] - 106:3  <b>government's</b> [1] - 39:19  <b>governor</b> [1] - 120:6  <b>Governor</b> [1] - 113:10  <b>grade</b> [1] - 100:15  <b>gradually</b> [1] - 106:25  <b>graduated</b> [2] - 20:25, 103:21  <b>Grand</b> [1] - 19:18  <b>grand</b> [3] - 19:22, 20:1, 20:5  <b>grandfather's</b> [1] - 127:10  <b>granola</b> [1] - 124:15  <b>grant</b> [6] - 106:15, 116:9, 116:10, 116:13, 121:11, 152:13  <b>Grant</b> [1] - 152:11  <b>granted</b> [2] - 121:16, 134:10  <b>granting</b> [1] - 121:8  <b>graph</b> [2] - 58:24, 84:13  <b>grass</b> [3] - 117:12, 118:17, 118:22  <b>gravestone</b> [1] - 102:6  <b>great</b> [1] - 41:15  <b>greater</b> [1] - 29:18  <b>Greater</b> [8] - 14:24, 58:14, 138:17, 138:25, 141:3, 142:11, 145:5, 158:10  <b>grew</b> [2] - 97:10, 97:11  <b>grips</b> [1] - 107:24  <b>Grotecloss</b> [1] - 4:7  <b>ground</b> [6] - 23:23, 48:21, 62:18, 117:2, 119:17, 127:22  <b>grounds</b> [7] - 53:16, 63:16, 63:17, 63:19, 97:5, 116:15, 116:17  <b>group</b> [1] - 16:9  <b>grows</b> [1] - 124:4</p>	<p><b>H-A-M-M-I-T-T</b> [1] - 138:9  <b>H-E-N-W-O-O-D</b> [1] - 8:2  <b>habeas</b> [1] - 134:8  <b>HACLA</b> [1] - 61:11  <b>half</b> [3] - 21:1, 61:4, 61:5  <b>hammer</b> [3] - 130:8, 130:10, 131:6  <b>Hammitt</b> [26] - 137:4, 137:15, 138:7, 138:15, 139:6, 142:17, 143:21, 144:12, 146:10, 147:15, 148:3, 148:9, 149:17, 152:22, 156:3, 156:25, 157:13, 158:9, 159:18, 162:3, 163:17, 164:9, 164:14, 164:19, 165:2, 165:13  <b>HAMMITT</b> [1] - 137:25  <b>hand</b> [6] - 7:13, 54:7, 84:3, 95:7, 137:16, 147:23  <b>handed</b> [2] - 83:9, 90:18  <b>hard</b> [2] - 56:10, 56:14  <b>harm</b> [2] - 42:17, 161:14  <b>harms</b> [1] - 42:17  <b>Harris</b> [1] - 4:8  <b>head</b> [1] - 130:4  <b>health</b> [17] - 13:17, 30:1, 30:3, 30:17, 30:22, 32:21, 42:20, 43:1, 43:3, 45:2, 75:20, 94:7, 94:10, 108:1, 129:11, 164:5  <b>Health</b> [6] - 11:16, 18:15, 19:1, 19:12, 19:15, 20:11  <b>healthcare</b> [11] -</p>	<p><b>highest</b> [1] - 100:21  <b>highly</b> [1] - 31:19  <b>HILL</b> [81] - 3:12, 7:10, 8:6, 8:8, 8:18, 9:8, 9:9, 9:13, 9:16, 9:19, 11:12, 12:8, 12:9, 12:23, 14:2, 17:16, 18:3, 19:5, 20:9, 22:2, 25:5, 26:16, 28:18, 28:25, 29:6, 29:10, 29:15, 31:16, 36:7, 36:20, 39:7, 39:14, 41:6, 41:11, 41:21, 42:9, 42:12, 42:15, 53:19, 54:11, 54:22, 54:25, 62:21, 62:24, 64:25, 65:2, 65:9, 65:15, 65:19, 66:2, 66:16, 66:19, 66:22, 67:4, 67:10, 67:19, 67:20, 68:1, 68:5, 68:12, 68:14, 68:22, 68:24, 69:9, 69:12, 69:21, 69:25, 70:6, 70:10, 71:2, 71:12, 74:23, 74:24, 77:15, 77:19, 78:2, 78:6, 78:21, 93:22, 93:24, 94:12  <b>history</b> [2] - 13:12, 112:8  <b>History</b> [1] - 27:7  <b>hit</b> [3] - 113:12, 124:17, 130:9  <b>hitting</b> [1] - 147:4  <b>HMIS</b> [4] - 154:17, 154:19, 155:8, 156:12  <b>hoarding</b> [2] - 17:22, 17:25  <b>Hoarding</b> [2] - 17:24, 17:25  <b>hold</b> [6] - 18:23, 22:10, 80:2, 133:8, 134:4, 134:8  <b>holder</b> [1] - 86:24  <b>holding</b> [3] - 33:19, 133:4, 133:15  <b>hole</b> [1] - 119:3  <b>Hollywood</b> [1] - 122:22  <b>home</b> [27] - 48:23, 48:24, 49:5, 83:25, 86:5, 102:24, 103:4, 104:20, 104:23, 105:4, 105:11, 113:11, 113:14, 126:19, 139:23, 148:13, 148:16, 148:25, 149:6, 149:22, 149:25,</p>	

<p>151:6, 151:9, 151:13, 151:21, 151:22, 152:6  <b>Homeless</b> [7] - 14:25, 15:9, 18:25, 19:6, 19:10, 65:7, 75:1  <b>homeless</b> [88] - 8:13, 9:22, 11:25, 13:7, 14:5, 15:10, 15:14, 15:22, 15:25, 16:2, 16:6, 16:7, 17:5, 17:7, 18:4, 18:10, 18:20, 22:23, 22:24, 24:20, 25:17, 26:17, 31:4, 34:24, 35:1, 43:25, 44:3, 46:6, 51:1, 56:1, 56:21, 56:24, 57:2, 57:3, 60:7, 60:10, 64:17, 65:20, 65:22, 66:12, 66:14, 66:25, 67:11, 67:14, 67:23, 68:6, 68:18, 69:13, 69:18, 70:2, 70:11, 70:21, 71:13, 72:7, 73:7, 73:12, 73:17, 73:22, 74:13, 75:5, 77:13, 82:13, 88:12, 90:24, 90:25, 112:9, 113:1, 126:8, 129:19, 139:9, 141:8, 145:5, 148:25, 149:5, 152:23, 153:22, 154:16, 157:4, 157:7, 158:1, 159:3, 163:5, 163:6, 163:9, 163:10, 164:12  <b>Homelessness</b> [9] - 11:15, 11:18, 14:20, 15:2, 19:1, 19:12, 19:14, 19:18, 20:11  <b>homelessness</b> [113] - 8:20, 9:25, 13:1, 13:10, 14:3, 14:11, 14:16, 14:18, 14:21, 15:18, 16:16, 16:23, 18:23, 18:24, 19:17, 19:23, 20:13, 20:21, 24:16, 25:3, 25:19, 27:1, 27:2, 27:4, 27:5, 27:14, 27:15, 28:11, 29:11, 29:12, 29:19, 30:1, 30:10, 30:23, 31:18, 31:20, 31:21, 31:22, 32:8, 32:13, 32:16, 33:10, 41:25, 42:16, 42:18, 43:1, 43:12, 43:18, 44:3, 44:9, 44:13, 44:17, 45:25, 46:5, 46:18, 46:24, 46:25, 47:1,</p>	<p>47:5, 47:7, 48:7, 49:9, 49:16, 50:6, 50:19, 50:24, 51:16, 55:23, 55:24, 56:18, 66:14, 71:23, 73:4, 74:4, 74:7, 76:14, 76:16, 80:14, 81:12, 82:20, 87:14, 87:23, 88:2, 88:5, 88:8, 88:11, 88:16, 88:17, 88:23, 89:3, 89:6, 90:4, 92:24, 105:20, 112:11, 139:20, 144:18, 144:22, 145:10, 148:15, 152:25, 153:6, 156:21, 157:2, 157:17, 157:22, 158:4, 158:10, 158:14, 161:1, 163:13, 163:16  <b>homes</b> [2] - 78:8, 127:8  <b>HOMES</b> [6] - 154:12, 154:17, 155:21, 156:6, 156:12  <b>hometown</b> [1] - 104:1  <b>homey</b> [1] - 127:8  <b>honest</b> [1] - 96:17  <b>Honor</b> [39] - 28:19, 29:6, 29:10, 36:8, 36:20, 39:18, 53:15, 54:9, 62:17, 78:2, 79:1, 83:6, 90:15, 91:17, 93:17, 93:20, 93:22, 94:14, 94:16, 95:4, 110:22, 110:24, 110:25, 111:12, 117:13, 118:8, 136:4, 136:16, 137:14, 138:12, 159:7, 159:10, 164:15, 164:17, 164:23, 164:24, 165:2, 165:7, 165:18  <b>honor</b> [1] - 104:25  <b>HONORABLE</b> [1] - 1:3  <b>Hopkins</b> [1] - 13:21  <b>Hopper</b> [1] - 43:10  <b>horrible</b> [2] - 125:21, 129:11  <b>hospital</b> [3] - 45:5, 75:24, 135:4  <b>hospitalization</b> [1] - 31:2  <b>hospitalized</b> [1] - 30:25  <b>hospitals</b> [1] - 31:6</p>	<p><b>hostage</b> [2] - 97:24, 98:5  <b>hot</b> [1] - 118:15  <b>hotel</b> [1] - 115:7  <b>hotels</b> [1] - 115:5  <b>hour</b> [3] - 86:11, 95:22, 118:1  <b>HOURIGAN</b> [4] - 2:5, 167:6, 167:19, 167:20  <b>hours</b> [8] - 28:7, 85:13, 85:14, 116:22, 128:5, 128:6, 134:6, 134:7  <b>house</b> [9] - 24:17, 28:11, 55:14, 73:24, 102:13, 105:22, 148:4, 159:3, 159:5  <b>housed</b> [6] - 72:25, 86:25, 93:2, 155:14, 155:17, 162:19  <b>housekeeping</b> [1] - 164:25  <b>houses</b> [1] - 28:11  <b>housing</b> [226] - 8:13, 8:20, 9:4, 9:22, 9:25, 10:8, 13:12, 13:16, 13:24, 14:6, 16:20, 17:1, 17:12, 17:18, 17:20, 20:14, 20:22, 20:24, 22:20, 24:13, 25:15, 25:19, 26:24, 27:6, 29:13, 31:8, 31:18, 31:19, 31:24, 32:3, 32:5, 32:6, 32:8, 32:13, 32:15, 32:24, 33:7, 34:24, 35:4, 42:4, 44:16, 44:19, 44:23, 44:25, 45:9, 46:3, 46:9, 46:11, 46:15, 46:20, 47:4, 47:7, 47:8, 47:9, 47:16, 47:19, 48:1, 48:4, 48:5, 48:11, 49:8, 49:11, 49:18, 50:14, 50:15, 50:22, 50:24, 51:3, 51:13, 51:15, 51:19, 52:1, 52:9, 52:12, 52:15, 52:20, 53:8, 53:21, 53:23, 55:2, 55:12, 55:13, 55:23, 56:6, 56:7, 56:11, 56:23, 57:23, 57:24, 57:25, 58:2, 58:6, 59:7, 59:12, 59:13, 59:17, 59:19, 60:1, 60:4, 60:8, 60:9, 60:11, 60:19, 61:3, 63:11, 63:13, 63:14, 63:15, 63:17, 63:18, 63:20,</p>	<p>63:21, 64:3, 64:7, 64:10, 64:13, 72:22, 72:25, 74:3, 74:6, 75:16, 75:21, 76:5, 76:6, 76:10, 76:12, 76:13, 76:18, 77:8, 77:12, 78:7, 78:10, 78:17, 80:8, 80:13, 81:6, 81:9, 81:10, 81:14, 81:24, 82:2, 82:3, 82:25, 83:1, 83:20, 84:3, 84:10, 86:7, 86:19, 87:19, 92:21, 92:24, 93:5, 97:5, 97:20, 106:10, 106:15, 112:8, 112:22, 113:4, 113:5, 115:20, 116:5, 116:8, 116:12, 122:10, 122:12, 130:18, 130:19, 134:13, 134:15, 134:17, 140:1, 148:10, 148:16, 148:17, 148:23, 149:10, 149:14, 149:20, 149:24, 150:3, 150:9, 150:13, 150:16, 150:22, 150:24, 151:3, 151:4, 152:8, 152:10, 152:14, 152:15, 152:18, 152:19, 152:20, 154:23, 154:25, 158:24, 160:1, 160:19, 160:22, 161:6, 161:10, 161:19, 161:21, 161:23, 162:1, 162:5, 162:14, 162:21, 162:23, 163:7, 163:11, 163:15, 163:21, 164:6, 164:9  <b>Housing</b> [52] - 8:25, 10:4, 11:16, 15:12, 19:1, 19:12, 19:15, 20:11, 22:23, 23:8, 23:15, 23:17, 23:18, 23:19, 24:11, 27:8, 32:3, 32:23, 35:8, 42:5, 45:21, 45:22, 47:12, 48:2, 51:9, 55:5, 55:8, 61:11, 78:13, 80:11, 80:18, 80:22, 83:16, 112:20, 120:20, 121:2, 121:5, 121:8, 121:10, 122:14, 155:2, 160:25, 161:3, 161:4, 161:9, 161:15, 161:17, 162:17,</p>	<p>162:18, 162:25  <b>Houston</b> [1] - 88:4  <b>HUD</b> [43] - 4:6, 33:5, 39:17, 49:17, 51:6, 51:8, 51:25, 52:19, 53:21, 53:24, 56:17, 60:13, 60:14, 60:18, 60:23, 61:5, 61:10, 63:2, 63:15, 74:10, 74:12, 74:17, 74:25, 75:10, 76:25, 81:2, 81:6, 81:13, 81:18, 82:16, 86:19, 86:24, 87:1, 87:4, 87:8, 106:14, 122:17, 122:19, 122:24, 136:19, 145:25, 162:7, 162:9  <b>HUD-VASH</b> [38] - 33:5, 49:17, 51:6, 51:8, 51:25, 52:19, 53:21, 53:24, 56:17, 60:13, 60:14, 60:18, 60:23, 61:5, 61:10, 63:2, 74:10, 74:12, 74:17, 74:25, 76:25, 81:2, 81:6, 81:13, 81:18, 81:18, 82:16, 86:19, 86:19, 87:1, 87:4, 87:8, 106:14, 122:17, 122:19, 122:24, 145:25, 162:7, 162:9  <b>HUD-VASH's</b> [1] - 75:10  <b>Hunter</b> [1] - 18:7  <b>hurt</b> [1] - 103:5</p> <p style="text-align: center;"><b>I</b></p> <p><b>ICU</b> [1] - 120:3  <b>idea</b> [2] - 103:1, 133:9  <b>ideally</b> [2] - 50:6, 51:18  <b>identification</b> [3] - 83:10, 83:15, 85:18  <b>identified</b> [5] - 16:11, 52:8, 52:17, 94:3, 154:6  <b>identifies</b> [2] - 57:12, 145:22  <b>identify</b> [8] - 19:21, 29:1, 57:8, 66:6, 96:10, 99:5, 156:21, 157:8  <b>identifying</b> [1] - 107:18  <b>illness</b> [2] - 8:21, 10:1, 14:10, 21:3, 21:8, 24:19, 24:23,</p>
---	---	---	--	--

<p>29:20, 32:18, 32:20, 43:4, 43:7, 44:4, 44:10, 46:17, 46:23, 47:2, 47:3, 75:20, 163:9, 163:12</p> <p><b>Illness</b> [1] - 14:20</p> <p><b>illnesses</b> [1] - 32:2</p> <p><b>imagine</b> [2] - 30:4, 102:15</p> <p><b>immediate</b> [5] - 46:3, 48:4, 50:22, 52:10, 109:16</p> <p><b>immediately</b> [3] - 41:1, 58:6, 98:17</p> <p><b>impacts</b> [1] - 39:25</p> <p><b>implement</b> [2] - 76:11, 76:17</p> <p><b>implementation</b> [1] - 77:2</p> <p><b>implemented</b> [5] - 47:13, 49:17, 52:19, 74:14, 77:12</p> <p><b>implementing</b> [4] - 9:3, 10:7, 76:10, 76:24</p> <p><b>important</b> [16] - 48:1, 48:2, 48:25, 49:19, 56:8, 82:25, 83:19, 83:21, 83:22, 83:24, 84:4, 94:3, 147:11, 150:9, 161:16</p> <p><b>important'</b> [1] - 83:23</p> <p><b>impression</b> [2] - 111:1, 125:19</p> <p><b>improve</b> [2] - 76:23, 77:2</p> <p><b>improved</b> [1] - 73:9</p> <p><b>improvement</b> [1] - 76:22</p> <p><b>improvements</b> [1] - 147:14</p> <p><b>improving</b> [1] - 50:18</p> <p><b>incarceration</b> [1] - 43:17</p> <p><b>inception</b> [1] - 19:11</p> <p><b>incident</b> [3] - 131:6, 132:10, 132:11</p> <p><b>incidents</b> [1] - 129:23</p> <p><b>include</b> [6] - 17:22, 24:9, 24:21, 29:11, 31:5, 47:23</p> <p><b>included</b> [1] - 26:21</p> <p><b>includes</b> [4] - 105:11, 140:3, 154:1, 163:25</p> <p><b>including</b> [8] - 27:25, 30:2, 30:9, 30:21,</p>	<p>44:17, 74:8, 94:4, 128:10</p> <p><b>inclusive</b> [1] - 157:1</p> <p><b>income</b> [1] - 87:22</p> <p><b>incoming</b> [2] - 14:13, 27:13</p> <p><b>incorporate</b> [1] - 27:14</p> <p><b>increase</b> [2] - 43:5, 44:9</p> <p><b>increased</b> [2] - 43:17, 89:7</p> <p><b>independent</b> [8] - 21:10, 23:6, 24:8, 44:20, 46:12, 53:11, 60:4, 76:5</p> <p><b>independently</b> [4] - 13:20, 13:23, 17:12, 45:8</p> <p><b>INDEX</b> [2] - 5:1, 6:1</p> <p><b>indicate</b> [5] - 31:23, 69:17, 72:16, 73:4, 83:19</p> <p><b>indicated</b> [2] - 39:22, 134:12</p> <p><b>indicates</b> [1] - 59:12</p> <p><b>indicator</b> [1] - 75:10</p> <p><b>Indio</b> [2] - 114:19, 115:16</p> <p><b>individual</b> [15] - 47:21, 48:23, 49:7, 52:12, 87:3, 112:17, 140:19, 140:25, 141:18, 142:1, 142:10, 143:5, 143:14, 154:21, 163:18</p> <p><b>individual's</b> [1] - 161:6</p> <p><b>individuals</b> [37] - 15:22, 16:13, 17:18, 21:8, 23:4, 24:12, 24:17, 24:18, 24:20, 44:12, 45:12, 47:8, 48:7, 48:24, 50:3, 50:7, 50:10, 50:12, 57:5, 57:16, 57:25, 61:5, 63:12, 66:5, 72:24, 73:24, 75:19, 80:15, 80:19, 80:24, 81:1, 84:16, 89:24, 142:16, 143:16, 149:9, 158:18</p> <p><b>indulgence</b> [1] - 78:4</p> <p><b>inequality</b> [1] - 87:22</p> <p><b>infested</b> [1] - 123:25</p> <p><b>informally</b> [2] - 28:20, 165:23</p> <p><b>information</b> [15] - 11:7, 28:8, 28:9, 37:2,</p>	<p>37:23, 53:13, 57:9, 96:25, 97:2, 103:20, 103:22, 104:4, 147:12, 157:5</p> <p><b>informing</b> [1] - 82:16</p> <p><b>initial</b> [6] - 32:1, 32:9, 36:3, 38:19, 39:3, 47:14</p> <p><b>initiated</b> [1] - 134:7</p> <p><b>initiative</b> [2] - 19:19, 20:4</p> <p><b>initiatives</b> [1] - 89:2</p> <p><b>injunction</b> [2] - 37:21, 39:25</p> <p><b>injunctive</b> [18] - 33:18, 33:21, 34:3, 34:15, 34:20, 35:24, 37:15, 37:19, 37:25, 38:7, 39:1, 39:5, 40:16, 40:17, 40:25, 42:7, 94:21</p> <p><b>injuries</b> [1] - 107:5</p> <p><b>injury</b> [11] - 8:22, 10:1, 29:21, 32:18, 43:5, 44:4, 44:11, 46:17, 107:3, 107:6, 163:25</p> <p><b>inside</b> [2] - 119:2, 129:6</p> <p><b>instance</b> [1] - 36:14</p> <p><b>instead</b> [3] - 117:25, 133:3, 151:5</p> <p><b>Institute</b> [5] - 11:18, 13:9, 18:25, 19:7, 19:11</p> <p><b>institute</b> [1] - 11:19</p> <p><b>Institutes</b> [1] - 18:15</p> <p><b>institutional</b> [16] - 31:3, 31:4, 31:10, 31:14, 43:8, 43:19, 43:24, 44:1, 44:14, 46:6, 46:7, 46:12, 46:21, 49:12, 60:3, 64:18</p> <p><b>institutionalization</b> [3] - 42:17, 44:10, 46:16</p> <p><b>institutions</b> [4] - 21:9, 31:6, 45:7</p> <p><b>intake</b> [1] - 122:18</p> <p><b>integration</b> [1] - 18:19</p> <p><b>intended</b> [1] - 45:6</p> <p><b>intensive</b> [6] - 45:11, 45:18, 47:24, 75:9, 141:21, 142:23</p> <p><b>interim</b> [1] - 78:9</p> <p><b>interpose</b> [1] - 34:9</p> <p><b>interpretation</b> [1] - 161:4</p>	<p><b>interpreted</b> [1] - 124:11</p> <p><b>interrogated</b> [1] - 133:23</p> <p><b>interrupt</b> [1] - 40:12</p> <p><b>intertwined</b> [2] - 39:20, 40:11</p> <p><b>intervene</b> [1] - 17:21</p> <p><b>INTERVENOR</b> [1] - 4:2</p> <p><b>intervention</b> [2] - 45:17, 74:7</p> <p><b>interviews</b> [1] - 84:25</p> <p><b>Introduction</b> [2] - 14:12, 27:12</p> <p><b>invasion</b> [1] - 129:4</p> <p><b>investigate</b> [1] - 86:24</p> <p><b>investigator</b> [1] - 18:7</p> <p><b>invited</b> [1] - 99:4</p> <p><b>involve</b> [2] - 80:18, 80:23</p> <p><b>involved</b> [11] - 12:1, 13:6, 14:24, 15:6, 17:4, 17:17, 19:10, 20:5, 35:2, 44:22, 73:8</p> <p><b>involvement</b> [1] - 70:4</p> <p><b>involving</b> [3] - 11:7, 18:4, 129:23</p> <p><b>Iran</b> [3] - 97:23, 98:5, 98:14</p> <p><b>Island</b> [1] - 98:19</p> <p><b>issue</b> [21] - 24:16, 32:1, 33:1, 33:21, 52:8, 52:18, 53:20, 59:6, 77:11, 108:3, 123:13, 123:24, 135:6, 159:19, 159:21, 160:6, 160:9, 160:15, 160:17, 160:18, 165:19</p> <p><b>issued</b> [9] - 17:1, 51:6, 51:10, 51:18, 55:5, 55:6, 113:10, 121:12, 122:21</p> <p><b>issues</b> [12] - 17:7, 34:24, 39:20, 39:24, 48:6, 52:5, 76:1, 108:8, 117:7, 118:21, 164:3, 164:5</p> <p><b>issuing</b> [1] - 122:19</p> <p><b>IT</b> [2] - 104:15</p>	<p><b>jail</b> [2] - 75:23, 132:25</p> <p><b>jails</b> [3] - 31:7, 43:20, 46:7</p> <p><b>January</b> [7] - 93:6, 119:23, 119:25, 120:1, 120:2, 121:17, 121:22</p> <p><b>JEFFREY</b> [2] - 1:7, 95:16</p> <p><b>Jeffrey</b> [2] - 95:4, 96:5</p> <p><b>jets</b> [1] - 99:1</p> <p><b>job</b> [7] - 24:14, 25:11, 25:12, 104:17, 104:18, 104:19, 105:22</p> <p><b>jobs</b> [2] - 24:11, 101:25</p> <p><b>JODY</b> [1] - 3:21</p> <p><b>Johns</b> [1] - 13:21</p> <p><b>join</b> [4] - 97:22, 98:8, 98:12, 101:1</p> <p><b>joining</b> [1] - 97:20</p> <p><b>joint</b> [1] - 11:19</p> <p><b>joking</b> [1] - 165:8</p> <p><b>Jose</b> [4] - 97:11, 97:16, 97:23, 104:1</p> <p><b>journey</b> [3] - 130:15, 140:1, 154:24</p> <p><b>joy</b> [1] - 111:10</p> <p><b>Judge</b> [1] - 39:9</p> <p><b>JUDGE</b> [1] - 1:3</p> <p><b>judge</b> [2] - 36:3, 134:9</p> <p><b>judicial</b> [1] - 167:13</p> <p><b>July</b> [3] - 19:8, 116:2, 131:5</p> <p><b>June</b> [8] - 113:5, 113:23, 114:25, 123:16, 130:19, 131:15, 134:12</p> <p><b>jurisdiction</b> [4] - 144:19, 144:23, 145:11, 145:14</p> <p><b>jurisdictions</b> [2] - 55:13, 76:11</p> <p><b>JUSTICE</b> [1] - 3:19</p>
				<p><b>K</b></p>
				<p><b>KALT</b> [1] - 4:3</p> <p><b>KAPLAN</b> [1] - 3:4</p> <p><b>Karlen</b> [2] - 28:21, 165:23</p> <p><b>keep</b> [8] - 34:8, 40:13, 40:19, 56:10, 94:24, 101:19, 124:11, 131:2</p> <p><b>keeping</b> [1] - 18:1</p>

<p><b>Keith</b> <sup>[1]</sup> - 4:8  <b>kept</b> <sup>[4]</sup> - 111:24, 119:7, 126:14, 133:25  <b>Kern</b> <sup>[1]</sup> - 145:16  <b>key</b> <sup>[7]</sup> - 47:18, 48:16, 49:3, 50:11, 88:10, 145:9, 161:14  <b>kicked</b> <sup>[2]</sup> - 124:20, 125:2  <b>Kim</b> <sup>[1]</sup> - 43:10  <b>kind</b> <sup>[16]</sup> - 7:13, 28:9, 30:3, 35:6, 37:19, 38:24, 102:5, 106:2, 108:23, 109:3, 109:14, 111:10, 116:12, 124:16, 131:22, 162:8  <b>kinds</b> <sup>[2]</sup> - 42:17, 161:25  <b>kitchen</b> <sup>[4]</sup> - 128:13, 128:14, 128:16, 128:22  <b>Knapp</b> <sup>[1]</sup> - 79:1  <b>KNAPP</b> <sup>[18]</sup> - 53:15, 62:17, 79:1, 79:3, 83:6, 83:8, 83:11, 85:15, 85:17, 89:22, 90:15, 90:17, 91:17, 91:21, 93:17, 94:14, 160:10, 164:17  <b>knee</b> <sup>[6]</sup> - 109:8, 109:10, 117:3, 117:5, 119:17, 127:23  <b>knock</b> <sup>[2]</sup> - 129:25, 132:15  <b>knowing</b> <sup>[4]</sup> - 106:12, 110:14, 116:12, 135:7  <b>knowledge</b> <sup>[2]</sup> - 57:23, 159:22  <b>known</b> <sup>[8]</sup> - 23:19, 32:7, 33:5, 45:3, 99:5, 116:18, 138:20, 154:12  <b>Kristin</b> <sup>[1]</sup> - 4:7</p>	<p>120:11, 120:13, 121:25, 122:7, 122:10, 122:11, 122:13, 122:16, 123:1, 123:9, 134:20, 134:23, 135:1, 145:15, 148:11, 152:25, 153:6, 153:13, 153:14, 153:15, 153:18, 153:19, 154:2, 154:4, 154:5, 157:17, 158:4, 158:8, 158:25, 159:20  <b>labeled</b> <sup>[1]</sup> - 125:7  <b>lack</b> <sup>[6]</sup> - 8:13, 9:21, 59:1, 75:4, 75:8, 75:10  <b>lacks</b> <sup>[1]</sup> - 110:19  <b>IACV22-8357</b> <sup>[1]</sup> - 1:11  <b>lady</b> <sup>[1]</sup> - 132:20  <b>LAHSA</b> <sup>[12]</sup> - 15:8, 65:4, 65:12, 66:24, 67:22, 90:23, 154:14, 154:19, 155:1, 155:18, 155:20, 156:5  <b>laid</b> <sup>[1]</sup> - 119:5  <b>land</b> <sup>[1]</sup> - 112:16  <b>landfill</b> <sup>[3]</sup> - 159:19, 160:1, 160:2  <b>landlord</b> <sup>[2]</sup> - 51:21, 84:2  <b>large</b> <sup>[3]</sup> - 87:18, 98:19, 107:11  <b>largely</b> <sup>[1]</sup> - 163:6  <b>largest</b> <sup>[2]</sup> - 87:16, 114:23  <b>last</b> <sup>[14]</sup> - 8:1, 16:1, 26:9, 73:15, 84:15, 96:6, 118:10, 120:8, 131:4, 131:15, 132:21, 138:8, 145:8, 159:19  <b>lasted</b> <sup>[2]</sup> - 86:10, 99:15  <b>late</b> <sup>[3]</sup> - 32:9, 103:15, 133:6  <b>lately</b> <sup>[1]</sup> - 102:19  <b>launched</b> <sup>[1]</sup> - 76:25  <b>Law</b> <sup>[6]</sup> - 3:5, 3:9, 3:12, 3:15, 3:22, 4:4  <b>law</b> <sup>[4]</sup> - 36:14, 38:18, 38:19, 71:17  <b>laws</b> <sup>[1]</sup> - 82:15  <b>lawsuit</b> <sup>[3]</sup> - 37:12, 134:17, 135:16  <b>lawyer</b> <sup>[3]</sup> - 133:18, 133:19, 134:1  <b>lay</b> <sup>[1]</sup> - 119:1  <b>lead</b> <sup>[5]</sup> - 19:24, 20:3,</p>	<p>141:20, 142:25, 143:1  <b>leader</b> <sup>[2]</sup> - 89:12, 143:18  <b>leadership</b> <sup>[1]</sup> - 18:22  <b>leading</b> <sup>[1]</sup> - 15:6  <b>learn</b> <sup>[2]</sup> - 99:24, 160:6  <b>learned</b> <sup>[1]</sup> - 159:19  <b>lease</b> <sup>[4]</sup> - 51:21, 112:15, 112:21, 113:9  <b>leased</b> <sup>[1]</sup> - 55:16  <b>leases</b> <sup>[2]</sup> - 78:8, 112:16  <b>least</b> <sup>[9]</sup> - 55:20, 64:18, 73:7, 111:21, 122:7, 122:8, 124:12, 126:2, 146:8  <b>leave</b> <sup>[6]</sup> - 94:17, 113:20, 114:8, 119:15, 131:20, 165:18  <b>leaving</b> <sup>[1]</sup> - 45:6  <b>led</b> <sup>[1]</sup> - 102:16  <b>left</b> <sup>[6]</sup> - 63:5, 97:23, 116:11, 118:10, 119:14, 121:17  <b>lengths</b> <sup>[1]</sup> - 149:8  <b>less</b> <sup>[11]</sup> - 45:11, 46:9, 47:13, 47:17, 48:9, 56:6, 56:20, 73:25, 75:14, 142:15, 160:7  <b>letter</b> <sup>[1]</sup> - 100:19  <b>level</b> <sup>[5]</sup> - 100:4, 104:6, 111:9, 141:25, 142:24  <b>levels</b> <sup>[5]</sup> - 82:10, 140:13, 141:5, 150:10, 163:15  <b>LEVY</b> <sup>[1]</sup> - 3:11  <b>liability</b> <sup>[3]</sup> - 36:4, 39:4  <b>license</b> <sup>[1]</sup> - 79:12  <b>licensed</b> <sup>[3]</sup> - 12:18, 79:6, 79:8  <b>licenses</b> <sup>[3]</sup> - 79:10, 79:24, 80:2  <b>Licensure</b> <sup>[1]</sup> - 79:20  <b>lidocaine</b> <sup>[2]</sup> - 109:13, 117:6  <b>life</b> <sup>[7]</sup> - 30:9, 30:11, 42:22, 56:3, 103:8, 105:21, 108:25  <b>lift</b> <sup>[2]</sup> - 107:12, 107:15  <b>likely</b> <sup>[6]</sup> - 43:6, 56:6, 75:14, 93:14, 158:15, 164:7  <b>limit</b> <sup>[4]</sup> - 64:10,</p>	<p>64:12, 130:25, 131:3  <b>limited</b> <sup>[1]</sup> - 38:2  <b>Linda</b> <sup>[2]</sup> - 114:22, 115:17  <b>line</b> <sup>[6]</sup> - 63:1, 86:1, 145:19, 146:3, 146:5, 147:4  <b>list</b> <sup>[35]</sup> - 16:4, 16:10, 24:18, 84:10, 153:5, 153:7, 153:11, 153:18, 153:19, 154:6, 154:8, 154:10, 154:11, 154:12, 154:13, 154:14, 154:18, 154:20, 154:21, 155:1, 155:10, 155:15, 155:16, 155:17, 155:24, 156:5, 156:6, 156:11, 156:12, 158:6, 158:7, 158:18, 158:19  <b>listed</b> <sup>[6]</sup> - 79:12, 84:12, 91:6, 91:8, 103:12, 154:21  <b>listening</b> <sup>[1]</sup> - 125:25  <b>lists</b> <sup>[6]</sup> - 16:5, 16:9, 79:24, 154:9, 155:21, 156:25  <b>literally</b> <sup>[5]</sup> - 34:25, 35:6, 55:18, 56:2, 120:8  <b>live</b> <sup>[20]</sup> - 13:19, 13:23, 21:3, 30:5, 30:15, 42:20, 45:8, 48:14, 56:15, 78:18, 113:24, 115:4, 116:23, 121:20, 125:20, 125:25, 126:1, 126:6, 134:24, 151:1  <b>lived</b> <sup>[7]</sup> - 50:3, 102:11, 103:8, 109:1, 112:13, 112:15, 130:2  <b>living</b> <sup>[26]</sup> - 13:11, 13:15, 14:6, 17:12, 21:10, 23:6, 24:8, 30:17, 44:20, 46:12, 56:14, 115:1, 115:6, 120:11, 121:24, 122:13, 123:18, 124:1, 125:18, 126:4, 127:12, 127:14, 127:16, 129:9, 134:24, 135:2  <b>Living</b> <sup>[1]</sup> - 128:11  <b>LLP</b> <sup>[3]</sup> - 3:4, 3:11, 4:3  <b>loads</b> <sup>[1]</sup> - 45:19  <b>local</b> <sup>[1]</sup> - 36:22</p>	<p><b>locally</b> <sup>[2]</sup> - 15:23, 55:20  <b>located</b> <sup>[5]</sup> - 18:18, 50:13, 63:23, 105:15  <b>location</b> <sup>[3]</sup> - 59:7, 82:25, 94:3  <b>locations</b> <sup>[1]</sup> - 81:15  <b>lockdown</b> <sup>[1]</sup> - 114:2  <b>Loma</b> <sup>[2]</sup> - 114:22, 115:17  <b>long-term</b> <sup>[6]</sup> - 21:9, 23:5, 30:10, 31:22, 74:7, 109:15  <b>longitudinal</b> <sup>[2]</sup> - 17:7, 49:23  <b>look</b> <sup>[17]</sup> - 13:9, 13:16, 13:25, 21:17, 33:1, 58:7, 58:8, 112:23, 113:20, 130:23, 143:3, 144:5, 145:7, 145:17, 150:3, 156:1, 157:11  <b>looked</b> <sup>[5]</sup> - 18:9, 28:2, 28:4, 32:1, 49:16  <b>looking</b> <sup>[18]</sup> - 16:18, 17:10, 17:20, 22:22, 24:7, 50:2, 58:16, 59:8, 61:20, 62:25, 98:3, 119:8, 120:10, 122:11, 122:12, 149:3, 149:4, 149:12  <b>looks</b> <sup>[8]</sup> - 17:11, 52:11, 146:12, 146:17, 147:9, 156:23, 157:23, 158:3  <b>Los</b> <sup>[73]</sup> - 3:6, 3:10, 3:16, 4:5, 11:25, 14:24, 15:2, 15:4, 15:16, 16:8, 18:5, 18:11, 25:14, 29:12, 32:25, 33:10, 35:10, 41:25, 49:22, 49:25, 50:3, 50:19, 51:1, 51:23, 52:19, 53:24, 55:6, 55:7, 56:19, 56:21, 58:14, 59:9, 63:2, 64:21, 69:5, 69:14, 69:18, 73:17, 73:22, 74:18, 76:17, 77:14, 82:20, 83:3, 84:20, 85:4, 85:12, 86:2, 86:19, 87:8, 87:14, 87:22, 88:20, 89:10, 90:3, 90:7, 90:8, 90:12, 90:24, 91:1, 91:9, 91:13, 91:23, 92:3, 138:17, 138:25, 141:3, 142:11, 145:5,</p>
<b>L</b>				
<p><b>LA</b> <sup>[60]</sup> - 15:6, 15:9, 18:19, 27:22, 28:3, 28:7, 51:3, 52:1, 55:2, 58:2, 58:18, 61:20, 63:18, 65:7, 70:12, 74:15, 109:12, 109:19, 109:24, 114:22, 114:23, 115:15, 115:17, 115:18, 115:19, 115:23, 116:1, 116:4, 116:6, 116:18,</p>	<p>120:11, 120:13, 121:25, 122:7, 122:10, 122:11, 122:13, 122:16, 123:1, 123:9, 134:20, 134:23, 135:1, 145:15, 148:11, 152:25, 153:6, 153:13, 153:14, 153:15, 153:18, 153:19, 154:2, 154:4, 154:5, 157:17, 158:4, 158:8, 158:25, 159:20  <b>labeled</b> <sup>[1]</sup> - 125:7  <b>lack</b> <sup>[6]</sup> - 8:13, 9:21, 59:1, 75:4, 75:8, 75:10  <b>lacks</b> <sup>[1]</sup> - 110:19  <b>IACV22-8357</b> <sup>[1]</sup> - 1:11  <b>lady</b> <sup>[1]</sup> - 132:20  <b>LAHSA</b> <sup>[12]</sup> - 15:8, 65:4, 65:12, 66:24, 67:22, 90:23, 154:14, 154:19, 155:1, 155:18, 155:20, 156:5  <b>laid</b> <sup>[1]</sup> - 119:5  <b>land</b> <sup>[1]</sup> - 112:16  <b>landfill</b> <sup>[3]</sup> - 159:19, 160:1, 160:2  <b>landlord</b> <sup>[2]</sup> - 51:21, 84:2  <b>large</b> <sup>[3]</sup> - 87:18, 98:19, 107:11  <b>largely</b> <sup>[1]</sup> - 163:6  <b>largest</b> <sup>[2]</sup> - 87:16, 114:23  <b>last</b> <sup>[14]</sup> - 8:1, 16:1, 26:9, 73:15, 84:15, 96:6, 118:10, 120:8, 131:4, 131:15, 132:21, 138:8, 145:8, 159:19  <b>lasted</b> <sup>[2]</sup> - 86:10, 99:15  <b>late</b> <sup>[3]</sup> - 32:9, 103:15, 133:6  <b>lately</b> <sup>[1]</sup> - 102:19  <b>launched</b> <sup>[1]</sup> - 76:25  <b>Law</b> <sup>[6]</sup> - 3:5, 3:9, 3:12, 3:15, 3:22, 4:4  <b>law</b> <sup>[4]</sup> - 36:14, 38:18, 38:19, 71:17  <b>laws</b> <sup>[1]</sup> - 82:15  <b>lawsuit</b> <sup>[3]</sup> - 37:12, 134:17, 135:16  <b>lawyer</b> <sup>[3]</sup> - 133:18, 133:19, 134:1  <b>lay</b> <sup>[1]</sup> - 119:1  <b>lead</b> <sup>[5]</sup> - 19:24, 20:3,</p>	<p>141:20, 142:25, 143:1  <b>leader</b> <sup>[2]</sup> - 89:12, 143:18  <b>leadership</b> <sup>[1]</sup> - 18:22  <b>leading</b> <sup>[1]</sup> - 15:6  <b>learn</b> <sup>[2]</sup> - 99:24, 160:6  <b>learned</b> <sup>[1]</sup> - 159:19  <b>lease</b> <sup>[4]</sup> - 51:21, 112:15, 112:21, 113:9  <b>leased</b> <sup>[1]</sup> - 55:16  <b>leases</b> <sup>[2]</sup> - 78:8, 112:16  <b>least</b> <sup>[9]</sup> - 55:20, 64:18, 73:7, 111:21, 122:7, 122:8, 124:12, 126:2, 146:8  <b>leave</b> <sup>[6]</sup> - 94:17, 113:20, 114:8, 119:15, 131:20, 165:18  <b>leaving</b> <sup>[1]</sup> - 45:6  <b>led</b> <sup>[1]</sup> - 102:16  <b>left</b> <sup>[6]</sup> - 63:5, 97:23, 116:11, 118:10, 119:14, 121:17  <b>lengths</b> <sup>[1]</sup> - 149:8  <b>less</b> <sup>[11]</sup> - 45:11, 46:9, 47:13, 47:17, 48:9, 56:6, 56:20, 73:25, 75:14, 142:15, 160:7  <b>letter</b> <sup>[1]</sup> - 100:19  <b>level</b> <sup>[5]</sup> - 100:4, 104:6, 111:9, 141:25, 142:24  <b>levels</b> <sup>[5]</sup> - 82:10, 140:13, 141:5, 150:10, 163:15  <b>LEVY</b> <sup>[1]</sup> - 3:11  <b>liability</b> <sup>[3]</sup> - 36:4, 39:4  <b>license</b> <sup>[1]</sup> - 79:12  <b>licensed</b> <sup>[3]</sup> - 12:18, 79:6, 79:8  <b>licenses</b> <sup>[3]</sup> - 79:10, 79:24, 80:2  <b>Licensure</b> <sup>[1]</sup> - 79:20  <b>lidocaine</b> <sup>[2]</sup> - 109:13, 117:6  <b>life</b> <sup>[7]</sup> - 30:9, 30:11, 42:22, 56:3, 103:8, 105:21, 108:25  <b>lift</b> <sup>[2]</sup> - 107:12, 107:15  <b>likely</b> <sup>[6]</sup> - 43:6, 56:6, 75:14, 93:14, 158:15, 164:7  <b>limit</b> <sup>[4]</sup> - 64:10,</p>	<p>64:12, 130:25, 131:3  <b>limited</b> <sup>[1]</sup> - 38:2  <b>Linda</b> <sup>[2]</sup> - 114:22, 115:17  <b>line</b> <sup>[6]</sup> - 63:1, 86:1, 145:19, 146:3, 146:5, 147:4  <b>list</b> <sup>[35]</sup> - 16:4, 16:10, 24:18, 84:10, 153:5, 153:7, 153:11, 153:18, 153:19, 154:6, 154:8, 154:10, 154:11, 154:12, 154:13, 154:14, 154:18, 154:20, 154:21, 155:1, 155:10, 155:15, 155:16, 155:17, 155:24, 156:5, 156:6, 156:11, 156:12, 158:6, 158:7, 158:18, 158:19  <b>listed</b> <sup>[6]</sup> - 79:12, 84:12, 91:6, 91:8, 103:12, 154:21  <b>listening</b> <sup>[1]</sup> - 125:25  <b>lists</b> <sup>[6]</sup> - 16:5, 16:9, 79:24, 154:9, 155:21, 156:25  <b>literally</b> <sup>[5]</sup> - 34:25, 35:6, 55:18, 56:2, 120:8  <b>live</b> <sup>[20]</sup> - 13:19, 13:23, 21:3, 30:5, 30:15, 42:20, 45:8, 48:14, 56:15, 78:18, 113:24, 115:4, 116:23, 121:20, 125:20, 125:25, 126:1, 126:6, 134:24, 151:1  <b>lived</b> <sup>[7]</sup> - 50:3, 102:11, 103:8, 109:1, 112:13, 112:15, 130:2  <b>living</b> <sup>[26]</sup> - 13:11, 13:15, 14:6, 17:12, 21:10, 23:6, 24:8, 30:17, 44:20, 46:12, 56:14, 115:1, 115:6, 120:11, 121:24, 122:13, 123:18, 124:1, 125:18, 126:4, 127:12, 127:14, 127:16, 129:9, 134:24, 135:2  <b>Living</b> <sup>[1]</sup> - 128:11  <b>LLP</b> <sup>[3]</sup> - 3:4, 3:11, 4:3  <b>loads</b> <sup>[1]</sup> - 45:19  <b>local</b> <sup>[1]</sup> - 36:22</p>	<p><b>locally</b> <sup>[2]</sup> - 15:23, 55:20  <b>located</b> <sup>[5]</sup> - 18:18, 50:13, 63:23, 105:15  <b>location</b> <sup>[3]</sup> - 59:7, 82:25, 94:3  <b>locations</b> <sup>[1]</sup> - 81:15  <b>lockdown</b> <sup>[1]</sup> - 114:2  <b>Loma</b> <sup>[2]</sup> - 114:22, 115:17  <b>long-term</b> <sup>[6]</sup> - 21:9, 23:5, 30:10, 31:22, 74:7, 109:15  <b>longitudinal</b> <sup>[2]</sup> - 17:7, 49:23  <b>look</b> <sup>[17]</sup> - 13:9, 13:16, 13:25, 21:17, 33:1, 58:7, 58:8, 112:23, 113:20, 130:23, 143:3, 144:5, 145:7, 145:17, 150:3, 156:1, 157:11  <b>looked</b> <sup>[5]</sup> - 18:9, 28:2, 28:4, 32:1, 49:16  <b>looking</b> <sup>[18]</sup> - 16:18, 17:10, 17:20, 22:22, 24:7, 50:2, 58:16, 59:8, 61:20, 62:25, 98:3, 119:8, 120:10, 122:11, 122:12, 149:3, 149:4, 149:12  <b>looks</b> <sup>[8]</sup> - 17:11, 52:11, 146:12, 146:17, 147:9, 156:23, 157:23, 158:3  <b>Los</b> <sup>[73]</sup> - 3:6, 3:10, 3:16, 4:5, 11:25, 14:24, 15:2, 15:4, 15:16, 16:8, 18:5, 18:11, 25:14, 29:12, 32:25, 33:10, 35:10, 41:25, 49:22, 49:25, 50:3, 50:19, 51:1, 51:23, 52:19, 53:24, 55:6, 55:7, 56:19, 56:21, 58:14, 59:9, 63:2, 64:21, 69:5, 69:14, 69:18, 73:17, 73:22, 74:18, 76:17, 77:14, 82:20, 83:3, 84:20, 85:4, 85:12, 86:2, 86:19, 87:8, 87:14, 87:22, 88:20, 89:10, 90:3, 90:7, 90:8, 90:12, 90:24, 91:1, 91:9, 91:13, 91:23, 92:3, 138:17, 138:25, 141:3, 142:11, 145:5,</p>

<p>152:23, 155:2, 158:10, 159:3  <b>LOS</b> [4] - 1:22, 2:6, 7:1, 167:3  <b>lost</b> [5] - 102:3, 105:22, 105:23, 124:16  <b>lovers</b> [1] - 101:12  <b>low</b> [5] - 47:20, 48:4, 50:22, 52:10, 63:4  <b>LOWENSTEIN</b> [1] - 3:21  <b>lower</b> [10] - 52:22, 53:1, 53:3, 53:4, 63:10, 68:21, 69:17, 92:3, 111:8, 144:2  <b>lowered</b> [1] - 62:3  <b>Luis</b> [1] - 145:15  <b>Lunch</b> [1] - 118:3  <b>lunch</b> [6] - 11:2, 11:5, 35:12, 95:22, 117:25, 118:1  <b>lunchroom</b> [1] - 117:20</p>	<p><b>marked</b> [6] - 28:17, 54:2, 83:9, 83:15, 85:18, 90:19  <b>Market</b> [1] - 35:12  <b>market</b> [3] - 17:2, 81:22, 81:23  <b>married</b> [1] - 102:10  <b>Maryland</b> [1] - 3:13  <b>master</b> [5] - 14:9, 14:13, 28:3, 55:16, 158:23  <b>Master's</b> [1] - 13:2  <b>master's</b> [7] - 14:15, 20:25, 22:9, 22:10, 22:12, 22:13, 23:1  <b>material</b> [1] - 52:3  <b>materials</b> [4] - 18:1, 27:25, 28:14, 100:17  <b>math</b> [2] - 71:17, 71:20  <b>matter</b> [10] - 28:21, 56:3, 85:13, 95:19, 95:21, 95:22, 96:1, 117:17, 164:25, 167:12  <b>matters</b> [2] - 55:25, 56:2  <b>mattress</b> [2] - 127:17, 127:20  <b>MCDONOUGH</b> [2] - 1:13, 3:18  <b>mean</b> [10] - 12:12, 44:19, 55:15, 56:20, 61:16, 78:12, 90:10, 144:1, 152:9, 161:21  <b>meaning</b> [1] - 157:1  <b>means</b> [11] - 12:13, 41:4, 44:20, 61:12, 92:23, 122:17, 160:3, 161:19, 162:18, 162:25, 163:8  <b>meant</b> [3] - 13:23, 26:13, 90:9  <b>meanwhile</b> [1] - 87:25  <b>media</b> [1] - 102:5  <b>Medical</b> [1] - 134:20  <b>medical</b> [15] - 59:22, 59:23, 60:3, 107:19, 109:5, 109:18, 110:5, 110:6, 112:2, 112:4, 112:6, 134:25, 135:6, 140:7, 163:18  <b>medicine</b> [1] - 30:21  <b>meet</b> [7] - 30:20, 64:2, 140:24, 144:11, 146:10, 146:20, 146:24  <b>meeting</b> [2] - 148:3, 157:9</p>	<p><b>member</b> [6] - 12:14, 110:16, 110:20, 111:6, 131:7, 144:2  <b>members</b> [2] - 110:9, 111:9  <b>memory</b> [1] - 36:18  <b>mental</b> [26] - 8:21, 10:1, 14:10, 21:3, 21:8, 24:19, 24:23, 29:20, 32:2, 32:17, 32:20, 43:3, 43:4, 43:7, 44:4, 44:10, 46:16, 46:23, 47:1, 47:3, 75:20, 108:1, 129:10, 163:9, 163:12, 164:5  <b>Mental</b> [1] - 14:20  <b>mention</b> [2] - 104:7, 156:7  <b>mentioned</b> [23] - 14:7, 25:18, 26:20, 27:9, 43:8, 49:23, 56:21, 100:22, 102:12, 107:17, 108:11, 111:16, 112:5, 112:9, 123:20, 134:19, 135:10, 144:10, 147:5, 153:21, 154:3, 154:8, 155:10  <b>merits</b> [1] - 40:6  <b>message</b> [2] - 17:8, 121:7  <b>met</b> [5] - 10:25, 27:22, 86:4, 101:9, 125:15  <b>methodology</b> [3] - 27:17, 28:13, 158:21  <b>Methods</b> [1] - 14:14  <b>Michael</b> [1] - 125:13  <b>microphone</b> [1] - 138:6  <b>mid</b> [1] - 121:22  <b>mid-January</b> [1] - 121:22  <b>middle</b> [4] - 50:9, 58:10, 79:19, 97:18  <b>might</b> [8] - 35:9, 37:8, 40:3, 86:25, 138:5, 148:24, 149:6  <b>migraines</b> [5] - 107:3, 108:18, 108:19, 109:1, 109:7  <b>military</b> [3] - 97:19, 103:11, 106:3  <b>Millington</b> [1] - 99:18  <b>million</b> [1] - 40:21  <b>Milwaukee</b> [2] - 22:13, 88:7  <b>mind</b> [3] - 40:13,</p>	<p>102:19, 144:20  <b>mindset</b> [1] - 38:2  <b>mine</b> [2] - 105:24, 115:18  <b>minus</b> [2] - 72:7, 72:11  <b>minute</b> [2] - 21:12, 137:6  <b>minutes</b> [3] - 77:21, 117:25, 137:8  <b>Miranda</b> [1] - 132:22  <b>mission</b> [1] - 161:17  <b>mistake</b> [1] - 132:19  <b>mobile</b> [2] - 48:22, 78:8  <b>model</b> [19] - 13:20, 13:22, 16:22, 23:19, 34:24, 35:5, 35:8, 35:9, 45:9, 45:15, 45:23, 47:12, 47:14, 48:19, 51:12, 81:5, 152:17, 161:17, 162:17  <b>modeled</b> [1] - 51:9  <b>models</b> [2] - 45:14, 152:13  <b>modular</b> [1] - 78:7  <b>moment</b> [22] - 10:25, 12:20, 17:13, 19:2, 20:6, 21:14, 21:17, 26:8, 26:9, 33:17, 42:6, 52:24, 57:12, 65:24, 66:18, 69:1, 95:19, 97:9, 136:4, 136:7, 137:5, 165:14  <b>Monday</b> [1] - 132:1  <b>money</b> [3] - 102:1, 126:23, 126:24  <b>Monica</b> [1] - 122:22  <b>month</b> [10] - 17:8, 37:1, 41:2, 50:5, 104:22, 115:4, 115:5, 115:13, 155:13, 156:8  <b>monthlong</b> [2] - 38:4, 38:5  <b>monthly</b> [1] - 93:5  <b>months</b> [9] - 41:19, 52:11, 54:1, 86:18, 99:15, 113:19, 126:3, 146:8, 152:15  <b>mood</b> [1] - 107:4  <b>moored</b> [1] - 98:19  <b>morning</b> [14] - 7:10, 8:9, 8:10, 79:1, 79:4, 79:5, 80:7, 96:14, 96:15, 96:16, 126:14, 128:7, 164:19, 164:21  <b>most</b> [21] - 14:9, 16:18, 24:23, 32:19, 36:22, 42:22, 44:20,</p>	<p>44:24, 47:25, 50:16, 56:8, 61:21, 70:21, 76:9, 83:24, 89:14, 99:5, 99:7, 129:5, 141:2, 141:23  <b>motel</b> [2] - 119:20, 126:24  <b>mother</b> [2] - 113:25, 135:8  <b>mother's</b> [1] - 114:7  <b>motivated</b> [1] - 98:12  <b>motor</b> [1] - 100:9  <b>move</b> [23] - 40:23, 54:22, 55:9, 55:13, 55:17, 56:17, 61:22, 62:21, 65:15, 67:4, 68:1, 68:22, 69:9, 70:6, 71:2, 91:17, 111:11, 114:10, 117:12, 118:17, 119:11, 138:6, 159:8  <b>move-in</b> [1] - 56:17  <b>moved</b> [9] - 55:2, 92:24, 97:19, 100:3, 112:14, 118:12, 118:21, 119:13, 120:19  <b>moves</b> [1] - 138:5  <b>moving</b> [6] - 22:25, 55:4, 55:22, 80:6, 107:8, 149:13  <b>MR</b> [69] - 28:19, 36:24, 39:18, 39:22, 40:8, 41:12, 53:15, 54:9, 62:17, 79:1, 79:3, 83:6, 83:8, 83:11, 85:15, 85:17, 89:22, 90:15, 90:17, 91:17, 91:21, 93:17, 93:20, 94:14, 94:16, 95:4, 96:11, 96:13, 105:19, 107:16, 110:18, 110:22, 110:25, 111:5, 111:11, 111:15, 116:19, 118:8, 118:9, 135:25, 136:3, 136:6, 136:16, 136:20, 137:3, 137:14, 138:12, 138:14, 148:7, 148:8, 156:1, 156:2, 157:11, 157:12, 159:7, 159:10, 159:14, 159:17, 160:10, 160:13, 162:13, 164:14, 164:17, 164:24, 165:2, 165:7, 165:15, 165:18, 166:2  <b>MS</b> [80] - 7:10, 8:6,</p>
<b>M</b>				
<p><b>mailbox</b> [1] - 113:18  <b>main</b> [3] - 25:12, 45:13, 122:13  <b>maintained</b> [1] - 155:1  <b>maintaining</b> [2] - 63:13, 104:5  <b>majority</b> [2] - 61:9, 97:1  <b>manage</b> [1] - 43:2  <b>managed</b> [2] - 151:7, 154:18  <b>management</b> [13] - 45:12, 45:18, 47:24, 62:2, 75:8, 75:9, 141:18, 141:21, 142:1, 142:13, 142:24, 143:6, 163:23  <b>manager</b> [4] - 121:2, 141:21, 143:2, 143:20  <b>managers</b> [3] - 140:15, 142:25, 151:3  <b>managing</b> [1] - 17:17  <b>MANGASER</b> [2] - 3:9, 3:15  <b>manipulation</b> [1] - 35:19  <b>March</b> [6] - 112:15, 112:24, 113:3, 113:8, 113:10, 113:23  <b>margin</b> [5] - 72:5, 72:9, 72:10, 93:16  <b>MARK</b> [1] - 3:8</p>				

<p>8:8, 8:18, 9:8, 9:9, 9:13, 9:16, 9:19, 11:12, 12:8, 12:9, 12:23, 14:2, 17:16, 18:3, 19:5, 20:9, 22:2, 25:5, 26:16, 28:18, 28:25, 29:6, 29:10, 29:15, 31:16, 36:7, 36:20, 39:7, 39:14, 41:6, 41:11, 41:21, 42:9, 42:12, 42:15, 53:19, 54:11, 54:22, 54:25, 62:21, 62:24, 64:25, 65:2, 65:9, 65:15, 65:19, 66:2, 66:16, 66:19, 66:22, 67:4, 67:10, 67:19, 67:20, 68:1, 68:5, 68:12, 68:14, 68:22, 68:24, 69:9, 69:12, 69:21, 69:25, 70:6, 70:10, 71:2, 71:12, 74:23, 74:24, 77:15, 77:19, 78:2, 78:6, 78:21, 93:22, 93:24, 94:12</p> <p><b>multi</b> [1] - 78:8</p> <p><b>multi-year</b> [1] - 78:8</p> <p><b>multiple</b> [2] - 84:22, 150:3</p> <p><b>must</b> [4] - 102:15, 129:16, 146:8, 149:20</p>	<p>51:19</p> <p><b>Navy</b> [17] - 96:24, 97:19, 97:21, 97:22, 98:2, 98:8, 98:12, 98:17, 98:25, 99:1, 99:13, 99:16, 101:13, 101:17, 102:22, 103:18, 104:8</p> <p><b>near</b> [12] - 48:14, 50:13, 83:2, 84:5, 84:12, 84:20, 92:20, 94:3, 94:7, 94:8, 94:10, 127:13</p> <p><b>necessary</b> [2] - 76:18, 141:14</p> <p><b>need</b> [24] - 34:25, 36:21, 44:5, 48:4, 48:5, 49:2, 49:4, 49:5, 51:11, 75:13, 96:19, 115:24, 117:13, 120:22, 130:25, 131:12, 142:24, 149:16, 159:5, 164:10, 165:3</p> <p><b>needed</b> [14] - 24:22, 33:22, 35:24, 77:1, 99:3, 99:24, 103:24, 105:7, 107:25, 114:4, 115:24, 117:1, 129:8, 131:9</p> <p><b>needs</b> [13] - 45:10, 45:11, 75:19, 75:20, 75:21, 78:14, 117:24, 141:22, 142:3, 143:5, 143:8, 143:13, 144:3</p> <p><b>negative</b> [1] - 55:25</p> <p><b>neighborhood</b> [2] - 84:1, 94:5</p> <p><b>nervous</b> [1] - 96:17</p> <p><b>networks</b> [1] - 104:5</p> <p><b>never</b> [15] - 84:21, 100:15, 102:5, 102:10, 102:18, 103:12, 103:13, 106:2, 108:22, 109:14, 112:2, 125:8, 138:23</p> <p><b>New</b> [8] - 12:18, 20:24, 22:14, 22:16, 23:7, 23:12, 79:9, 79:25</p> <p><b>new</b> [9] - 105:2, 105:6, 112:14, 122:9, 123:3, 123:14, 151:15</p> <p><b>next</b> [18] - 7:8, 23:2, 24:20, 41:19, 42:7, 59:6, 95:3, 100:3, 100:6, 102:23, 117:10, 118:16, 125:10, 125:15,</p>	<p>133:22, 137:1, 137:10, 137:12</p> <p><b>night</b> [5] - 66:7, 75:23, 75:24, 133:6, 163:19</p> <p><b>NO</b> [3] - 2:5, 6:2, 167:20</p> <p><b>nobody</b> [5] - 36:2, 113:16, 114:15, 126:12, 133:10</p> <p><b>non</b> [2] - 20:19, 152:13</p> <p><b>non-peer-reviewed</b> [1] - 20:19</p> <p><b>non-profits</b> [1] - 152:13</p> <p><b>noncompliance</b> [1] - 52:18</p> <p><b>none</b> [2] - 57:23, 108:10</p> <p><b>nonveterans</b> [4] - 49:9, 49:12, 49:20, 53:8</p> <p><b>normal</b> [3] - 128:5, 128:6, 133:1</p> <p><b>North</b> [1] - 98:19</p> <p><b>note</b> [1] - 52:13</p> <p><b>noted</b> [1] - 92:2</p> <p><b>nothing</b> [9] - 7:16, 11:23, 93:17, 93:20, 94:16, 95:11, 127:8, 137:19</p> <p><b>noticed</b> [1] - 147:8</p> <p><b>notion</b> [2] - 163:4, 163:8</p> <p><b>November</b> [3] - 120:22, 121:17, 156:19</p> <p><b>number</b> [41] - 15:21, 33:9, 35:4, 41:24, 44:17, 58:13, 58:21, 58:25, 61:4, 61:9, 67:14, 69:17, 69:18, 70:14, 72:14, 73:17, 73:21, 83:22, 90:12, 90:25, 93:4, 93:10, 93:14, 97:6, 100:5, 120:3, 142:9, 152:22, 152:24, 153:21, 154:3, 156:23, 157:23, 157:25, 158:9, 158:12, 158:13, 158:17, 158:22, 159:3</p> <p><b>numbers</b> [16] - 55:21, 62:3, 65:10, 66:4, 66:8, 68:21, 72:1, 72:19, 72:24, 73:3, 79:12, 90:9, 90:10, 91:5, 91:14,</p>	<p>153:16</p> <p><b>numerous</b> [1] - 75:18</p> <p><b>nurses</b> [1] - 143:15</p> <p><b>Nursing</b> [1] - 13:22</p> <hr/> <p style="text-align: center;"><b>O</b></p> <hr/> <p><b>o'clock</b> [5] - 95:21, 96:1, 96:2, 117:17, 131:23</p> <p><b>Obispo</b> [1] - 145:15</p> <p><b>object</b> [2] - 53:15, 62:17</p> <p><b>objection</b> [5] - 67:8, 67:9, 70:8, 110:18, 111:11</p> <p><b>objections</b> [1] - 136:17</p> <p><b>objective</b> [2] - 100:1, 100:17</p> <p><b>Objective</b> [1] - 100:13</p> <p><b>objectives</b> [1] - 99:24</p> <p><b>obligation</b> [1] - 38:13</p> <p><b>observe</b> [1] - 125:18</p> <p><b>obtain</b> [2] - 22:3, 86:19</p> <p><b>obtaining</b> [1] - 162:23</p> <p><b>obviously</b> [2] - 33:19, 53:3</p> <p><b>Occupancy</b> [1] - 59:9</p> <p><b>occupancy</b> [3] - 59:14, 59:19, 59:20</p> <p><b>occupied</b> [1] - 59:24</p> <p><b>occur</b> [2] - 98:6, 104:11</p> <p><b>occurred</b> [1] - 50:8</p> <p><b>occurring</b> [1] - 32:20</p> <p><b>October</b> [2] - 98:10, 99:14</p> <p><b>OF</b> [7] - 1:2, 1:20, 3:1, 3:19, 167:1, 167:3, 167:4</p> <p><b>offer</b> [5] - 29:6, 108:15, 109:3, 151:4</p> <p><b>offered</b> [8] - 46:13, 60:12, 108:10, 116:7, 116:14, 149:20, 149:24, 150:13</p> <p><b>offering</b> [2] - 56:7, 82:8</p> <p><b>offers</b> [1] - 150:3</p> <p><b>offhand</b> [1] - 90:14</p> <p><b>Office</b> [1] - 75:1</p> <p><b>office</b> [7] - 75:5, 105:8, 105:13,</p>	<p>113:16, 141:8, 145:24</p> <p><b>officer</b> [1] - 99:3</p> <p><b>offices</b> [1] - 135:3</p> <p><b>official</b> [1] - 129:23</p> <p><b>OFFICIAL</b> [2] - 2:5, 167:1</p> <p><b>Official</b> [1] - 167:6</p> <p><b>offset</b> [2] - 75:22, 76:9</p> <p><b>often</b> [1] - 49:6</p> <p><b>old</b> [1] - 124:4</p> <p><b>older</b> [3] - 13:16, 13:19, 13:23</p> <p><b>Olympic</b> [1] - 4:4</p> <p><b>omnibus</b> [1] - 37:23</p> <p><b>on-site</b> [3] - 16:24, 48:20, 114:20</p> <p><b>once</b> [8] - 20:25, 24:25, 63:13, 78:23, 102:1, 129:6, 131:2, 152:4</p> <p><b>one</b> [87] - 15:1, 16:21, 18:6, 18:11, 19:23, 21:14, 24:3, 26:19, 27:3, 27:22, 28:18, 31:20, 36:24, 38:13, 39:9, 44:25, 45:13, 48:6, 49:3, 50:7, 50:15, 52:5, 52:24, 54:6, 55:19, 55:24, 56:8, 57:24, 58:10, 63:12, 64:11, 65:14, 65:24, 66:18, 75:10, 81:23, 86:8, 88:4, 88:10, 88:13, 94:7, 97:4, 100:3, 100:6, 100:20, 102:2, 102:24, 107:8, 107:12, 107:15, 111:8, 114:5, 114:22, 114:23, 114:24, 115:5, 115:10, 116:10, 119:13, 122:18, 124:9, 124:13, 125:14, 125:21, 129:5, 129:20, 130:3, 136:3, 139:24, 140:4, 140:18, 140:24, 141:23, 143:10, 143:23, 151:23, 151:24, 152:1, 152:6, 154:10, 156:9, 156:13, 156:15, 157:6, 157:9, 163:24, 164:25</p> <p><b>one-time</b> [1] - 156:9</p> <p><b>OneNeck</b> [1] - 104:14</p> <p><b>ones</b> [1] - 121:11</p>
---	--	---	--	---

<p><b>ongoing</b> [3] - 16:17, 17:6, 17:9  <b>onset</b> [1] - 13:16  <b>oOo</b> [1] - 7:3  <b>Opal</b> [1] - 107:22  <b>open</b> [8] - 17:2, 23:22, 40:13, 109:22, 128:5, 129:2, 151:13, 152:5  <b>opening</b> [4] - 39:23, 100:7, 100:10, 160:19  <b>openings</b> [1] - 100:6  <b>operating</b> [1] - 161:17  <b>opinion</b> [2] - 53:9, 54:20  <b>opinions</b> [4] - 29:17, 82:5, 82:8, 82:16  <b>opportunity</b> [4] - 36:10, 150:17, 150:22, 150:24  <b>opposed</b> [1] - 44:1  <b>Optical</b> [1] - 109:22  <b>option</b> [3] - 83:4, 94:8, 116:14  <b>options</b> [4] - 83:21, 84:10, 84:22, 94:4  <b>order</b> [5] - 15:13, 24:22, 27:19, 113:11, 162:5  <b>ordered</b> [1] - 120:6  <b>ordinarily</b> [1] - 143:3  <b>organization</b> [1] - 23:7  <b>original</b> [2] - 24:17, 106:24  <b>originally</b> [4] - 23:21, 98:25, 108:2, 117:9  <b>otherwise</b> [2] - 34:7, 45:3  <b>outcomes</b> [3] - 8:24, 10:3, 57:19  <b>outed</b> [3] - 103:17, 105:23, 107:25  <b>outlying</b> [1] - 154:1  <b>outreach</b> [9] - 16:11, 30:20, 50:21, 55:17, 57:13, 57:17, 58:2, 59:1, 75:8  <b>Outreach</b> [1] - 58:5  <b>outside</b> [6] - 112:6, 122:5, 125:5, 130:1, 130:4, 130:6  <b>overall</b> [3] - 73:6, 74:12, 152:15  <b>overestimates</b> [1] - 93:14  <b>overlap</b> [1] - 23:14  <b>overly</b> [1] - 56:3  <b>overruled</b> [3] -</p>	<p>111:2, 160:11, 160:12  <b>overview</b> [1] - 51:22  <b>overwhelming</b> [1] - 98:21  <b>own</b> [7] - 46:13, 53:17, 104:15, 123:24, 130:15, 132:8, 161:10  <b>owned</b> [2] - 112:17, 115:12</p> <p style="text-align: center;"><b>P</b></p> <p><b>P-O-W-E-R-S</b> [1] - 96:7  <b>p.m</b> [2] - 133:6, 166:3  <b>package</b> [1] - 105:11  <b>Page</b> [2] - 5:2, 6:2  <b>page</b> [18] - 58:9, 62:25, 79:17, 79:19, 83:14, 84:9, 85:23, 92:18, 92:20, 94:2, 144:9, 145:7, 145:8, 145:17, 157:15, 165:20, 165:21, 167:12  <b>pain</b> [2] - 109:13, 109:16  <b>paired</b> [1] - 45:9  <b>Palm</b> [15] - 113:21, 114:10, 114:13, 115:2, 115:3, 115:11, 115:18, 115:22, 120:10, 120:12, 120:13, 120:19, 122:12, 122:13, 122:15  <b>pan</b> [1] - 101:25  <b>pandemic</b> [2] - 50:8  <b>papers</b> [1] - 26:17  <b>paperwork</b> [5] - 131:12, 131:22, 132:3, 132:5, 132:7  <b>paragraph</b> [1] - 145:8  <b>pardon</b> [1] - 95:24  <b>park</b> [2] - 118:18, 118:23  <b>Park</b> [1] - 124:13  <b>parking</b> [3] - 117:10, 117:12, 118:15  <b>part</b> [24] - 15:17, 17:19, 25:11, 25:12, 26:24, 30:13, 37:23, 39:18, 54:20, 57:3, 74:17, 82:23, 85:12, 87:19, 89:2, 98:4, 98:21, 105:1, 115:4, 115:13, 121:13,</p>	<p>135:16, 136:19, 163:2  <b>part-time</b> [1] - 115:13  <b>partially</b> [2] - 115:6, 115:7  <b>participated</b> [2] - 49:24, 65:10  <b>participating</b> [1] - 16:15  <b>particular</b> [5] - 20:5, 27:21, 98:23, 140:22, 160:17  <b>particularly</b> [2] - 75:19, 87:14  <b>parties</b> [8] - 7:7, 33:17, 77:24, 94:24, 117:21, 118:4, 137:11, 164:18  <b>partner</b> [1] - 154:14  <b>partnered</b> [1] - 15:8  <b>partners</b> [2] - 153:4, 155:18  <b>partnership</b> [2] - 15:1, 15:3  <b>parts</b> [1] - 56:8  <b>party</b> [2] - 136:16, 151:7  <b>Party</b> [1] - 4:8  <b>pass</b> [2] - 100:16, 100:18  <b>passed</b> [1] - 100:3  <b>past</b> [4] - 27:11, 57:9, 57:14, 155:16  <b>patent</b> [3] - 36:17, 38:5, 40:20  <b>PATH</b> [2] - 119:19, 119:22  <b>path</b> [1] - 76:23  <b>Pathways</b> [7] - 23:8, 23:17, 23:18, 24:11, 80:11, 80:18, 80:22  <b>pathways</b> [1] - 80:8  <b>patient</b> [1] - 111:23  <b>pause</b> [6] - 12:20, 17:13, 20:6, 21:14, 21:23, 26:8  <b>Pause</b> [7] - 12:21, 17:14, 19:3, 20:7, 21:15, 65:25, 66:20  <b>pay</b> [2] - 40:24, 117:21  <b>Peck</b> [1] - 10:24  <b>peek</b> [1] - 130:4  <b>peer</b> [11] - 20:17, 20:19, 25:22, 25:24, 26:5, 26:10, 82:19, 82:23, 84:17, 84:18, 143:16  <b>peer-reviewed</b> [5] - 20:17, 25:22, 26:5,</p>	<p>82:19, 82:23  <b>peers</b> [2] - 26:2, 26:3  <b>pending</b> [3] - 7:15, 95:9, 137:18  <b>Pennsylvania</b> [3] - 12:18, 79:8, 79:25  <b>pent</b> [2] - 97:24, 98:13  <b>pent-up</b> [2] - 97:24, 98:13  <b>people</b> [85] - 8:21, 10:1, 13:9, 13:11, 14:5, 16:15, 16:23, 17:6, 17:11, 24:8, 24:21, 24:23, 30:1, 30:16, 30:23, 31:6, 31:21, 32:17, 34:1, 35:1, 35:6, 36:1, 36:5, 36:11, 42:20, 43:13, 43:20, 45:1, 45:6, 45:9, 45:11, 46:13, 46:16, 46:19, 49:4, 55:13, 55:14, 55:17, 56:4, 56:6, 56:10, 56:13, 56:14, 57:7, 57:21, 58:3, 58:5, 61:18, 61:25, 63:5, 66:10, 69:18, 71:18, 72:11, 75:19, 76:3, 76:5, 78:15, 78:16, 80:14, 80:25, 81:12, 101:5, 101:7, 107:12, 107:15, 112:1, 112:3, 127:1, 127:4, 135:18, 149:16, 154:15, 155:13, 155:16, 161:23, 162:4, 162:19, 163:4, 163:6, 163:8, 163:10, 163:25, 164:3  <b>Per</b> [1] - 152:11  <b>per</b> [4] - 106:15, 116:9, 116:10, 116:13  <b>perceived</b> [1] - 11:24  <b>Percent</b> [1] - 75:1  <b>percent</b> [25] - 32:5, 58:19, 59:14, 59:18, 59:19, 61:7, 61:23, 72:13, 74:14, 88:23, 90:6, 91:11, 106:21, 107:1, 145:23, 145:24, 146:1, 146:2, 146:3, 146:5, 146:7, 146:15, 146:23, 147:4  <b>perfect</b> [1] - 143:4  <b>perfectly</b> [1] - 125:24  <b>performing</b> [1] - 25:10  <b>perhaps</b> [3] - 45:19, 137:5, 138:24</p>	<p><b>period</b> [8] - 38:15, 41:2, 89:5, 104:17, 109:4, 109:6, 116:1, 123:16  <b>periods</b> [2] - 43:22, 150:8  <b>permanent</b> [99] - 8:13, 8:20, 9:4, 9:22, 9:25, 10:8, 13:11, 13:15, 13:24, 14:6, 16:20, 16:25, 17:12, 17:18, 24:12, 25:19, 27:6, 29:13, 31:17, 31:19, 31:24, 32:2, 32:6, 32:8, 32:12, 32:15, 32:24, 42:4, 44:16, 44:19, 44:22, 44:25, 46:9, 46:11, 46:15, 46:20, 47:4, 47:8, 47:9, 47:16, 47:18, 49:8, 49:11, 49:17, 50:15, 50:22, 50:23, 51:2, 51:13, 51:15, 51:25, 52:14, 52:20, 55:12, 57:24, 59:13, 60:1, 60:10, 60:19, 63:10, 64:3, 64:12, 72:22, 72:25, 74:2, 74:6, 75:16, 75:17, 75:21, 76:6, 76:10, 76:12, 76:13, 76:18, 77:8, 77:11, 78:9, 81:6, 81:9, 81:10, 81:14, 82:2, 82:3, 86:6, 92:21, 92:24, 93:5, 97:4, 116:5, 130:18, 130:19, 148:23, 149:10, 149:14, 150:9, 154:25, 158:24, 160:19, 163:20  <b>Permanent</b> [3] - 8:25, 10:4, 27:8  <b>permission</b> [1] - 85:15  <b>permits</b> [1] - 160:21  <b>Persian</b> [1] - 98:18  <b>person</b> [5] - 46:2, 154:24, 161:5, 161:9, 161:12  <b>person's</b> [1] - 155:4  <b>person-centered</b> [1] - 46:2  <b>personal</b> [2] - 9:21, 94:23  <b>personally</b> [1] - 160:16  <b>persons</b> [1] - 17:5  <b>perspective</b> [1] -</p>
---	--	---	--	--

<p>39:19  <b>PETTY</b> [1] - 3:21  <b>Ph.D</b> [2] - 22:16,                  22:18  <b>phenomenon</b> [2] -                  31:10, 31:13  <b>Philadelphia</b> [9] -                  23:16, 23:20, 23:21,                  25:1, 25:3, 55:16,                  80:9, 80:23, 81:1  <b>Philosophy</b> [1] -                  27:7  <b>philosophy</b> [3] -                  22:8, 22:12, 45:22  <b>Phoenix</b> [18] -                  107:21, 112:20,                  113:20, 114:15,                  120:8, 120:9, 120:16,                  120:20, 121:10,                  121:14, 121:15,                  121:20, 122:3, 122:4,                  122:6, 122:25, 123:2,                  123:5  <b>phone</b> [2] - 17:8,                  27:24  <b>PHP</b> [1] - 92:23  <b>phrase</b> [2] - 43:10,                  152:8  <b>physical</b> [3] - 32:21,                  43:3, 59:6  <b>physicians</b> [1] -                  43:15  <b>PIAZZA</b> [1] - 3:8  <b>pick</b> [1] - 126:6  <b>pie</b> [5] - 58:8, 58:10,                  60:24, 61:20  <b>piece</b> [1] - 102:9  <b>piecemeal</b> [2] -                  35:25, 39:13  <b>pig</b> [1] - 41:15  <b>pilot</b> [4] - 13:25,                  57:14, 89:14, 89:23  <b>pioneering</b> [1] -                  23:19  <b>pit</b> [1] - 129:13  <b>PIT</b> [4] - 90:2,                  158:15, 158:16,                  158:21  <b>pitch</b> [1] - 119:1  <b>pitched</b> [1] - 125:10  <b>PITZ</b> [1] - 3:22  <b>place</b> [28] - 13:7,                  30:5, 30:14, 42:20,                  48:19, 51:7, 51:14,                  56:15, 64:17, 103:3,                  119:9, 120:5, 121:12,                  122:5, 122:8, 125:20,                  125:25, 126:6, 129:7,                  131:1, 139:22, 142:8,                  150:7, 161:12,</p>	<p>162:22, 163:19,                  163:22  <b>place-based</b> [3] -                  48:19, 51:7, 51:14  <b>placed</b> [3] - 24:12,                  64:1, 132:23  <b>placement</b> [1] -                  20:24  <b>placements</b> [2] -                  92:21, 93:5  <b>places</b> [2] - 114:16,                  125:21  <b>plaintiff</b> [2] - 7:9,                  27:24  <b>PLAINTIFF</b> [1] - 3:3  <b>plaintiff's</b> [1] - 52:25  <b>plaintiffs</b> [18] - 7:10,                  8:12, 8:15, 8:19, 8:24,                  9:3, 9:10, 9:24, 10:3,                  10:7, 27:23, 29:6,                  29:10, 84:19, 84:25,                  86:8, 95:4, 137:14  <b>Plaintiffs</b> [1] - 1:9  <b>plaintiffs'</b> [1] - 39:14  <b>Plaintiffs'</b> [1] - 28:16  <b>plan</b> [6] - 28:3,                  39:14, 108:15, 151:3,                  154:23, 158:23  <b>planning</b> [1] - 112:18  <b>Planning</b> [2] - 57:18,                  153:7  <b>plans</b> [1] - 101:24  <b>played</b> [1] - 103:2  <b>pleased</b> [2] - 9:12,                  147:9  <b>pleasure</b> [1] - 41:17  <b>plumbing</b> [1] - 64:5  <b>plus</b> [2] - 72:7, 72:11  <b>point</b> [56] - 15:4,                  15:7, 15:10, 15:11,                  15:19, 15:20, 16:1,                  16:12, 64:20, 64:21,                  64:22, 72:18, 73:3,                  73:14, 78:13, 89:9,                  89:15, 90:2, 90:4,                  90:6, 91:12, 91:22,                  92:2, 92:12, 93:9,                  97:22, 103:9, 105:10,                  105:13, 105:15,                  105:20, 105:24,                  107:19, 109:24,                  113:20, 115:14,                  115:21, 116:10,                  121:3, 121:4, 121:25,                  122:11, 122:21,                  123:22, 124:9,                  124:13, 124:16,                  132:7, 132:9, 132:22,                  133:7, 134:5, 134:6,                  134:8, 137:3, 159:7</p>	<p><b>point-in-count</b> [2] -                  64:20, 64:21  <b>point-in-time</b> [17] -                  15:4, 15:7, 15:10,                  15:11, 15:19, 15:20,                  16:1, 64:22, 73:3,                  89:9, 89:15, 90:2,                  90:4, 91:12, 91:22,                  92:2, 93:9  <b>pointed</b> [1] - 78:3  <b>police</b> [5] - 131:8,                  131:11, 131:19,                  132:3, 132:16  <b>Policy</b> [5] - 11:18,                  11:19, 18:25, 19:7,                  19:10  <b>policy</b> [3] - 19:21,                  89:2, 148:12  <b>polite</b> [1] - 34:8  <b>political</b> [1] - 15:24  <b>Pomona</b> [2] - 55:9,                  55:11  <b>pool</b> [1] - 100:9  <b>popping</b> [1] - 119:7  <b>population</b> [7] -                  25:17, 31:4, 57:10,                  64:17, 87:16, 89:6,                  92:10  <b>port</b> [1] - 123:8  <b>porta</b> [1] - 127:25  <b>portion</b> [4] - 26:9,                  73:5, 83:18, 131:4  <b>portions</b> [1] - 107:11  <b>pose</b> [1] - 55:23  <b>position</b> [8] - 10:22,                  11:14, 11:17, 12:10,                  12:12, 98:23, 139:17,                  156:17  <b>positions</b> [7] - 14:22,                  18:22, 75:6, 80:16,                  141:7, 145:23, 146:8  <b>Positions</b> [1] - 75:2  <b>possible</b> [6] - 37:2,                  37:12, 37:24, 40:10,                  55:14, 73:11  <b>potential</b> [1] - 39:25  <b>potentially</b> [2] -                  37:21, 40:3  <b>potties</b> [1] - 127:25  <b>pound</b> [1] - 129:2  <b>PowerPoint</b> [1] -                  62:9  <b>Powers</b> [4] - 95:5,                  96:5, 118:7, 118:10  <b>POWERS</b> [2] - 1:7,                  95:16  <b>powers</b> [23] - 95:7,                  96:14, 96:22, 97:3,                  99:13, 101:3, 102:20,                  106:17, 107:17,</p>	<p>111:16, 112:8,                  114:25, 122:23,                  126:1, 130:17, 132:9,                  134:5, 134:12,                  134:19, 135:9,                  135:13, 135:25, 136:6  <b>practice</b> [3] - 16:5,                  21:3, 21:5  <b>Practice</b> [2] - 14:13,                  27:12  <b>practiced</b> [1] - 80:5  <b>practices</b> [4] - 13:19,                  24:8, 31:21, 77:11  <b>preconditions</b> [1] -                  46:4  <b>predates</b> [1] - 145:1  <b>preference</b> [1] - 83:2  <b>preferences</b> [6] -                  78:15, 83:1, 84:10,                  84:12, 84:15, 150:25  <b>Preferences</b> [1] -                  83:16  <b>prepared</b> [1] - 10:12  <b>prescribed</b> [1] -                  108:2  <b>presence</b> [1] - 102:5  <b>PRESENT</b> [1] - 4:6  <b>present</b> [16] - 7:7,                  33:25, 39:14, 40:14,                  40:15, 77:24, 83:22,                  109:4, 111:1, 118:5,                  137:11, 144:17,                  144:21, 145:9  <b>presentation</b> [1] -                  62:9  <b>presented</b> [3] - 12:4,                  62:9, 84:21  <b>presenting</b> [1] -                  39:23  <b>presume</b> [1] - 33:24  <b>presumes</b> [1] - 37:16  <b>presuming</b> [1] -                  33:25  <b>pretty</b> [4] - 24:14,                  103:9, 112:4, 114:14  <b>previous</b> [2] - 14:17,                  151:15  <b>previously</b> [1] -                  33:19  <b>Price</b> [1] - 11:19  <b>primarily</b> [5] - 13:1,                  14:23, 19:16, 30:21,                  61:13  <b>primary</b> [3] - 24:9,                  87:21, 154:23  <b>principal</b> [1] - 18:7  <b>principle</b> [1] - 161:15  <b>principles</b> [1] - 10:16  <b>printout</b> [1] - 144:15  <b>priorities</b> [2] - 19:21,</p>	<p>19:24  <b>prioritize</b> [1] - 143:8  <b>prisons</b> [2] - 31:7,                  43:20  <b>privacy</b> [3] - 128:25,                  129:4, 129:16  <b>private</b> [3] - 81:21,                  81:23, 112:7  <b>problem</b> [10] - 73:4,                  74:17, 87:14, 87:23,                  88:2, 88:16, 116:25,                  117:5, 127:21, 131:12  <b>problems</b> [4] - 43:1,                  55:22, 115:9, 117:3  <b>procedure</b> [1] -                  133:1  <b>proceed</b> [1] - 29:14  <b>proceedings</b> [12] -                  12:21, 17:14, 19:3,                  20:7, 21:15, 37:5,                  37:8, 65:25, 66:20,                  136:18, 166:3, 167:11  <b>PROCEEDINGS</b> [1] -                  1:20  <b>process</b> [7] - 25:24,                  25:25, 30:8, 58:7,                  84:24, 122:18, 122:25  <b>produce</b> [4] - 15:3,                  16:2, 57:10, 65:11  <b>produced</b> [5] - 12:2,                  35:3, 66:9, 67:22,                  70:5  <b>produces</b> [1] - 66:25  <b>producing</b> [1] -                  15:17  <b>product</b> [1] - 128:24  <b>profession</b> [3] -                  19:21, 20:2, 20:4  <b>professional</b> [4] -                  10:20, 22:25, 38:13,                  108:1  <b>Professional</b> [1] -                  79:20  <b>professionally</b> [1] -                  23:2  <b>professor</b> [3] -                  10:23, 12:24, 25:8  <b>professorship</b> [1] -                  25:6  <b>profits</b> [1] - 152:13  <b>Program</b> [9] - 9:1,                  10:5, 13:3, 22:23,                  23:15, 59:9, 75:1,                  128:11  <b>program</b> [9] - 14:15,                  23:12, 23:20, 23:23,                  24:15, 24:22, 25:2,                  28:10, 33:5, 33:6,                  45:23, 47:12, 47:17,                  47:19, 48:3, 49:18,</p>
---	---	---	--	---

<p>50:24, 51:2, 51:6, 51:8, 51:22, 51:25, 52:14, 52:17, 52:18, 52:20, 53:7, 53:23, 53:24, 55:4, 56:9, 56:17, 56:20, 57:25, 58:2, 59:2, 59:12, 59:19, 60:13, 60:19, 60:23, 61:5, 61:6, 61:10, 61:11, 61:13, 62:10, 63:2, 63:3, 63:6, 63:10, 63:11, 64:3, 64:13, 74:10, 74:18, 75:5, 75:14, 76:18, 76:24, 76:25, 77:3, 77:4, 77:8, 81:3, 81:13, 81:18, 82:16, 87:13, 87:18, 89:14, 89:17, 89:19, 89:23, 98:9, 106:14, 106:15, 119:19, 119:22, 122:17, 139:13, 139:20, 141:8, 143:19, 145:24, 152:11, 152:12, 162:15, 163:2</p> <p><b>program's</b> [2] - 48:15, 56:18</p> <p><b>PROGRAMS</b> [1] - 3:20</p> <p><b>programs</b> [18] - 12:25, 31:7, 43:13, 43:16, 47:9, 47:11, 52:15, 55:12, 64:16, 75:16, 75:17, 76:2, 76:3, 76:12, 86:25, 116:10, 139:10, 145:5</p> <p><b>progress</b> [7] - 58:3, 88:1, 88:8, 93:5, 144:18, 144:22, 145:10</p> <p><b>project</b> [5] - 18:6, 26:1, 56:25, 81:13</p> <p><b>project-based</b> [1] - 81:13</p> <p><b>projects</b> [5] - 15:1, 16:14, 16:17, 25:16, 26:23</p> <p><b>promise</b> [4] - 34:9, 48:12, 69:23, 165:8</p> <p><b>promised</b> [1] - 126:25</p> <p><b>promotes</b> [1] - 88:16</p> <p><b>proposal</b> [3] - 19:22, 19:24, 20:3</p> <p><b>proposing</b> [1] - 34:17</p> <p><b>Proposition</b> [1] - 35:3</p> <p><b>prospects</b> [1] - 122:6</p>	<p><b>proved</b> [1] - 101:10</p> <p><b>provide</b> [17] - 15:18, 15:20, 26:2, 26:3, 42:4, 47:20, 47:22, 64:17, 65:11, 73:13, 87:7, 93:16, 104:10, 119:20, 139:25, 150:10, 151:9</p> <p><b>provided</b> [15] - 17:2, 27:25, 28:5, 28:14, 48:24, 52:3, 53:14, 62:3, 78:7, 104:14, 115:9, 126:17, 126:18, 127:25, 133:19</p> <p><b>Provider</b> [1] - 153:12</p> <p><b>providers</b> [4] - 22:22, 45:20, 49:6, 56:7</p> <p><b>provides</b> [4] - 17:8, 51:2, 60:14, 60:18</p> <p><b>providing</b> [11] - 26:6, 26:11, 32:24, 46:3, 50:21, 51:25, 60:20, 80:12, 80:13, 125:22, 142:4</p> <p><b>proximity</b> [1] - 48:13</p> <p><b>PSH</b> [1] - 63:10</p> <p><b>psychiatric</b> [11] - 21:9, 23:5, 45:7, 107:22, 124:23, 125:1, 125:3, 133:3, 133:13, 133:21, 134:8</p> <p><b>psychiatrist</b> [1] - 108:2</p> <p><b>Public</b> [2] - 11:19, 61:11</p> <p><b>public</b> [1] - 144:16</p> <p><b>PUBLIC</b> [2] - 3:7, 3:14</p> <p><b>public-facing</b> [1] - 144:16</p> <p><b>publications</b> [2] - 25:22, 32:10</p> <p><b>published</b> [5] - 11:8, 25:18, 26:15, 83:13, 90:23</p> <p><b>publishes</b> [3] - 28:2, 65:5, 65:6</p> <p><b>publishing</b> [1] - 25:10</p> <p><b>pull</b> [2] - 74:23, 79:16</p> <p><b>pulled</b> [2] - 119:8, 156:9</p> <p><b>purport</b> [2] - 58:13, 59:10</p> <p><b>purpose</b> [3] - 15:19, 15:20, 62:13</p> <p><b>purposes</b> [3] - 83:10,</p>	<p>83:15, 85:19</p> <p><b>pursuant</b> [2] - 164:17, 167:9</p> <p><b>put</b> [19] - 28:21, 28:23, 39:12, 40:10, 103:11, 106:13, 109:13, 110:5, 110:11, 114:6, 119:11, 120:4, 124:23, 127:20, 128:3, 128:11, 133:4, 161:6</p> <p><b>putting</b> [2] - 112:1, 161:22</p> <hr/> <p style="text-align: center;"><b>Q</b></p> <hr/> <p><b>qualify</b> [3] - 24:22, 44:6, 64:4</p> <p><b>quality</b> [3] - 153:5, 158:7, 158:17</p> <p><b>quarantine</b> [1] - 116:22</p> <p><b>Quarter</b> [7] - 146:10, 146:13, 146:15, 146:16, 146:18, 146:20, 146:24</p> <p><b>quarters</b> [3] - 59:23, 75:6, 147:3</p> <p><b>Quarters</b> [1] - 147:1</p> <p><b>QUESTION</b> [2] - 86:2, 86:9</p> <p><b>questions</b> [7] - 35:5, 77:16, 133:16, 136:1, 136:7, 158:20, 164:15</p> <p><b>quick</b> [1] - 124:4</p> <p><b>quicker</b> [1] - 73:24</p> <p><b>quickly</b> [8] - 35:11, 38:23, 48:1, 55:13, 55:14, 55:15, 55:21, 149:15</p> <p><b>quit</b> [2] - 105:2, 105:6</p> <p><b>quite</b> [2] - 74:13, 106:11</p> <p><b>quote</b> [1] - 83:25</p> <hr/> <p style="text-align: center;"><b>R</b></p> <hr/> <p><b>racial</b> [1] - 33:20</p> <p><b>raise</b> [3] - 7:13, 95:7, 137:16</p> <p><b>raised</b> [1] - 40:5</p> <p><b>ran</b> [2] - 102:1, 126:24</p> <p><b>RAND</b> [5] - 18:8, 18:9, 26:20, 49:23, 93:25</p> <p><b>randomized</b> [4] - 13:6, 13:25, 32:4,</p>	<p>32:10</p> <p><b>randomly</b> [1] - 57:3</p> <p><b>range</b> [2] - 73:13, 149:2</p> <p><b>rank</b> [1] - 84:12</p> <p><b>rarely</b> [1] - 84:4</p> <p><b>rat</b> [3] - 124:11, 124:14, 124:17</p> <p><b>rate</b> [4] - 31:23, 53:4, 53:7, 63:14</p> <p><b>rates</b> [7] - 47:7, 52:13, 52:22, 53:1, 53:3, 63:4, 82:1</p> <p><b>rather</b> [2] - 78:8, 141:13</p> <p><b>rating</b> [5] - 101:6, 106:20, 106:23, 108:12, 108:15</p> <p><b>ratio</b> [11] - 45:14, 45:16, 140:18, 140:20, 140:21, 141:4, 141:11, 141:16, 142:10, 142:17, 145:18</p> <p><b>ratios</b> [1] - 82:12</p> <p><b>rats</b> [3] - 123:25, 124:8, 124:11</p> <p><b>re</b> [1] - 113:25</p> <p><b>re-approachment</b> [1] - 113:25</p> <p><b>reach</b> [6] - 27:19, 29:23, 33:2, 33:13, 42:1, 82:8</p> <p><b>reached</b> [5] - 8:11, 9:20, 119:7, 130:24, 131:3</p> <p><b>reaching</b> [3] - 10:15, 54:15, 82:5</p> <p><b>read</b> [12] - 9:11, 21:16, 27:21, 83:18, 84:7, 86:12, 92:25, 110:12, 110:15, 132:22, 135:8, 145:12</p> <p><b>reading</b> [1] - 58:24</p> <p><b>ready</b> [3] - 100:1, 100:5, 101:1</p> <p><b>real</b> [1] - 103:6</p> <p><b>really</b> [26] - 24:15, 31:6, 31:21, 56:8, 77:10, 78:11, 116:11, 118:15, 122:6, 124:4, 132:7, 132:12, 142:12, 143:5, 145:4, 147:9, 149:12, 150:5, 150:6, 150:8, 153:4, 155:12, 160:3, 161:12, 161:16, 163:15</p> <p><b>realtime</b> [1] - 21:18</p> <p><b>Realtime</b> [1] - 167:6</p>	<p><b>reason</b> [11] - 24:15, 37:14, 37:25, 61:2, 61:21, 78:13, 103:6, 121:13, 157:6, 157:10, 163:15</p> <p><b>reasonable</b> [2] - 10:8, 78:12</p> <p><b>reasonably</b> [4] - 33:9, 41:23, 73:16, 73:21</p> <p><b>reasoning</b> [1] - 111:8</p> <p><b>reasons</b> [8] - 10:13, 15:24, 44:5, 52:16, 61:2, 62:15, 74:1, 102:24</p> <p><b>receive</b> [11] - 43:25, 47:8, 53:21, 76:5, 77:3, 87:11, 99:19, 99:20, 100:19, 106:22, 134:17</p> <p><b>received</b> [34] - 29:8, 29:9, 32:2, 32:6, 50:14, 50:15, 54:23, 54:24, 57:23, 62:22, 62:23, 65:17, 65:18, 67:6, 67:7, 67:8, 67:9, 68:3, 68:4, 69:10, 69:11, 70:8, 70:9, 71:10, 71:11, 91:19, 91:20, 108:11, 108:14, 121:7, 134:13, 159:11, 159:15, 159:16</p> <p><b>receives</b> [2] - 87:3, 148:15</p> <p><b>receiving</b> [4] - 46:10, 62:1, 75:21, 126:23</p> <p><b>recent</b> [3] - 70:21, 74:15, 89:15</p> <p><b>recently</b> [7] - 11:17, 13:6, 14:9, 16:18, 89:8, 132:14, 148:11</p> <p><b>recertifications</b> [1] - 61:19</p> <p><b>recertifying</b> [1] - 61:14</p> <p><b>recess</b> [9] - 77:18, 77:21, 77:22, 117:14, 117:17, 118:3, 137:6, 137:7, 137:9</p> <p><b>recharge</b> [1] - 129:8</p> <p><b>recognize</b> [9] - 35:16, 54:12, 83:12, 117:20, 148:20, 149:16, 156:14, 161:22, 163:17</p> <p><b>recollection</b> [2] - 11:22, 133:12</p> <p><b>recommendation</b> [2] - 145:1, 145:2</p>
---	--	---	--	---

<p><b>recommendations</b> [2] - 34:21, 50:18</p> <p><b>reconciliation</b> [11] - 154:20, 155:11, 155:19, 155:20, 156:5, 156:8, 156:9, 156:13, 156:16, 156:20, 159:11</p> <p><b>reconciliations</b> [1] - 156:15</p> <p><b>reconvene</b> [1] - 165:12</p> <p><b>record</b> [16] - 7:6, 7:24, 9:11, 9:18, 29:1, 77:23, 78:25, 81:8, 83:8, 90:18, 96:10, 110:5, 110:6, 112:2, 118:4, 136:10</p> <p><b>records</b> [3] - 66:5, 135:6, 165:24</p> <p><b>recovery</b> [1] - 14:10</p> <p><b>Recovery</b> [1] - 14:19</p> <p><b>recross</b> [2] - 94:13, 94:14</p> <p><b>recruited</b> [1] - 18:10</p> <p><b>recruiter</b> [2] - 97:20, 99:2</p> <p><b>recruits</b> [1] - 17:6</p> <p><b>red</b> [1] - 52:2</p> <p><b>redirect</b> [1] - 93:21</p> <p><b>REDIRECT</b> [1] - 93:23</p> <p><b>reduce</b> [5] - 33:9, 41:24, 46:15, 73:16, 73:21</p> <p><b>reduced</b> [1] - 74:13</p> <p><b>reducing</b> [9] - 28:10, 31:18, 44:16, 47:5, 49:8, 50:24, 55:23, 74:4, 88:1</p> <p><b>reduction</b> [4] - 71:18, 88:23, 89:1, 161:14</p> <p><b>reductions</b> [4] - 49:16, 74:15, 88:5, 88:11</p> <p><b>reenroll</b> [1] - 122:16</p> <p><b>refer</b> [5] - 18:9, 43:23, 46:1, 57:16, 58:5</p> <p><b>reference</b> [1] - 82:11</p> <p><b>referenced</b> [1] - 54:14</p> <p><b>referrals</b> [6] - 45:20, 57:15, 57:19, 57:20, 58:4, 59:4</p> <p><b>referred</b> [7] - 21:2, 51:13, 57:21, 63:6, 138:22, 138:23, 165:20</p>	<p><b>referring</b> [8] - 54:13, 56:25, 148:24, 149:6, 152:11, 154:11, 154:18, 156:13</p> <p><b>refers</b> [2] - 46:2, 81:11</p> <p><b>reflect</b> [3] - 72:1, 83:8, 90:18</p> <p><b>reflected</b> [1] - 79:10</p> <p><b>reflective</b> [1] - 73:2</p> <p><b>refuse</b> [1] - 157:4</p> <p><b>refuses</b> [1] - 150:12</p> <p><b>regarding</b> [17] - 37:8, 49:24, 55:1, 58:17, 60:14, 60:17, 63:1, 65:20, 67:11, 68:6, 68:25, 69:13, 70:11, 71:13, 98:14, 148:12, 160:2</p> <p><b>region</b> [2] - 87:19, 87:23</p> <p><b>regular</b> [2] - 155:19, 156:10</p> <p><b>regulations</b> [2] - 82:15, 167:13</p> <p><b>regurgitated</b> [1] - 110:7</p> <p><b>Reintegration</b> [2] - 85:3, 139:13</p> <p><b>reintroduce</b> [1] - 78:24</p> <p><b>reissued</b> [1] - 112:22</p> <p><b>reissuing</b> [1] - 123:14</p> <p><b>rejected</b> [2] - 123:4, 124:24</p> <p><b>related</b> [8] - 13:1, 18:24, 19:16, 27:15, 59:1, 59:3, 106:3</p> <p><b>relating</b> [1] - 39:24</p> <p><b>relationship</b> [2] - 111:22, 112:4</p> <p><b>released</b> [1] - 43:20</p> <p><b>relied</b> [2] - 54:14, 54:18</p> <p><b>relief</b> [21] - 33:18, 33:21, 34:3, 34:15, 34:20, 35:24, 37:8, 37:15, 37:19, 37:21, 37:25, 38:7, 39:1, 39:5, 40:8, 40:16, 40:17, 41:1, 94:21, 109:16</p> <p><b>relocated</b> [1] - 56:13</p> <p><b>reluctant</b> [2] - 48:9, 151:2</p> <p><b>rely</b> [1] - 10:15</p> <p><b>remain</b> [5] - 133:17, 134:1, 136:14, 136:22, 148:19</p>	<p><b>remaining</b> [2] - 59:22, 155:17</p> <p><b>remedy</b> [1] - 39:15</p> <p><b>remember</b> [1] - 162:10</p> <p><b>remind</b> [1] - 24:25</p> <p><b>remote</b> [1] - 17:4</p> <p><b>remotely</b> [1] - 115:23</p> <p><b>remove</b> [1] - 162:24</p> <p><b>removed</b> [2] - 150:14, 150:17</p> <p><b>renew</b> [2] - 38:18, 112:22</p> <p><b>renewal</b> [1] - 61:24</p> <p><b>renewed</b> [1] - 80:4</p> <p><b>renewing</b> [1] - 112:16</p> <p><b>rent</b> [1] - 115:5</p> <p><b>rental</b> [3] - 17:2, 81:21, 81:23</p> <p><b>reopen</b> [1] - 78:5</p> <p><b>repair</b> [2] - 83:25, 94:5</p> <p><b>repeat</b> [8] - 37:11, 60:16, 69:2, 73:19, 80:21, 111:4, 143:22, 157:20</p> <p><b>repeatedly</b> [1] - 74:9</p> <p><b>repeating</b> [4] - 110:16, 110:20, 111:6, 144:20</p> <p><b>reply</b> [1] - 132:6</p> <p><b>report</b> [7] - 26:19, 53:17, 62:19, 83:13, 83:14, 85:13, 147:9</p> <p><b>reported</b> [3] - 74:1, 147:3, 167:11</p> <p><b>Reporter</b> [2] - 167:7, 167:20</p> <p><b>REPORTER</b> [11] - 2:5, 8:16, 9:5, 13:13, 17:24, 65:6, 105:17, 107:13, 116:16, 162:8, 167:1</p> <p><b>reporter</b> [1] - 21:18</p> <p><b>REPORTER'S</b> [1] - 1:20</p> <p><b>reports</b> [2] - 20:20, 26:19</p> <p><b>represent</b> [1] - 11:23</p> <p><b>representative</b> [2] - 135:14, 136:13</p> <p><b>Representative</b> [1] - 4:8</p> <p><b>represents</b> [1] - 157:25</p> <p><b>request</b> [1] - 106:13</p> <p><b>requested</b> [1] - 134:8</p> <p><b>require</b> [1] - 162:4</p> <p><b>required</b> [6] - 15:13,</p>	<p>15:16, 49:5, 107:12, 107:14, 120:4</p> <p><b>requirement</b> [2] - 15:11, 148:19</p> <p><b>requirements</b> [1] - 64:2</p> <p><b>requires</b> [1] - 142:15</p> <p><b>research</b> [44] - 13:1, 13:4, 14:3, 14:23, 16:14, 16:17, 17:19, 18:4, 18:18, 19:16, 22:18, 24:3, 24:6, 25:10, 25:13, 26:1, 26:6, 26:11, 26:21, 28:12, 30:11, 31:23, 32:1, 32:4, 32:19, 44:24, 45:11, 46:19, 47:6, 47:11, 47:16, 49:15, 52:23, 53:2, 53:10, 53:11, 53:22, 63:9, 74:5, 76:7, 77:4, 78:11, 82:1</p> <p><b>Research</b> [10] - 11:16, 11:18, 14:14, 18:25, 19:1, 19:7, 19:10, 19:12, 19:15, 20:11</p> <p><b>researched</b> [1] - 52:21</p> <p><b>reside</b> [2] - 84:20, 97:3</p> <p><b>residence</b> [1] - 115:13</p> <p><b>residency</b> [1] - 56:12</p> <p><b>residential</b> [3] - 64:15, 64:18, 149:1</p> <p><b>residing</b> [1] - 150:7</p> <p><b>resolve</b> [3] - 43:12, 160:8, 160:14</p> <p><b>resolved</b> [1] - 123:13</p> <p><b>resources</b> [3] - 16:12, 52:7, 140:9</p> <p><b>respectively</b> [1] - 84:5</p> <p><b>respondents</b> [2] - 83:19, 83:22</p> <p><b>responders</b> [1] - 76:1</p> <p><b>responding</b> [2] - 53:13, 78:14</p> <p><b>response</b> [2] - 50:19, 83:20</p> <p><b>responsibility</b> [1] - 143:19</p> <p><b>responsible</b> [1] - 72:23</p> <p><b>rest</b> [3] - 103:8, 115:4, 149:11</p> <p><b>restriction</b> [1] - 128:2</p>	<p><b>restrictions</b> [1] - 120:4</p> <p><b>restrictive</b> [2] - 46:9, 64:19</p> <p><b>restroom</b> [1] - 117:24</p> <p><b>result</b> [4] - 77:6, 103:15, 107:8, 160:18</p> <p><b>results</b> [2] - 46:6, 56:23</p> <p><b>resumes</b> [1] - 103:12</p> <p><b>retake</b> [1] - 77:25</p> <p><b>retention</b> [5] - 31:25, 32:5, 47:7, 53:7, 82:2</p> <p><b>retestify</b> [1] - 136:15</p> <p><b>return</b> [2] - 77:20, 164:21</p> <p><b>returned</b> [1] - 123:15</p> <p><b>returning</b> [1] - 117:25</p> <p><b>REUBEN</b> [1] - 4:3</p> <p><b>revealed</b> [1] - 9:12</p> <p><b>review</b> [9] - 13:18, 25:24, 26:3, 26:10, 28:9, 62:11, 62:18, 82:15, 100:17</p> <p><b>reviewed</b> [13] - 20:17, 20:19, 25:22, 26:5, 27:25, 28:8, 28:16, 52:3, 82:19, 82:23, 84:17, 84:18, 86:17</p> <p><b>reviewing</b> [1] - 28:14</p> <p><b>revolving</b> [1] - 43:23</p> <p><b>Reynolds</b> [3] - 86:4, 125:14, 125:15</p> <p><b>RICHARD</b> [2] - 1:13, 3:18</p> <p><b>Richard</b> [1] - 101:9</p> <p><b>ride</b> [1] - 115:19</p> <p><b>right-hand</b> [1] - 147:23</p> <p><b>rights</b> [1] - 132:22</p> <p><b>rise</b> [1] - 112:19</p> <p><b>risk</b> [9] - 17:17, 17:20, 43:5, 43:17, 44:9, 44:13, 46:15, 46:25, 55:25</p> <p><b>Riverside</b> [5] - 120:20, 121:2, 121:5, 121:7, 122:14</p> <p><b>Rob</b> [5] - 86:4, 125:13, 126:14, 130:2, 135:15</p> <p><b>Robert</b> [1] - 4:8</p> <p><b>ROBINS</b> [1] - 3:4</p> <p><b>role</b> [8] - 8:20, 9:24, 19:6, 20:10, 20:12, 24:2, 99:21, 103:2</p> <p><b>rolling</b> [1] - 127:18</p>
--	--	--	--	---

<p><b>ROMAN</b> [3] - 3:4, 3:9, 3:15  <b>room</b> [10] - 30:24, 31:2, 74:21, 75:7, 75:24, 115:5, 116:6, 119:20, 124:21, 126:24  <b>ROOM</b> [1] - 2:6  <b>rooms</b> [1] - 31:5  <b>ROSENBAUM</b> [1] - 3:8  <b>ROSENBERG</b> [12] - 3:20, 36:24, 39:18, 39:22, 40:8, 41:12, 110:18, 110:22, 111:11, 136:3, 136:6, 136:20  <b>roughly</b> [11] - 58:25, 71:21, 72:7, 72:8, 72:11, 72:14, 72:24, 86:11, 104:12, 107:7, 121:22  <b>routine</b> [1] - 30:24  <b>row</b> [2] - 125:6, 130:12  <b>Row</b> [8] - 125:7, 125:17, 126:1, 126:2, 126:5, 126:9, 127:1, 135:10  <b>RPR</b> [1] - 167:20  <b>rules</b> [2] - 40:4, 146:6  <b>ruling</b> [2] - 34:14, 36:3  <b>rulings</b> [1] - 34:4  <b>run</b> [1] - 33:5  <b>running</b> [3] - 64:5, 131:7, 132:20</p>	<p><b>SAVAGE</b> [2] - 3:9, 3:15  <b>save</b> [2] - 28:22, 54:5  <b>saw</b> [1] - 109:9  <b>scale</b> [1] - 77:13  <b>scattered</b> [4] - 16:25, 51:12, 81:24, 82:3  <b>scattered-site</b> [1] - 16:25  <b>scenario</b> [1] - 38:16  <b>scenarios</b> [1] - 37:13  <b>schedule</b> [3] - 40:24, 165:6, 165:7  <b>scheduled</b> [1] - 117:17  <b>schedules</b> [1] - 41:8  <b>school</b> [8] - 14:8, 71:17, 97:13, 97:15, 97:17, 99:23, 100:7, 100:10  <b>School</b> [12] - 10:24, 11:19, 11:20, 13:21, 13:22, 97:16, 99:18, 99:19, 100:20, 101:1, 101:5, 107:7  <b>school's</b> [1] - 11:16  <b>Science</b> [1] - 18:15  <b>science</b> [1] - 10:16  <b>scientific</b> [3] - 25:25, 26:2, 84:24  <b>scientist</b> [1] - 72:13  <b>scope</b> [1] - 37:8  <b>scores</b> [1] - 100:21  <b>screen</b> [2] - 61:1, 79:16  <b>screens</b> [1] - 162:11  <b>search</b> [2] - 102:7, 119:20  <b>searched</b> [1] - 129:16  <b>searching</b> [1] - 54:7  <b>seated</b> [3] - 7:23, 137:22, 138:3  <b>seats</b> [1] - 100:5  <b>second</b> [14] - 31:17, 36:9, 44:15, 58:9, 60:24, 62:25, 81:17, 106:16, 133:20, 141:9, 144:9, 145:17, 150:23, 159:18  <b>secretary</b> [1] - 145:3  <b>section</b> [5] - 59:8, 74:25, 81:8, 83:16, 83:18  <b>Section</b> [2] - 62:10, 167:9  <b>sector</b> [1] - 97:1  <b>secure</b> [1] - 51:11  <b>see</b> [49] - 52:23, 53:2, 55:8, 57:14,</p>	<p>59:17, 61:4, 61:23, 63:5, 63:25, 74:25, 77:13, 79:4, 79:19, 79:22, 83:15, 84:9, 90:20, 90:25, 92:20, 92:23, 93:2, 93:4, 98:2, 99:2, 112:3, 117:19, 118:2, 121:11, 126:17, 130:4, 132:3, 133:18, 135:7, 141:7, 141:20, 141:22, 142:21, 145:8, 145:13, 145:20, 147:13, 147:23, 148:21, 150:7, 157:16, 157:18, 163:15, 165:13, 166:1  <b>seeing</b> [6] - 98:18, 109:24, 111:16, 119:7, 146:12, 147:3  <b>seek</b> [11] - 105:25, 107:19, 108:8, 108:18, 109:5, 114:19, 115:14, 115:20, 117:4, 134:20, 135:1  <b>seeking</b> [2] - 109:18, 115:21  <b>seem</b> [1] - 52:8  <b>selected</b> [3] - 57:3, 84:15, 84:16  <b>selectively</b> [1] - 39:11  <b>self</b> [2] - 61:7, 99:25  <b>self-guided</b> [1] - 99:25  <b>selling</b> [1] - 112:18  <b>senior</b> [1] - 97:18  <b>sense</b> [7] - 15:21, 40:9, 111:1, 126:11, 126:16, 126:19, 155:23  <b>sent</b> [3] - 99:16, 100:9, 109:16  <b>separate</b> [3] - 34:10, 126:2, 127:2  <b>separately</b> [1] - 17:10  <b>September</b> [6] - 36:17, 40:22, 116:24, 119:16, 119:23, 119:24  <b>series</b> [3] - 99:4, 99:23, 100:7  <b>serious</b> [20] - 8:21, 10:1, 14:10, 21:3, 21:8, 24:18, 24:23, 29:20, 32:2, 32:17, 32:20, 43:4, 43:7,</p>	<p>44:3, 44:10, 45:2, 46:16, 46:23, 47:1, 75:19  <b>Serious</b> [1] - 14:20  <b>serve</b> [3] - 23:22, 23:24, 143:17  <b>served</b> [2] - 19:6, 157:7  <b>server</b> [1] - 104:6  <b>serves</b> [1] - 78:15  <b>service</b> [27] - 45:20, 46:7, 48:9, 49:6, 56:7, 98:20, 99:13, 103:3, 103:11, 106:3, 106:6, 106:13, 106:17, 106:20, 106:22, 106:24, 107:2, 107:3, 108:11, 108:14, 108:22, 136:8, 136:11, 140:4, 147:24, 153:24, 158:1  <b>Service</b> [3] - 57:17, 153:7, 153:12  <b>service-connected</b> [8] - 106:13, 106:17, 106:20, 106:22, 107:2, 107:3, 108:11, 108:14  <b>Services</b> [6] - 15:2, 15:9, 65:7, 85:3, 139:13, 155:2  <b>services</b> [59] - 15:14, 16:6, 16:7, 16:24, 17:3, 17:4, 22:23, 22:24, 25:15, 30:17, 31:3, 43:25, 44:5, 44:21, 44:22, 45:18, 45:19, 46:10, 46:13, 46:22, 47:22, 47:23, 48:9, 48:10, 48:14, 48:17, 48:20, 48:22, 48:25, 49:1, 49:3, 49:7, 49:19, 60:12, 60:15, 60:18, 60:21, 61:18, 75:12, 75:22, 76:7, 80:12, 80:19, 80:23, 82:13, 87:3, 87:8, 88:12, 89:16, 94:7, 94:10, 109:18, 115:24, 128:10, 139:25, 140:3, 151:12, 163:24, 164:8  <b>servicing</b> [3] - 64:16, 143:14, 144:4  <b>session</b> [2] - 95:23, 137:11  <b>sessions</b> [2] - 110:3, 110:12  <b>set</b> [9] - 37:1, 38:16, 40:22, 60:24, 86:5,</p>	<p>101:8, 118:25, 127:2, 137:5  <b>sets</b> [1] - 145:10  <b>setting</b> [5] - 17:22, 46:10, 60:7, 64:19, 150:11  <b>settings</b> [3] - 44:1, 46:8, 46:10  <b>several</b> [13] - 14:8, 16:17, 18:14, 20:20, 27:3, 28:7, 52:2, 85:13, 100:12, 102:4, 108:3, 112:14, 116:9  <b>severe</b> [3] - 42:20, 42:22, 45:11  <b>severed</b> [1] - 112:4  <b>sexuality</b> [2] - 102:14, 107:24  <b>shall</b> [3] - 7:16, 95:10, 137:19  <b>Shannon</b> [1] - 132:20  <b>shape</b> [1] - 37:10  <b>share</b> [1] - 101:6  <b>sharing</b> [1] - 102:20  <b>shed</b> [12] - 127:15, 127:16, 127:25, 129:6, 129:24, 130:1, 130:8, 130:17, 131:8, 131:9, 131:20, 132:12  <b>sheds</b> [10] - 63:22, 64:1, 64:2, 64:6, 86:6, 123:21, 127:9, 127:12, 128:25, 131:17  <b>shelf</b> [1] - 127:17  <b>shelter</b> [18] - 35:7, 59:16, 59:18, 60:5, 60:7, 63:20, 63:23, 64:9, 66:6, 72:1, 115:24, 149:1, 149:5, 149:11, 150:6, 151:9, 151:11, 163:21  <b>sheltered</b> [11] - 66:4, 66:13, 67:13, 68:8, 69:15, 70:13, 71:15, 72:3, 91:4, 91:6, 154:22  <b>shelters</b> [5] - 43:21, 46:6, 85:3, 148:22, 149:2  <b>ship</b> [1] - 98:2  <b>short</b> [6] - 43:21, 55:18, 106:6, 106:14, 146:15, 146:18  <b>short-term</b> [1] - 106:14  <b>shortage</b> [4] - 74:18, 163:6, 163:10, 163:14  <b>shortened</b> [4] - 30:9,</p>
<b>S</b>				
<p><b>sad</b> [1] - 129:14  <b>safe</b> [7] - 30:4, 42:20, 84:1, 94:5, 129:6, 163:19, 163:22  <b>safety</b> [1] - 56:3  <b>Sally</b> [3] - 137:3, 137:14, 138:7  <b>SALLY</b> [1] - 137:25  <b>sample</b> [2] - 66:9, 73:6  <b>samples</b> [2] - 26:23, 26:24  <b>San</b> [9] - 97:11, 97:16, 97:19, 97:23, 98:1, 103:25, 125:5, 145:15  <b>Santa</b> [3] - 97:16, 122:22, 145:16  <b>Sarah</b> [1] - 18:7</p>	<p>51:12, 81:24, 82:3  <b>scattered-site</b> [1] - 16:25  <b>scenario</b> [1] - 38:16  <b>scenarios</b> [1] - 37:13  <b>schedule</b> [3] - 40:24, 165:6, 165:7  <b>scheduled</b> [1] - 117:17  <b>schedules</b> [1] - 41:8  <b>school</b> [8] - 14:8, 71:17, 97:13, 97:15, 97:17, 99:23, 100:7, 100:10  <b>School</b> [12] - 10:24, 11:19, 11:20, 13:21, 13:22, 97:16, 99:18, 99:19, 100:20, 101:1, 101:5, 107:7  <b>school's</b> [1] - 11:16  <b>Science</b> [1] - 18:15  <b>science</b> [1] - 10:16  <b>scientific</b> [3] - 25:25, 26:2, 84:24  <b>scientist</b> [1] - 72:13  <b>scope</b> [1] - 37:8  <b>scores</b> [1] - 100:21  <b>screen</b> [2] - 61:1, 79:16  <b>screens</b> [1] - 162:11  <b>search</b> [2] - 102:7, 119:20  <b>searched</b> [1] - 129:16  <b>searching</b> [1] - 54:7  <b>seated</b> [3] - 7:23, 137:22, 138:3  <b>seats</b> [1] - 100:5  <b>second</b> [14] - 31:17, 36:9, 44:15, 58:9, 60:24, 62:25, 81:17, 106:16, 133:20, 141:9, 144:9, 145:17, 150:23, 159:18  <b>secretary</b> [1] - 145:3  <b>section</b> [5] - 59:8, 74:25, 81:8, 83:16, 83:18  <b>Section</b> [2] - 62:10, 167:9  <b>sector</b> [1] - 97:1  <b>secure</b> [1] - 51:11  <b>see</b> [49] - 52:23, 53:2, 55:8, 57:14,</p>	<p>59:17, 61:4, 61:23, 63:5, 63:25, 74:25, 77:13, 79:4, 79:19, 79:22, 83:15, 84:9, 90:20, 90:25, 92:20, 92:23, 93:2, 93:4, 98:2, 99:2, 112:3, 117:19, 118:2, 121:11, 126:17, 130:4, 132:3, 133:18, 135:7, 141:7, 141:20, 141:22, 142:21, 145:8, 145:13, 145:20, 147:13, 147:23, 148:21, 150:7, 157:16, 157:18, 163:15, 165:13, 166:1  <b>seeing</b> [6] - 98:18, 109:24, 111:16, 119:7, 146:12, 147:3  <b>seek</b> [11] - 105:25, 107:19, 108:8, 108:18, 109:5, 114:19, 115:14, 115:20, 117:4, 134:20, 135:1  <b>seeking</b> [2] - 109:18, 115:21  <b>seem</b> [1] - 52:8  <b>selected</b> [3] - 57:3, 84:15, 84:16  <b>selectively</b> [1] - 39:11  <b>self</b> [2] - 61:7, 99:25  <b>self-guided</b> [1] - 99:25  <b>selling</b> [1] - 112:18  <b>senior</b> [1] - 97:18  <b>sense</b> [7] - 15:21, 40:9, 111:1, 126:11, 126:16, 126:19, 155:23  <b>sent</b> [3] - 99:16, 100:9, 109:16  <b>separate</b> [3] - 34:10, 126:2, 127:2  <b>separately</b> [1] - 17:10  <b>September</b> [6] - 36:17, 40:22, 116:24, 119:16, 119:23, 119:24  <b>series</b> [3] - 99:4, 99:23, 100:7  <b>serious</b> [20] - 8:21, 10:1, 14:10, 21:3, 21:8, 24:18, 24:23, 29:20, 32:2, 32:17, 32:20, 43:4, 43:7,</p>	<p>44:3, 44:10, 45:2, 46:16, 46:23, 47:1, 75:19  <b>Serious</b> [1] - 14:20  <b>serve</b> [3] - 23:22, 23:24, 143:17  <b>served</b> [2] - 19:6, 157:7  <b>server</b> [1] - 104:6  <b>serves</b> [1] - 78:15  <b>service</b> [27] - 45:20, 46:7, 48:9, 49:6, 56:7, 98:20, 99:13, 103:3, 103:11, 106:3, 106:6, 106:13, 106:17, 106:20, 106:22, 106:24, 107:2, 107:3, 108:11, 108:14, 108:22, 136:8, 136:11, 140:4, 147:24, 153:24, 158:1  <b>Service</b> [3] - 57:17, 153:7, 153:12  <b>service-connected</b> [8] - 106:13, 106:17, 106:20, 106:22, 107:2, 107:3, 108:11, 108:14  <b>Services</b> [6] - 15:2, 15:9, 65:7, 85:3, 139:13, 155:2  <b>services</b> [59] - 15:14, 16:6, 16:7, 16:24, 17:3, 17:4, 22:23, 22:24, 25:15, 30:17, 31:3, 43:25, 44:5, 44:21, 44:22, 45:18, 45:19, 46:10, 46:13, 46:22, 47:22, 47:23, 48:9, 48:10, 48:14, 48:17, 48:20, 48:22, 48:25, 49:1, 49:3, 49:7, 49:19, 60:12, 60:15, 60:18, 60:21, 61:18, 75:12, 75:22, 76:7, 80:12, 80:19, 80:23, 82:13, 87:3, 87:8, 88:12, 89:16, 94:7, 94:10, 109:18, 115:24, 128:10, 139:25, 140:3, 151:12, 163:24, 164:8  <b>servicing</b> [3] - 64:16, 143:14, 144:4  <b>session</b> [2] - 95:23, 137:11  <b>sessions</b> [2] - 110:3, 110:12  <b>set</b> [9] - 37:1, 38:16, 40:22, 60:24, 86:5,</p>	<p>101:8, 118:25, 127:2, 137:5  <b>sets</b> [1] - 145:10  <b>setting</b> [5] - 17:22, 46:10, 60:7, 64:19, 150:11  <b>settings</b> [3] - 44:1, 46:8, 46:10  <b>several</b> [13] - 14:8, 16:17, 18:14, 20:20, 27:3, 28:7, 52:2, 85:13, 100:12, 102:4, 108:3, 112:14, 116:9  <b>severe</b> [3] - 42:20, 42:22, 45:11  <b>severed</b> [1] - 112:4  <b>sexuality</b> [2] - 102:14, 107:24  <b>shall</b> [3] - 7:16, 95:10, 137:19  <b>Shannon</b> [1] - 132:20  <b>shape</b> [1] - 37:10  <b>share</b> [1] - 101:6  <b>sharing</b> [1] - 102:20  <b>shed</b> [12] - 127:15, 127:16, 127:25, 129:6, 129:24, 130:1, 130:8, 130:17, 131:8, 131:9, 131:20, 132:12  <b>sheds</b> [10] - 63:22, 64:1, 64:2, 64:6, 86:6, 123:21, 127:9, 127:12, 128:25, 131:17  <b>shelf</b> [1] - 127:17  <b>shelter</b> [18] - 35:7, 59:16, 59:18, 60:5, 60:7, 63:20, 63:23, 64:9, 66:6, 72:1, 115:24, 149:1, 149:5, 149:11, 150:6, 151:9, 151:11, 163:21  <b>sheltered</b> [11] - 66:4, 66:13, 67:13, 68:8, 69:15, 70:13, 71:15, 72:3, 91:4, 91:6, 154:22  <b>shelters</b> [5] - 43:21, 46:6, 85:3, 148:22, 149:2  <b>ship</b> [1] - 98:2  <b>short</b> [6] - 43:21, 55:18, 106:6, 106:14, 146:15, 146:18  <b>short-term</b> [1] - 106:14  <b>shortage</b> [4] - 74:18, 163:6, 163:10, 163:14  <b>shortened</b> [4] - 30:9,</p>

<p>30:11, 42:22, 42:23  <b>shorter</b> [1] - 136:9  <b>shortfalls</b> [1] - 74:22  <b>shortly</b> [2] - 114:18, 162:16  <b>show</b> [26] - 21:21, 54:2, 55:1, 58:13, 59:10, 62:5, 62:25, 63:1, 64:25, 65:20, 66:16, 67:11, 67:19, 68:6, 68:12, 68:25, 69:13, 69:21, 70:11, 70:17, 71:13, 74:2, 75:4, 75:18, 86:5, 147:13  <b>showed</b> [4] - 66:3, 90:3, 131:8, 131:19  <b>showing</b> [5] - 53:4, 86:17, 93:5, 123:11, 155:15  <b>shown</b> [10] - 12:6, 32:15, 44:24, 46:19, 47:7, 47:11, 49:10, 73:3, 74:8, 76:7  <b>shows</b> [8] - 30:11, 45:11, 55:3, 59:14, 74:20, 75:6, 82:1, 147:4  <b>shutdown</b> [1] - 120:6  <b>shutting</b> [1] - 113:12  <b>sic</b> [1] - 159:8  <b>side</b> [8] - 28:21, 28:23, 39:9, 84:13, 107:9, 107:15, 108:4, 108:5  <b>sign</b> [1] - 128:3  <b>significant</b> [8] - 58:21, 67:16, 68:10, 70:15, 71:22, 71:24, 92:7, 147:14  <b>SILBERFELD</b> [1] - 3:4  <b>silent</b> [2] - 133:17, 134:1  <b>Silicon</b> [2] - 103:24, 103:25  <b>similar</b> [3] - 36:23, 82:1, 84:21  <b>similarly</b> [1] - 88:19  <b>Simms</b> [1] - 39:24  <b>simpler</b> [1] - 143:21  <b>simply</b> [5] - 44:20, 58:5, 111:13, 129:19, 132:8  <b>single</b> [8] - 16:22, 48:19, 81:5, 81:9, 81:10, 81:14, 82:2, 106:4  <b>single-site</b> [1] - 16:22</p>	<p><b>sister's</b> [1] - 102:12  <b>site</b> [17] - 16:22, 16:24, 16:25, 28:6, 48:19, 48:20, 51:12, 81:5, 81:9, 81:10, 81:14, 81:24, 82:2, 82:3, 85:6, 85:8, 114:20  <b>sitting</b> [1] - 124:14  <b>situation</b> [6] - 111:17, 114:14, 124:2, 125:18, 126:4, 150:5  <b>six</b> [6] - 19:11, 52:11, 53:25, 86:18, 126:3, 152:15  <b>sleep</b> [1] - 107:4  <b>sleeping</b> [2] - 119:5, 124:6  <b>slide</b> [1] - 129:12  <b>slightly</b> [1] - 72:6  <b>slow</b> [8] - 8:16, 9:6, 9:17, 13:13, 21:18, 21:23, 81:11, 160:22  <b>small</b> [3] - 35:4, 114:21, 124:5  <b>smaller</b> [3] - 72:8, 73:5, 113:21  <b>snapshot</b> [1] - 72:18  <b>sober</b> [2] - 161:7, 162:5  <b>sobriety</b> [2] - 43:14, 46:4  <b>social</b> [29] - 10:15, 11:16, 12:16, 12:17, 14:13, 19:19, 20:4, 20:5, 20:23, 20:25, 22:14, 22:16, 27:13, 48:9, 72:12, 75:21, 79:7, 80:8, 102:5, 114:20, 116:7, 124:22, 132:17, 139:3, 141:3, 157:9, 162:7, 162:8, 162:9  <b>Social</b> [9] - 10:24, 11:20, 13:2, 13:3, 13:21, 19:20, 19:25, 20:1  <b>Sol</b> [1] - 11:19  <b>solemnly</b> [3] - 7:14, 95:8, 137:17  <b>solutions</b> [1] - 39:15  <b>someone</b> [6] - 48:12, 61:22, 141:21, 142:23, 147:21, 162:25  <b>sometime</b> [1] - 114:18  <b>sometimes</b> [3] - 138:22, 141:25,</p>	<p>149:16  <b>somewhat</b> [2] - 12:4, 72:2  <b>somewhere</b> [2] - 72:14, 124:22  <b>soon</b> [1] - 42:9  <b>sorry</b> [19] - 9:8, 13:14, 21:13, 23:3, 35:14, 45:10, 60:16, 64:22, 65:6, 65:7, 73:19, 78:1, 90:9, 116:16, 117:13, 119:25, 126:17, 153:9, 157:20  <b>sort</b> [12] - 37:7, 43:23, 44:21, 50:14, 52:17, 59:11, 62:16, 78:17, 107:25, 108:15, 128:19, 148:18  <b>sought</b> [4] - 106:2, 112:6, 134:19, 134:23  <b>sound</b> [2] - 91:15, 124:10  <b>sounds</b> [2] - 78:12, 159:25  <b>soup</b> [2] - 128:19  <b>source</b> [1] - 147:24  <b>South</b> [2] - 3:10, 3:16  <b>Southern</b> [2] - 10:23, 25:7  <b>span</b> [3] - 30:9, 30:11, 42:22  <b>spans</b> [1] - 153:7  <b>speaking</b> [3] - 69:20, 71:24, 142:21  <b>special</b> [1] - 111:22  <b>specialist</b> [1] - 97:2  <b>specialists</b> [1] - 143:16  <b>specific</b> [3] - 15:25, 18:6, 56:22  <b>specifically</b> [11] - 13:11, 13:15, 22:23, 57:17, 80:17, 109:7, 115:3, 140:16, 148:21, 153:17, 153:19  <b>specifics</b> [1] - 113:3  <b>speculation</b> [2] - 110:18, 111:13  <b>spell</b> [3] - 8:1, 96:6, 138:8  <b>spend</b> [7] - 20:25, 24:3, 28:7, 75:23, 75:24, 85:13, 97:1  <b>spoken</b> [2] - 81:2, 114:9  <b>spread</b> [1] - 159:5  <b>spreadsheet</b> [1] -</p>	<p>146:14  <b>Springs</b> [15] - 113:22, 114:11, 114:13, 115:2, 115:3, 115:11, 115:18, 115:22, 120:10, 120:12, 120:13, 120:19, 122:12, 122:14, 122:15  <b>square</b> [1] - 122:18  <b>stable</b> [4] - 30:14, 31:8, 42:19, 56:15  <b>Staff</b> [1] - 75:1  <b>staff</b> [11] - 45:14, 45:16, 74:21, 75:7, 75:9, 82:12, 110:9, 111:9, 131:24, 144:2, 146:7  <b>staff-to-client</b> [2] - 45:14, 82:12  <b>staffed</b> [1] - 141:8  <b>staffing</b> [12] - 74:18, 74:20, 76:23, 82:10, 140:13, 141:4, 144:10, 145:18, 145:22, 146:20, 147:9, 148:4  <b>stage</b> [6] - 33:24, 42:7, 141:18, 142:13, 142:14, 143:6  <b>stairs</b> [1] - 109:10  <b>stairway</b> [2] - 54:7, 95:15  <b>stand</b> [6] - 36:18, 77:25, 95:14, 98:22, 117:1, 124:5  <b>Stars</b> [1] - 3:6  <b>start</b> [10] - 9:14, 9:15, 23:19, 103:9, 113:8, 122:25, 123:14, 127:11, 151:16, 164:18  <b>started</b> [17] - 19:13, 19:19, 20:12, 20:23, 23:15, 24:15, 25:9, 32:9, 50:16, 99:21, 110:7, 125:11, 127:6, 130:23, 131:5, 139:6, 162:6  <b>starting</b> [2] - 86:1, 118:14  <b>state</b> [9] - 7:24, 12:18, 21:9, 23:5, 79:8, 89:18, 96:4, 138:4, 159:19  <b>STATE</b> [1] - 167:4  <b>statement</b> [2] - 39:23, 161:17  <b>statements</b> [1] - 12:3  <b>states</b> [1] - 80:6</p>	<p><b>States</b> [6] - 88:1, 136:8, 136:11, 167:7, 167:9, 167:14  <b>STATES</b> [1] - 1:1  <b>stating</b> [1] - 92:6  <b>statistical</b> [2] - 11:7, 12:1  <b>statistically</b> [3] - 69:20, 71:24, 92:7  <b>statistics</b> [2] - 12:2, 12:5  <b>status</b> [1] - 154:7  <b>stay</b> [12] - 50:5, 64:17, 100:16, 113:11, 114:1, 116:20, 125:22, 136:17, 142:8, 148:12, 149:18, 149:25  <b>stay-at-home</b> [1] - 113:11  <b>stayed</b> [2] - 103:15, 126:23  <b>staying</b> [5] - 66:6, 101:23, 113:14, 149:9, 154:22  <b>steering</b> [1] - 18:20  <b>stenographically</b> [1] - 167:11  <b>step</b> [6] - 7:12, 95:1, 117:24, 131:14, 136:24, 164:22  <b>stepfather</b> [4] - 97:18, 98:16, 102:11, 103:2  <b>stepping</b> [1] - 136:25  <b>steps</b> [7] - 40:3, 76:17, 77:8, 136:25, 137:23, 137:24, 160:16  <b>stick</b> [1] - 124:17  <b>still</b> [18] - 57:25, 60:6, 60:9, 64:17, 75:7, 79:13, 86:14, 91:25, 103:16, 109:2, 109:22, 123:8, 123:11, 131:17, 133:9, 135:1, 146:17, 163:2  <b>stolen</b> [3] - 114:18, 115:1, 115:8  <b>stop</b> [2] - 12:19, 33:16  <b>stopped</b> [1] - 111:16  <b>Store</b> [1] - 121:24  <b>straightforward</b> [1] - 72:2  <b>street</b> [4] - 24:16, 25:2, 30:21, 135:3  <b>Street</b> [3] - 3:13,</p>
---	--	--	---	---

<p>3:23, 98:20  <b>STREET</b> [1] - 2:6  <b>streets</b> [11] - 30:17, 31:1, 31:9, 35:10, 42:25, 43:16, 43:21, 43:22, 56:11, 57:6, 76:2  <b>stress</b> [1] - 30:5  <b>stretch</b> [1] - 38:15  <b>Stricklin</b> [2] - 101:9, 101:19  <b>strike</b> [3] - 28:11, 63:16, 111:11  <b>striving</b> [1] - 145:25  <b>strong</b> [1] - 109:10  <b>strongly</b> [1] - 163:14  <b>struggle</b> [1] - 63:13  <b>struggled</b> [2] - 101:16, 102:14  <b>struggling</b> [1] - 77:1  <b>students</b> [3] - 14:9, 14:13, 27:13  <b>studied</b> [4] - 21:6, 45:3, 47:25, 74:11  <b>studies</b> [6] - 18:14, 19:16, 26:25, 74:2, 75:18, 77:5  <b>study</b> [25] - 13:8, 16:18, 17:6, 17:7, 17:9, 17:11, 17:17, 18:9, 26:20, 28:12, 49:23, 50:1, 50:2, 50:4, 50:9, 50:11, 50:17, 50:20, 82:19, 82:24, 83:12, 84:9, 84:17, 93:25  <b>stuff</b> [5] - 96:18, 112:1, 112:2, 135:18, 155:4  <b>subject</b> [1] - 87:12  <b>submit</b> [2] - 61:24, 162:11  <b>submitted</b> [3] - 19:22, 53:17, 62:19  <b>subsample</b> [1] - 72:8  <b>substance</b> [2] - 162:25, 164:3  <b>substantial</b> [6] - 61:9, 69:18, 88:1, 88:5, 88:8, 89:2  <b>substantially</b> [1] - 73:9  <b>success</b> [6] - 31:23, 32:12, 75:12, 77:1, 88:11, 88:14  <b>successful</b> [3] - 141:15, 162:23, 164:7  <b>sufficient</b> [2] - 159:2, 159:4  <b>suggested</b> [4] -</p>	<p>105:25, 114:23, 115:17, 121:10  <b>suggesting</b> [1] - 158:3  <b>suicide</b> [1] - 102:17  <b>Suite</b> [2] - 3:6, 3:13  <b>suited</b> [2] - 99:6, 99:7  <b>summary</b> [11] - 65:4, 66:24, 67:22, 68:18, 68:19, 69:4, 70:2, 70:22, 90:23, 158:2, 158:3  <b>summer</b> [2] - 117:11, 122:3  <b>summertime</b> [1] - 122:4  <b>support</b> [32] - 13:19, 13:23, 16:24, 17:3, 17:11, 21:3, 21:8, 23:4, 24:8, 25:15, 44:21, 44:22, 45:1, 45:4, 45:6, 45:12, 46:13, 47:22, 47:23, 49:3, 49:19, 60:20, 61:17, 62:1, 64:5, 74:6, 75:12, 75:13, 104:15, 141:14, 147:24, 150:10  <b>Supporting</b> [1] - 8:25  <b>supporting</b> [1] - 45:7  <b>supportive</b> [100] - 8:13, 8:20, 9:4, 9:22, 9:25, 10:8, 13:12, 13:16, 13:24, 14:6, 16:20, 17:1, 17:12, 17:18, 17:20, 20:14, 20:24, 22:20, 24:13, 25:15, 25:19, 26:23, 27:6, 29:13, 31:17, 31:19, 31:24, 32:3, 32:6, 32:8, 32:13, 32:15, 32:24, 33:6, 42:4, 44:16, 44:19, 44:23, 44:25, 46:9, 46:11, 46:15, 46:20, 47:4, 47:8, 47:9, 47:16, 47:19, 48:14, 49:8, 49:11, 49:17, 50:23, 51:3, 51:13, 51:15, 52:1, 52:15, 52:20, 53:8, 55:12, 57:24, 59:13, 60:1, 60:10, 60:12, 60:15, 60:18, 60:19, 63:11, 63:13, 64:3, 64:13, 72:22, 72:25, 74:3, 74:6, 75:16, 75:17, 75:21, 76:6, 76:10, 76:12, 76:13, 76:18,</p>	<p>77:8, 77:12, 78:7, 78:9, 81:6, 81:9, 81:10, 81:14, 82:2, 82:3, 86:7, 87:8, 97:4, 158:24, 160:19  <b>Supportive</b> [2] - 10:4, 23:15  <b>supports</b> [3] - 142:3, 163:22, 163:23  <b>supposed</b> [3] - 110:23, 111:21, 165:21  <b>supposedly</b> [1] - 133:11  <b>surfing</b> [1] - 121:23  <b>surge</b> [1] - 145:9  <b>surrounded</b> [1] - 63:24  <b>survey</b> [4] - 57:5, 57:12, 66:10, 84:22  <b>surveyed</b> [1] - 84:15  <b>surveys</b> [2] - 17:8, 57:5  <b>suspended</b> [1] - 80:5  <b>Suzanne</b> [1] - 10:24  <b>Swarthmore</b> [1] - 22:7  <b>swear</b> [3] - 7:14, 95:8, 137:17  <b>sweep</b> [1] - 126:15  <b>switch</b> [2] - 106:16, 159:18  <b>sworn</b> [3] - 7:20, 95:17, 138:1  <b>symptoms</b> [1] - 47:3  <b>System</b> [2] - 138:18, 142:11  <b>system</b> [3] - 48:8, 154:17, 155:14  <b>systematic</b> [1] - 28:13  <b>systems</b> [5] - 43:12, 96:25, 99:11, 103:20, 156:10</p>	<p><b>teach</b> [6] - 13:2, 14:7, 14:14, 14:16, 27:10  <b>teaching</b> [1] - 27:9  <b>teaked</b> [1] - 26:11  <b>teaks</b> [1] - 26:12  <b>team</b> [11] - 17:19, 21:2, 21:7, 45:17, 80:25, 143:15, 143:17, 153:3, 154:10, 154:20, 156:10  <b>Team</b> [1] - 23:4  <b>team-based</b> [1] - 45:17  <b>teams</b> [6] - 30:20, 30:21, 57:3, 57:12, 57:17, 161:22  <b>Technical</b> [1] - 99:17  <b>technical</b> [1] - 77:2  <b>technician</b> [1] - 99:22  <b>technology</b> [4] - 17:11, 97:2, 103:22, 104:4  <b>tempe</b> [1] - 105:16  <b>Tempe</b> [1] - 105:18  <b>temperature</b> [1] - 118:14  <b>temporary</b> [15] - 59:16, 63:15, 63:17, 63:18, 63:20, 64:7, 64:9, 107:8, 116:5, 116:8, 148:9, 148:16, 152:10, 152:18, 152:20  <b>ten</b> [1] - 118:20  <b>tenant</b> [6] - 51:6, 51:11, 61:17, 81:18, 81:20, 81:21  <b>tenant-based</b> [5] - 51:6, 51:11, 81:18, 81:20, 81:21  <b>tenants</b> [1] - 13:15  <b>tend</b> [1] - 76:6  <b>tender</b> [1] - 29:10  <b>Tennessee</b> [1] - 99:18  <b>tent</b> [26] - 116:14, 116:17, 116:20, 116:23, 116:25, 117:2, 117:7, 117:9, 118:11, 119:1, 119:4, 119:6, 121:24, 122:8, 124:12, 124:18, 124:19, 125:10, 125:11, 151:23, 151:24, 151:25, 152:1, 152:6  <b>Tent</b> [1] - 125:16</p>	<p><b>tents</b> [13] - 118:21, 118:25, 119:12, 123:21, 123:22, 124:2, 124:5, 125:6, 125:8, 125:14, 125:18, 127:22, 151:22  <b>tenure</b> [1] - 12:15  <b>tenured</b> [2] - 12:10, 12:12  <b>Teresa</b> [1] - 97:16  <b>term</b> [10] - 21:9, 23:5, 30:10, 31:22, 44:19, 74:7, 87:7, 106:6, 106:14, 109:15  <b>terminal</b> [3] - 99:23, 100:1, 100:16  <b>Terminal</b> [1] - 100:13  <b>terminated</b> [2] - 60:22, 61:10  <b>termination</b> [2] - 61:7, 61:21  <b>terms</b> [14] - 30:16, 31:24, 33:19, 34:6, 34:13, 35:16, 37:5, 44:18, 52:3, 56:2, 56:23, 78:17, 94:19, 165:5  <b>TERRI</b> [4] - 2:5, 167:6, 167:19, 167:20  <b>terrible</b> [1] - 135:20  <b>test</b> [5] - 100:2, 100:14, 100:18, 100:19, 100:21  <b>testified</b> [5] - 7:21, 79:6, 93:9, 95:18, 138:2  <b>testifying</b> [5] - 85:11, 86:17, 92:13, 136:20, 136:23  <b>testimony</b> [7] - 7:15, 35:24, 39:23, 86:21, 95:9, 111:12, 137:18  <b>testing</b> [1] - 17:4  <b>tests</b> [2] - 99:4, 100:11  <b>text</b> [1] - 17:8  <b>THE</b> [188] - 1:3, 3:3, 3:18, 4:2, 7:6, 7:12, 7:14, 7:18, 7:22, 7:25, 8:1, 8:2, 8:3, 8:16, 9:5, 9:6, 9:11, 9:14, 9:17, 10:25, 11:1, 11:2, 11:4, 11:5, 11:9, 11:10, 11:21, 12:19, 12:22, 13:13, 13:14, 17:13, 17:15, 17:24, 17:25, 19:2, 19:4, 20:6, 20:8, 21:14, 21:16, 21:20, 21:21,</p>
<b>T</b>				
<p><b>tables</b> [2] - 65:4, 66:24  <b>talks</b> [1] - 61:2  <b>target</b> [1] - 76:8  <b>targetedly</b> [1] - 90:13  <b>tarp</b> [2] - 119:1, 119:4  <b>task</b> [2] - 61:17, 61:25  <b>taught</b> [6] - 14:8, 14:9, 14:12, 14:19, 27:11, 27:12  <b>TAYLOR</b> [1] - 3:22</p>				

<p>21:22, 21:23, 21:25, 22:1, 24:25, 25:2, 25:4, 26:8, 28:20, 28:24, 29:8, 29:14, 31:12, 31:13, 31:15, 33:16, 35:13, 35:14, 35:21, 35:22, 36:9, 37:10, 38:11, 38:12, 39:8, 39:16, 39:21, 40:7, 40:12, 41:7, 41:13, 41:17, 41:18, 42:6, 42:10, 42:14, 52:24, 53:6, 53:9, 53:13, 53:18, 54:4, 54:10, 54:23, 62:20, 62:22, 65:6, 65:7, 65:17, 65:24, 66:1, 66:18, 66:21, 67:6, 67:8, 68:3, 69:1, 69:4, 69:6, 69:7, 69:8, 69:10, 69:24, 70:8, 71:4, 71:5, 71:6, 71:8, 71:9, 77:17, 77:20, 77:23, 78:5, 78:22, 78:23, 83:7, 89:18, 89:20, 89:21, 90:16, 91:19, 93:19, 93:21, 94:13, 94:15, 94:17, 94:25, 95:1, 95:6, 95:8, 95:12, 95:13, 95:19, 96:5, 96:6, 96:7, 96:8, 105:17, 105:18, 107:13, 107:14, 110:20, 110:23, 111:2, 111:4, 111:13, 116:16, 116:17, 117:14, 117:15, 117:16, 118:4, 136:2, 136:5, 136:12, 136:13, 136:19, 136:22, 137:7, 137:10, 137:16, 137:17, 137:21, 137:22, 138:3, 138:7, 138:8, 138:9, 138:10, 159:9, 159:11, 159:12, 159:13, 159:15, 160:11, 162:8, 162:9, 164:16, 164:20, 164:23, 165:1, 165:5, 165:8, 165:16, 165:22  <b>themselves</b> [2] - 78:17, 157:8  <b>therapist</b> [7] - 109:24, 110:8, 110:13, 110:17, 110:21, 111:7, 111:17  <b>therapy</b> [1] - 109:14  <b>third</b> [5] - 32:22, 58:25, 84:14, 151:7,</p>	<p>157:16  <b>third-party</b> [1] - 151:7  <b>thousands</b> [3] - 35:11, 80:19, 80:24  <b>threatened</b> [4] - 130:9, 130:11, 133:11  <b>threatening</b> [1] - 132:17  <b>threats</b> [1] - 132:18  <b>three</b> [17] - 11:2, 36:13, 38:17, 41:19, 59:23, 75:6, 98:19, 101:7, 104:20, 105:3, 105:11, 112:18, 113:6, 113:19, 126:3, 133:22, 137:24  <b>three-quarters</b> [2] - 59:23, 75:6  <b>threshold</b> [1] - 120:4  <b>Thrive</b> [3] - 18:17, 18:18, 18:21  <b>Thrones</b> [1] - 132:13  <b>throughout</b> [2] - 57:4, 76:13  <b>Thursday</b> [2] - 1:21, 131:6  <b>THURSDAY</b> [1] - 7:1  <b>tied</b> [1] - 84:14  <b>timeline</b> [1] - 135:9  <b>tiny</b> [13] - 63:22, 64:2, 64:6, 85:3, 86:5, 123:21, 127:7, 127:12, 128:25, 129:24, 130:17, 131:17, 148:22  <b>Title</b> [1] - 167:9  <b>titled</b> [1] - 59:8  <b>Tobin</b> [1] - 4:7  <b>today</b> [11] - 10:12, 57:25, 81:2, 85:2, 85:11, 89:10, 96:18, 129:14, 136:7, 141:10, 144:6  <b>together</b> [5] - 11:2, 66:11, 102:9, 153:4, 155:18  <b>token</b> [2] - 34:2, 34:9  <b>Tommy</b> [1] - 96:11  <b>TOMMY</b> [1] - 3:5  <b>tomorrow</b> [4] - 164:19, 164:21, 165:12, 166:1  <b>took</b> [5] - 11:17, 100:12, 106:11, 120:8, 124:16  <b>tool</b> [2] - 127:15, 127:16  <b>top</b> [3] - 119:1, 124:7, 145:19</p>	<p><b>total</b> [11] - 58:13, 67:14, 68:9, 69:16, 70:14, 71:4, 71:16, 91:5, 126:3, 153:8, 156:23  <b>touch</b> [3] - 50:5, 101:19, 102:3  <b>toward</b> [1] - 154:25  <b>towards</b> [3] - 16:23, 88:1, 132:18  <b>track</b> [4] - 16:13, 56:10, 56:14, 57:19  <b>tracked</b> [1] - 18:11  <b>tracking</b> [1] - 145:10  <b>tracks</b> [2] - 57:4, 155:4  <b>traditional</b> [2] - 22:24, 43:11  <b>trained</b> [1] - 12:17  <b>Training</b> [2] - 99:17  <b>training</b> [3] - 29:4, 99:20, 99:21  <b>trajectories</b> [1] - 50:6  <b>TRANSCRIPT</b> [1] - 1:20  <b>transcript</b> [2] - 167:10, 167:12  <b>transferred</b> [1] - 120:20  <b>transition</b> [1] - 21:9  <b>transitional</b> [15] - 57:23, 59:16, 59:19, 60:8, 60:9, 63:21, 64:10, 151:4, 152:8, 152:10, 152:14, 152:15, 152:18, 152:20, 163:21  <b>transitioning</b> [1] - 23:5  <b>transparency</b> [1] - 145:5  <b>transparent</b> [2] - 11:22, 147:11  <b>transportation</b> [6] - 114:5, 120:6, 120:13, 120:15, 140:11, 163:22  <b>trash</b> [1] - 126:16  <b>traumatic</b> [10] - 8:21, 10:1, 29:20, 32:18, 43:4, 44:4, 44:11, 46:17, 163:13, 163:25  <b>treated</b> [1] - 129:19  <b>Treatment</b> [3] - 23:4, 45:2, 85:2  <b>treatment</b> [27] - 21:1, 31:7, 43:13, 46:4, 64:15, 64:16, 75:9, 76:2, 76:3, 80:12, 80:13, 80:23, 107:19,</p>	<p>108:8, 108:15, 109:3, 109:5, 112:6, 115:14, 117:4, 134:20, 134:23, 135:1, 161:8, 161:23, 162:12, 163:18  <b>treatments</b> [1] - 134:25  <b>triage</b> [1] - 16:12  <b>trial</b> [8] - 13:6, 13:25, 32:4, 32:11, 34:4, 37:1, 37:2, 37:6  <b>TRIAL</b> [2] - 1:20, 1:21  <b>tried</b> [5] - 38:1, 102:4, 102:9, 121:19, 124:22  <b>tries</b> [2] - 48:19, 144:11  <b>trouble</b> [2] - 107:24, 119:16  <b>troubleshooting</b> [1] - 104:5  <b>true</b> [10] - 54:17, 72:13, 82:1, 89:5, 91:11, 92:9, 112:3, 163:20, 164:12, 167:10  <b>trust</b> [3] - 41:14, 56:7, 56:8  <b>trusting</b> [1] - 48:8  <b>truth</b> [9] - 7:16, 95:10, 95:11, 137:19, 137:20  <b>try</b> [12] - 28:13, 40:9, 50:5, 57:11, 58:7, 107:19, 115:10, 115:14, 122:10, 142:8, 160:14, 162:19  <b>trying</b> [10] - 19:21, 35:5, 37:11, 58:3, 114:3, 124:17, 129:24, 130:8, 131:11, 160:8  <b>turn</b> [13] - 42:14, 50:25, 51:22, 53:20, 59:6, 60:24, 62:5, 79:17, 83:14, 84:9, 85:23, 92:17, 144:9  <b>turned</b> [1] - 132:4  <b>turning</b> [11] - 16:14, 22:3, 25:6, 27:9, 44:15, 60:12, 63:15, 63:17, 73:15, 73:20, 93:25  <b>TV</b> [1] - 132:14  <b>Two</b> [1] - 116:9  <b>two</b> [36] - 16:19, 18:24, 22:10, 24:1, 34:7, 34:14, 35:23,</p>	<p>40:14, 41:2, 42:23, 45:1, 45:14, 47:6, 47:25, 54:5, 64:11, 66:11, 69:7, 74:5, 80:5, 85:14, 88:12, 99:15, 101:8, 101:21, 105:13, 112:5, 115:9, 115:12, 126:2, 134:7, 151:22, 151:25, 152:1, 152:3, 155:23  <b>two-week</b> [1] - 134:7  <b>type</b> [2] - 81:17, 132:6  <b>types</b> [2] - 59:11, 64:7  <b>typically</b> [12] - 14:17, 28:12, 30:18, 31:1, 45:15, 45:18, 61:16, 64:10, 81:11, 81:22, 141:5, 141:17</p> <p style="text-align: center;"><b>U</b></p> <p><b>U.S</b> [2] - 1:3, 15:12  <b>U.S.C</b> [3] - 11:18, 25:8, 38:10  <b>ultimately</b> [3] - 15:21, 56:20, 78:13  <b>unchanged</b> [2] - 69:20, 73:10  <b>uncomfortable</b> [2] - 96:19, 107:18  <b>under</b> [13] - 53:21, 53:23, 60:13, 88:13, 111:1, 125:19, 126:25, 132:17, 141:23, 146:22, 157:1, 161:17, 165:3  <b>under-inclusive</b> [1] - 157:1  <b>undercounts</b> [1] - 73:11  <b>underestimate</b> [2] - 73:14, 93:10  <b>undergoing</b> [1] - 130:14  <b>undergraduate</b> [1] - 22:4  <b>underneath</b> [1] - 124:8  <b>understaffing</b> [1] - 75:4  <b>understood</b> [1] - 36:20  <b>unfortunately</b> [2] - 135:5, 160:1  <b>unit</b> [9] - 17:2, 51:19, 51:21, 52:12, 56:6, 85:8, 85:10, 130:3, 132:16</p>
---	---	---	--	--

<p><b>UNITED</b> <sup>[1]</sup> - 1:1  <b>United</b> <sup>[6]</sup> - 87:25, 136:8, 136:11, 167:7, 167:9, 167:14  <b>units</b> <sup>[10]</sup> - 48:5, 55:16, 59:7, 59:13, 64:7, 97:5, 158:24, 159:2, 159:4, 160:20  <b>University</b> <sup>[7]</sup> - 10:23, 13:21, 22:12, 22:14, 22:17, 23:12, 25:7  <b>unnecessary</b> <sup>[2]</sup> - 44:9, 46:16  <b>unoccupied</b> <sup>[1]</sup> - 151:25  <b>unsheltered</b> <sup>[20]</sup> - 17:9, 25:17, 57:10, 66:8, 66:13, 67:14, 68:9, 69:15, 70:13, 71:15, 72:4, 72:14, 72:15, 87:16, 91:4, 91:9, 92:15, 93:10, 93:14, 154:22  <b>unstable</b> <sup>[2]</sup> - 56:12  <b>unused</b> <sup>[2]</sup> - 52:6, 59:5  <b>up</b> <sup>[61]</sup> - 26:6, 28:20, 28:22, 30:23, 31:1, 31:6, 31:7, 31:8, 38:16, 43:15, 43:20, 48:6, 50:16, 51:21, 52:11, 54:7, 57:24, 61:1, 74:23, 79:16, 83:5, 86:5, 86:6, 91:4, 97:10, 97:11, 97:24, 98:13, 98:22, 101:8, 109:10, 112:15, 112:21, 113:9, 116:11, 117:1, 118:25, 119:3, 119:7, 119:8, 119:17, 123:11, 124:6, 124:17, 125:17, 127:2, 127:22, 128:3, 128:20, 131:8, 131:19, 132:6, 133:13, 133:14, 133:20, 137:5, 141:8, 146:17, 149:3, 155:15  <b>updated</b> <sup>[1]</sup> - 147:13  <b>upgraded</b> <sup>[1]</sup> - 107:1  <b>upstairs</b> <sup>[1]</sup> - 128:22  <b>uptick</b> <sup>[1]</sup> - 120:2  <b>upwards</b> <sup>[2]</sup> - 32:5, 142:16  <b>Urban</b> <sup>[2]</sup> - 15:12, 32:23  <b>urgent</b> <sup>[1]</sup> - 73:4  <b>urine</b> <sup>[1]</sup> - 162:11</p>	<p><b>US</b> <sup>[1]</sup> - 3:19  <b>uses</b> <sup>[2]</sup> - 31:4, 154:10  <b>utilization</b> <sup>[4]</sup> - 58:16, 59:21, 63:4, 73:23  <b>utilized</b> <sup>[1]</sup> - 44:25  <b>utilizers</b> <sup>[1]</sup> - 76:8  <b>utilizing</b> <sup>[1]</sup> - 30:24</p> <hr/> <p style="text-align: center;"><b>V</b></p> <hr/> <p><b>VA</b> <sup>[106]</sup> - 10:9, 11:7, 11:24, 18:18, 18:19, 27:22, 28:2, 28:3, 28:7, 33:5, 34:18, 39:17, 40:3, 44:5, 49:17, 51:2, 53:7, 55:21, 57:1, 57:11, 57:17, 57:19, 57:22, 58:7, 58:18, 61:8, 63:17, 63:18, 72:22, 76:17, 82:6, 82:10, 83:3, 84:5, 84:12, 87:7, 89:16, 89:24, 94:3, 94:8, 97:5, 106:3, 107:20, 108:15, 108:19, 109:2, 109:5, 109:12, 109:19, 109:22, 109:25, 111:25, 112:5, 112:6, 114:19, 114:21, 115:15, 115:17, 115:19, 116:1, 116:4, 116:6, 116:18, 117:4, 118:18, 122:1, 125:5, 125:22, 126:19, 129:23, 131:7, 131:11, 131:19, 132:3, 132:15, 132:23, 134:20, 134:23, 135:2, 138:17, 139:7, 139:10, 140:14, 140:15, 140:24, 141:3, 142:11, 143:7, 144:11, 145:5, 146:10, 146:20, 147:19, 147:21, 148:11, 152:12, 153:3, 154:16, 158:25, 159:20, 160:8, 160:14, 162:4, 162:6, 162:18  <b>VA's</b> <sup>[15]</sup> - 52:4, 53:25, 54:13, 58:2, 62:15, 72:22, 82:13, 89:2, 136:19, 139:20, 140:18, 144:17, 144:22, 145:10,</p>	<p>145:22  <b>VA-funded</b> <sup>[1]</sup> - 18:18  <b>VA-run</b> <sup>[1]</sup> - 33:5  <b>vacancies</b> <sup>[2]</sup> - 114:17, 146:7  <b>vacation</b> <sup>[4]</sup> - 34:8, 38:13, 41:10, 41:18  <b>vacations</b> <sup>[1]</sup> - 94:23  <b>VAGLAHS</b> <sup>[8]</sup> - 138:20, 138:22, 139:4, 144:18, 144:23, 145:11, 153:24, 158:1  <b>VAGLAHS's</b> <sup>[1]</sup> - 145:14  <b>vaguely</b> <sup>[1]</sup> - 159:22  <b>Valley</b> <sup>[2]</sup> - 103:24, 103:25  <b>VanNatter</b> <sup>[5]</sup> - 28:5, 53:7, 53:10, 53:14, 62:10  <b>varies</b> <sup>[1]</sup> - 142:12  <b>variety</b> <sup>[1]</sup> - 139:9  <b>various</b> <sup>[3]</sup> - 37:24, 46:1, 152:13  <b>vary</b> <sup>[1]</sup> - 44:24  <b>VASH</b> <sup>[39]</sup> - 33:5, 49:17, 51:6, 51:8, 51:25, 52:19, 53:21, 53:24, 56:17, 60:13, 60:14, 60:18, 60:23, 61:5, 61:10, 63:2, 74:10, 74:12, 74:17, 74:25, 75:1, 76:25, 81:2, 81:6, 81:13, 81:18, 82:16, 86:19, 86:24, 87:1, 87:4, 87:8, 106:14, 122:17, 122:19, 122:24, 145:25, 162:7, 162:9  <b>VASH's</b> <sup>[1]</sup> - 75:10  <b>vegetable</b> <sup>[1]</sup> - 128:19  <b>vegetables</b> <sup>[1]</sup> - 128:20  <b>vehicles</b> <sup>[1]</sup> - 107:10  <b>Ventura</b> <sup>[1]</sup> - 145:15  <b>venue</b> <sup>[1]</sup> - 113:21  <b>verify</b> <sup>[1]</sup> - 154:6  <b>versed</b> <sup>[1]</sup> - 100:18  <b>version</b> <sup>[1]</sup> - 51:14  <b>versus</b> <sup>[1]</sup> - 53:8  <b>VetConnect</b> <sup>[1]</sup> - 89:17  <b>veteran</b> <sup>[51]</sup> - 16:11, 50:19, 51:16, 53:4, 55:2, 56:22, 57:8, 57:12, 57:16, 66:6, 73:4, 80:16, 86:18,</p>	<p>90:3, 92:23, 94:7, 94:10, 96:24, 105:25, 106:5, 107:18, 130:11, 130:13, 139:22, 140:7, 140:16, 140:22, 141:13, 142:14, 143:1, 143:8, 143:12, 144:4, 145:10, 148:12, 148:15, 149:1, 149:17, 149:20, 149:24, 150:4, 150:12, 150:16, 151:1, 151:2, 153:5, 154:7, 154:24, 157:8, 159:6, 161:5  <b>Veteran</b> <sup>[1]</sup> - 89:18  <b>veteran's</b> <sup>[2]</sup> - 142:3, 143:5  <b>veterans</b> <sup>[131]</sup> - 8:13, 9:22, 13:7, 15:10, 15:18, 15:25, 16:2, 16:4, 18:4, 18:10, 18:20, 26:18, 26:21, 26:24, 26:25, 27:4, 29:12, 29:20, 30:2, 32:13, 32:16, 32:24, 33:10, 41:24, 43:25, 44:3, 44:10, 44:17, 49:9, 49:10, 49:12, 49:16, 49:20, 49:25, 50:7, 51:1, 51:3, 51:10, 52:1, 53:21, 56:19, 56:24, 60:13, 60:22, 61:10, 65:21, 65:23, 66:12, 67:12, 67:14, 68:7, 68:9, 69:14, 70:12, 70:13, 71:14, 71:22, 72:3, 72:7, 72:8, 72:14, 72:15, 72:16, 73:7, 73:12, 73:17, 73:22, 74:8, 74:13, 77:6, 77:14, 78:17, 80:12, 82:20, 82:24, 84:15, 88:23, 89:16, 90:9, 90:10, 91:1, 91:8, 92:4, 92:14, 93:2, 93:10, 93:15, 125:23, 128:14, 129:12, 140:1, 140:19, 140:25, 141:23, 142:11, 143:11, 143:20, 143:24, 143:25, 148:5, 148:20, 149:5, 149:13, 150:5, 150:7, 150:10, 152:23, 152:24, 153:9, 153:10, 153:18, 153:22, 154:5,</p>	<p>154:16, 155:24, 156:21, 157:2, 157:4, 157:7, 157:16, 157:21, 158:1, 158:4, 158:5, 158:7, 158:10, 158:13, 159:3, 162:10, 162:22, 164:12  <b>Veterans</b> <sup>[20]</sup> - 4:7, 4:7, 8:25, 10:4, 16:10, 32:22, 33:9, 41:23, 73:16, 73:20, 77:7, 106:1, 125:7, 125:17, 126:1, 126:2, 126:4, 126:8, 127:1, 135:10  <b>veterans'</b> <sup>[2]</sup> - 76:16, 83:2  <b>VHA</b> <sup>[1]</sup> - 147:24  <b>Vicente</b> <sup>[1]</sup> - 125:5  <b>victim</b> <sup>[1]</sup> - 43:6  <b>victimization</b> <sup>[3]</sup> - 30:6, 42:24, 43:5  <b>videoconference</b> <sup>[1]</sup> - 110:4  <b>viewable</b> <sup>[1]</sup> - 110:6  <b>village</b> <sup>[1]</sup> - 86:5  <b>violated</b> <sup>[1]</sup> - 129:7  <b>violations</b> <sup>[3]</sup> - 61:6, 61:11, 61:13  <b>violence</b> <sup>[3]</sup> - 30:7, 42:25, 43:6  <b>virtually</b> <sup>[1]</sup> - 92:9  <b>visit</b> <sup>[5]</sup> - 28:6, 86:2, 86:10, 102:2, 124:13  <b>visited</b> <sup>[3]</sup> - 27:22, 85:6, 85:12  <b>visitors</b> <sup>[1]</sup> - 129:17  <b>visits</b> <sup>[4]</sup> - 48:23, 48:24, 49:5  <b>voicemail</b> <sup>[1]</sup> - 113:17  <b>volume</b> <sup>[1]</sup> - 141:22  <b>Volunteers</b> <sup>[1]</sup> - 151:18  <b>voucher</b> <sup>[35]</sup> - 17:1, 51:17, 51:18, 58:18, 64:5, 81:13, 81:17, 81:18, 86:19, 86:24, 87:1, 87:4, 112:23, 115:21, 115:25, 120:17, 120:20, 120:21, 121:3, 121:12, 121:18, 122:6, 122:9, 122:14, 122:19, 122:21, 122:24, 123:2, 123:3, 123:4, 123:5, 123:8, 123:12, 123:14  <b>vouchers</b> <sup>[18]</sup> - 51:7, 51:11, 52:5, 55:5,</p>
--	---	--	--	--

<p>55:6, 58:13, 58:17, 58:20, 58:21, 58:25, 59:4, 61:15, 62:16, 63:5, 73:24, 74:16, 81:20, 81:21  <b>vs</b> [1] - 1:11</p>	<p><b>west</b> [1] - 114:24  <b>West</b> [34] - 4:4, 18:10, 18:19, 27:22, 28:3, 28:7, 50:3, 58:17, 59:8, 63:18, 84:20, 85:3, 85:12, 86:2, 109:12, 109:18, 109:24, 114:22, 114:23, 115:15, 115:17, 115:19, 116:1, 116:4, 116:6, 116:18, 121:25, 122:22, 134:20, 134:23, 135:1, 148:11, 158:25, 159:20  <b>WEST</b> [1] - 2:6  <b>whereas</b> [1] - 45:17  <b>whole</b> [9] - 7:16, 70:25, 95:10, 108:25, 118:23, 123:13, 133:15, 135:5, 137:19  <b>widely</b> [1] - 10:16  <b>willing</b> [2] - 23:22, 78:18  <b>Wisconsin</b> [1] - 22:13  <b>wisdom</b> [1] - 41:14  <b>wish</b> [1] - 135:1  <b>WITNESS</b> [45] - 5:1, 5:2, 7:18, 7:25, 8:2, 11:1, 11:4, 11:9, 13:14, 17:25, 21:20, 21:22, 21:25, 25:2, 28:24, 31:13, 35:13, 35:21, 38:11, 41:17, 53:6, 53:13, 65:7, 69:4, 69:7, 71:5, 71:8, 78:23, 89:20, 94:25, 95:12, 96:5, 96:7, 105:18, 107:14, 110:23, 111:4, 116:17, 117:15, 136:12, 137:21, 138:7, 138:9, 162:9, 164:23  <b>witness</b> [19] - 7:9, 7:23, 54:6, 64:25, 66:16, 68:12, 69:21, 83:6, 83:9, 85:16, 90:15, 90:18, 95:3, 95:14, 129:23, 137:1, 137:10, 137:12, 137:23  <b>witnesses</b> [2] - 36:23, 41:5  <b>wooden</b> [2] - 119:11, 123:23  <b>words</b> [5] - 35:23, 35:25, 40:14, 53:3,</p>	<p>72:12  <b>worker</b> [12] - 12:16, 12:17, 20:23, 79:7, 80:8, 114:20, 116:7, 124:22, 132:17, 162:7, 162:8, 162:9  <b>workers</b> [2] - 142:10, 157:9  <b>works</b> [2] - 25:25, 78:14  <b>worry</b> [2] - 120:24, 121:1  <b>worse</b> [1] - 125:21  <b>worst</b> [1] - 105:21  <b>worthy</b> [1] - 108:23  <b>wraparound</b> [4] - 44:21, 139:25, 140:3, 151:11  <b>wrapped</b> [1] - 141:14  <b>wrecked</b> [1] - 105:22  <b>writ</b> [1] - 134:8  <b>write</b> [1] - 22:21  <b>writing</b> [2] - 26:6, 26:11  <b>written</b> [5] - 20:13, 20:19, 26:17, 27:2, 27:5</p>	<p style="text-align: center;"><b>Z</b></p> <p><b>zero</b> [1] - 107:1  <b>zone</b> [1] - 129:6</p>
<p><b>W</b></p>			
<p><b>wait</b> [4] - 52:9, 86:25, 87:4, 100:7  <b>waited</b> [1] - 131:23  <b>waiting</b> [1] - 56:11  <b>wake</b> [1] - 21:5  <b>walk</b> [4] - 37:13, 109:9, 109:14, 129:3  <b>walked</b> [1] - 86:6  <b>wall</b> [2] - 95:15, 137:24  <b>walls</b> [1] - 45:6  <b>ward</b> [6] - 107:22, 124:23, 125:1, 125:3, 133:3, 133:13  <b>Washington</b> [2] - 3:23, 4:6  <b>watch</b> [1] - 136:18  <b>watched</b> [1] - 129:12  <b>watching</b> [1] - 132:13  <b>water</b> [1] - 64:5  <b>ways</b> [3] - 17:20, 48:11, 161:6  <b>wears</b> [1] - 30:5  <b>website</b> [9] - 28:2, 52:4, 53:25, 54:13, 62:15, 74:20, 144:17, 144:21, 147:6  <b>week</b> [5] - 105:13, 121:17, 131:15, 134:7, 159:19  <b>weekend</b> [3] - 36:16, 38:21, 124:14  <b>weekly</b> [1] - 110:3  <b>weeks</b> [2] - 101:21, 160:7  <b>weight</b> [1] - 140:22  <b>weighted</b> [2] - 142:2, 142:5  <b>WEINTRAUB</b> [1] - 4:3  <b>welcome</b> [2] - 41:17, 102:21  <b>Welfare</b> [2] - 19:20, 20:1  <b>well-implemented</b> [1] - 47:13  <b>well-studied</b> [1] - 47:25  <b>well-versed</b> [1] - 100:18</p>			
<p><b>Y</b></p>			
		<p><b>yard</b> [1] - 84:4  <b>year</b> [40] - 15:4, 15:8, 15:14, 15:16, 15:17, 16:1, 16:3, 18:11, 19:9, 21:1, 24:3, 50:8, 50:10, 56:21, 57:1, 57:7, 57:11, 57:14, 57:15, 60:23, 64:22, 65:5, 65:13, 70:3, 72:5, 72:10, 73:6, 78:8, 91:23, 97:18, 105:21, 108:6, 117:11, 142:18, 149:18, 151:13, 155:11, 155:12, 157:22  <b>years</b> [14] - 11:3, 11:8, 19:11, 24:1, 30:11, 35:7, 64:11, 70:15, 74:15, 102:4, 104:10, 106:25, 112:14, 113:6  <b>yesterday</b> [1] - 165:19  <b>York</b> [8] - 12:18, 20:24, 22:14, 22:16, 23:7, 23:12, 79:9, 79:25  <b>yourself</b> [4] - 78:24, 96:10, 96:23, 107:18</p>	