Welcome
Jason opened the meeting by recognizing once again that we are all human beings doing this work and that we are all very much in this together.

He noted a change in the agenda that County Executive Page would not be able to join the group, as he was pulled into emergency meeting with hospital leaders. This gives the group more time to delve into everything else during the meeting, including a discussion around structure and function and time for cluster breakout discussions.

Rebeccah listed **five objectives** for the meeting:
1) Refine and discuss cluster structure and leadership in response to feedback from last week’s meeting
2) Adopt a shared framework or approach for ramping up the cluster work
   i. The Basic Needs cluster proposed a structure for their group that the Team’s leadership thinks could be useful for everyone to use.
3) Get more clarity on how this team can interface with existing disaster infrastructures like COAD and SLARCC
4) In cluster breakouts, identify the most time-sensitive problems to address
5) Get input on an upcoming virtual town hall intended to widen participation in the clusters

Introductions
Rebeccah did a roll call of organizations/agencies and their representatives on the call.

Named present were:
- Emerging Wisdom LLC: Rebeccah Bennett, Jessica Perkins
- Integrated Health Netowrk: Jess Holmes, filling in for Bethany Johnson-Javois
- Paraquad: Aimee Wehmeier, Dave Haessig
- St. Louis County Library: Kristen Sorth
- United 4 Children: Deanna Finch, Elisa Zieg
- Behavioral Health Network: Wendy Orson, Mary Quandt
- St. Louis Mental Health Board: Jama Dodson, Serena Muhammad
- Catholic Charities: Don Halpin, Theresa Ruzicka, Tyrone Ford, Karen Wallensak
- St. Louis City Senior Fund: Jamie Opsal, Stephanie Herbers
- St. Louis Community Foundation: Elizabeth George, Amelia Bond
- Center for Women in Transition: Laura Toledo
- Operation Food Search: Lyndsey Cavender, Trina Ragain, Brian Wieher
- EdPlus: Paul Ziegler
RRT Structure

Internal: Revised Cluster Suggestions
Rebeccah introduced Kelly Ferrara of StratCommRx who will be providing communications support for the Team.

Last week, the cluster structure identified three critical need areas: healthcare, childcare/education, and basic needs. The planning team did some more thinking and added some areas based on the gaps people mentioned in the last meeting that will help support execution and creating solutions.

Rebeccah shared a new proposed cluster document. Questions, comments, and insights included:

- Appreciation for breaking out older and disabled adults into their own cluster
- A request to change “mental health” to “behavioral health”
- A question about if “employment” and “legal supports” should belong together as they seem like distinct areas and employment seems more like basic needs.
  - The planning group chose these groupings based not only on the agencies’ points of view of population and service structure, but also on how the public sees its needs in these times of crisis. Ultimately, it will be up to the agencies and organizations to decide what cluster they are in.
  - Some were hesitant to have any organization under the Basic Needs cluster who doesn’t serve all populations.
- A thought that the structure might be easier to understand in a visual grid than in a list. This grid would plot the intersections between services and populations.
- Whether “employment” might be worthy of its own cluster since it will be a big issue over time
  - For this meeting, employment would remain with legal supports, but it will likely be broken out going forward.
- We should think about levels of triage when deciding how the structure of the clusters is organized.

Rebeccah made the suggested changes to the document.

The updated clusters are:

1) **Food, Housing & Basic Needs**
   (Salvation Army, Catholic Charities, United Way 211, Operation Food Search, EHOC, St. Louis Area Regional Commission on Homelessness, Center for Women in Transition)
2) **Physical & Behavioral Health**  
   (IHN, RHC, BHN, Chestnut Health Systems)

3) **Childcare & Education**  
   (United 4 Children, EdPlus, St. Louis County Library, St. Louis City’s Office of Children, Youth and Families)

4) **Employment**

5) **Justice & Legal Supports**  
   (Legal Services of Easter MO)

6) **Services For Older Adults & People With Disabilities**  
   (OASIS, Paraquad, Area Agencies on Aging, St. Louis City Senior Fund)

**Next steps:**

- Each cluster will appoint co-chairs (one from IL, one from MO).
  - Co-chairs will lead the building of a framework for the cluster.
  - Co-chairs, with staff support, will facilitate coordination and problem-solving across clusters to respond to complex and dynamic challenges on the ground.
  - Co-chairs will form a steering committee to find additional resources and work with funders.
- Project management and staffing will be secured
  - Within the next week, the planning team will be working to secure some of our region’s greatest loaned talent.

**Internal: Draft approach submitted by Basic Needs**

Don Halpin from Catholic Charities shared and reviewed a document outlining a cluster framework that the Basic Needs group put together (screenshot below):

**APPROACH**

We propose the following approach for the Basic Needs Team and this approach be adopted by the STLCRRT for all Critical Need Areas as a synchronizing tool.

1. **Basic Needs Categories**. Food, Shelter/Housing, Financial Assistance, Personal Care Items, Supplies, Prescription Assistance.
2. **Service Population**. Serve as a facilitator of agencies, connecting them to one another to meet needs; serve as a provider of services to the community; address referrals from 2-1-1 and direct calls to agencies from people seeking help.
3. **Geographic Area**. All counties in the MSA.*
4. **Partners by County**. List the partner organizations in each county and their capabilities. This will help identify points of overlap and capability gaps.
5. **Emerging Needs Identification**. Determine needs we/our partners see today and in the future.
6. **Barriers to Service Delivery**. Identify the barriers to executing service delivery. This will lead to a “problem – solution” discussion.
7. **Resource Identification**. Identify resources (i.e., funding) to support this team and our clients.
8. **Outcomes/Impact**. Successful delivery of Basic Needs to impacted individuals at time of service request. (e.g., help with utilities, connection to a food bank, etc.)
9. **Communication Plan**. Develop plan to act as an information clearinghouse for partner agencies and clients.

Don noted that there was a #10 on the list originally (information management and structure) but it is already being handled by using Microsoft Teams and providing support staff like Rebeccah mentioned earlier.

The next step is to identify the “how” piece of all this:
• How do we identify and solve the service population component?
• How do we do emerging needs identification?

Don asked that any questions be sent to Rebeccah, Jason, or even put in the chat box. They are happy to share the document with the other groups.

A reminder was given that some of the needs presented in the framework will be collected via the survey that Lead Agencies were asked to send out. Please send it to as many people/organizations as possible to collect data that will inform the clusters. The survey link can be found here.

External: Discussion
COAD and SLARCC expressed being excited to use their years of experience with disaster work to help people get the resources they need during this time.

The group acknowledged that representation from COAD and SLARCC is the first step in integrating efforts.

More details about how the groups will all intersect going forward is still to come.

Cluster Breakouts
The team broke out into separate “rooms” according to the new cluster structure that was shared earlier and was asked to identify the most time-sensitive issues for their cluster, as well as who should be added to their cluster to help get things done.

After 20 minutes, the group reconvened and shared the top needs that were heard in each cluster group.

1) Basic Needs:
   • Prioritizing vulnerable populations’ needs and securing agency alignment
   • Conducting an assessment of partner agencies’ capabilities and limitations with regard to meeting prioritized needs
   • Examining the vulnerabilities and resiliency of critical supply chains and developing contingency plans for compromised production and distribution channels
   • Obtaining PPE for service providers and others interfacing regularly with community members
   • Resourcing the needs and the work – ensuring adequate money flow to provide services, supports and financial assistance to those in need

2) Physical and Behavioral Health:
   • Attention to the homeless population and what support they will need, including coordination among entities like hospitals and shelters for those who are recovering; communication about testing facilities and resources
   • Use or lack of knowledge of Telehealth on both the provider and population side
   • Supporting individuals with chronic diseases and being able to assist with basic needs and prescriptions

3) Childcare and Education:
   • Technology
     i. Distance learners who don’t have Wi-Fi
• Communication
  i. Reaching out to all different populations, recognizing that early childhood needs are different than those of older kids.
  ii. Working with groups like Nurses for Newborns and Big Brothers Big Sisters (perhaps adding them to the cluster)

• Training
  i. Identifying opportunities for parents to learn how to deal with being an educator in a home environment
  ii. Training teachers how to create remote learning success
  iii. Volunteers for childcare and education

• Need for safe and appropriate childcare providers for emergency and essential responders

4) Justice and Legal Support
• Foreclosures and evictions
  i. Reduce overcrowding by letting people know they can stay in their homes.
     o Some areas have a moratorium that prevents foreclosures at this time; ensure that people know about them so they don’t leave their current residences even if landlords tell them to (the Sheriff/courts will not enforce it).
     o EHOC has provided fact sheets to service providers and the community to let them know what things can and cannot be done at this time.
  ii. Discourage people from doing foreclosures – they will not have the backing of the courts right now.

• Reentry homing plans
  i. Maintain a safe transition when people are released from jails and prisons.
     o Develop home plans and ensure that locations where people go can offer the support they need.
     o Find viable housing options to avoid overcrowding in shelters.
     o Ensure PPE availability for staff safety in discharging and homing of this group.

• Domestic abuse issues
  i. Delays getting through to courts to report issues
  ii. Increased incidence with people being home with nowhere to go to escape abusers
  iii. Relaying resources to help because 2-3 day response delays are not OK

5) Older Adults and Individuals with Disabilities
• Food
  i. Delivery of meals and groceries
     o Even if they can technically afford items, some have difficulty because they can’t use SNAP or don’t have credit cards to use with delivery services.

• Personal care assistance for daily living activities
  i. Personal care items are also needed, like toilet paper, incontinence products and cleaning supplies

• PPE for those interacting with this population
• Technology barriers
i. Some can afford something like Instacart, but don’t have a computer or smartphone to use

<table>
<thead>
<tr>
<th>Virtual Town Hall</th>
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<td>Jason explained that we need not only a Regional Response Team, but a Regional Response <em>Movement</em> – agencies and organizations that reach beyond what is currently at this table. There are many boots on the ground. Therefore, the planning team would like to have a Virtual Town Hall as a broader conversation with a larger group of organizations that are wondering how to plug into this team.</td>
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The cluster breakouts earlier in the meeting identified other organizations to invite to the table, and they will be invited to the Town Hall. Stay tuned for more information.

Meeting was adjourned.
• **Question 1:** What are the most pressing, time sensitive problems that need to be solved at your cluster level now?

**Current State Assessment**

- Identify the vulnerable populations and their needs by geographic area.
- Identify the capabilities and limitations of the partner agency in each county.
  - Identify agencies that have the ability to serve (short / intermittent, medium term and longer term needs).
- Assess supplier and distribution capacity. We’re all needing the same things and the production of some of the things we’re going to need is a challenge. This is true locally and nationally. Ex. Basic PPE needs just to serve agencies, much less the general public.
  - People power – the physical labor side of the supply side distribution. People’s bodies are going to be taxed. How do we increase bench strength of people working?
  - Examine the vulnerability of any supply / distribution chain. These chains could spread the virus. What’s the back up if first chain is compromised?
  - Disruptions to food and personal care supply chains (can order food, but not get it here in a timely manner). Requests for diapers. Shipments are being pushed off weeks at a time (retailers first before community).
- How do we really secure financing for the length of time that we’re going to need these resources? We’re sprinting to meet immediate emergency needs, but this is a marathon.

• **Question 2:** What would you identify as the top three problems for the cluster to address NOW?

The top problems / issues are:

1. Prioritizing vulnerable populations’ needs and securing agency alignment;
2. Conducting an assessment of partner agencies’ capabilities and limitations with regard to meeting prioritized needs;
3. Examining the vulnerabilities and resiliency of critical supply chains and developing contingency plans for compromised production and distribution channels;
4. Obtaining PPE for service providers and others interfacing regularly with community members; and
5. Resourcing the needs and the work – ensuring adequate money flow to provide services, supports and financial assistance to those in need.

• **Question 3:** Who else is needed as a member in your cluster to help develop and implement solutions to these problems?

- HUD-approved housing counseling agencies
- Housing authorities

Additionally, the Basic Needs cluster needs to:

- Intersect with legal aid / services (dealing with landlords etc.);
- Reach out to the regional business collaborative to understand how supply chain matters are being addressed. This might be what RBC is leading
- Ensure connection with government representatives, emergency management / police forces etc.
Cluster Small Group Discussion  
Physical and Behavioral Health Cluster  
Jessica Perkins, Facilitator (j.m.perkins@icloud.com)  
Friday, April 2, 2020

**Question 1:** What are the most pressing, time sensitive problems that need to be solved at your cluster level now?

An additional population to consider for RRT is the homeless population (many have physical and behavioral health issues), especially as it relates to those with COVID-19 hospitalization. Their needs are great and they must be connected to shelters, which are not overcrowded.

**ONGOING**  
**Issue 1: Lack of Coordination**  
- Social service coordination has always been a problem and with COVID-19, it is even more important to streamline the referral and coordination processes. This issue is applicable to all populations.

**IMMEDIATE**  
**Issue 2: High Tech/High Touch Barriers**  
- Vulnerable populations need to understand the severity of COVID-19 and how they can protect themselves with PPEs and social distancing. While traditional communication channels work with most people, vulnerable populations need on-the-ground outreach and that is more difficult due to COVID-19’s airborne spread. *Note: Outreach efforts are already being conducted.*

- High-level technology is a barrier for tele-health for two major reasons: 1) clients may not know how to use the technology and/or may not have access to a telephone due to disconnection; and 2) some providers are not familiar with conferencing technology or may not have the software, hardware and/or internet access to deliver tele-health consultations.

**Issue 3: Support for People with Chronic Illnesses**  
- People with chronic diseases, especially seniors, are apprehensive about shopping for groceries and/or prescriptions or allowing someone to deliver them. Without food and/or medicines, they may encounter greater harm due to a more compromised immune system.

**Issue 4: Discerning the Relationship Between Physical and Mental Health & Ensuring Awareness about Mental/Behavioral Health Supports**  
- Many people may not realize chronic physical health problems can lead to mental illness (e.g., depression and anxiety) and vice versa. During this pandemic period, people need to be aware of the connection and the resources.

**LONG TERM**  
**Issue 5: Behavioral Health and Grievance Support**  
- While it isn’t as necessary today, as more people succumb to the virus, there will be a greater need for grievance support, even from individuals who don’t normally have behavioral health issues. RRT must prepare now for the inevitable.

**Question 2:** Who else is needed as a member in your cluster to help develop and implement solutions to these problems?

From Jim Wallis:

- St. Clair and Madison County 708 Board (knowledge of Metro East resources)
  - Dana Rosenzweig – [https://www.co.madison.il.us/departments/mental_health/index.php](https://www.co.madison.il.us/departments/mental_health/index.php)

No other recommendations were provided by participants.
• **Question 1:** What are the most pressing, time sensitive problems that need to be solved at your cluster level now?
  - Early childcare and education are different – may need a new breakout. School-age children doing at-home learning is different from early childcare.
  - Technology for distance learning; massive gaps in technology exist across our population; Kristin is working on alternatives to wifi-based learning
  - Training for teachers – distance learning is not taught and is a skill to be acquired
  - Training for volunteers – we have people who want to help; access to opportunities for people will be key; asking agencies to post volunteer opportunities
  - Training for parents – Library staff can help yet there are so many differences between districts; IL library system not active yet.
  - Child abuse and neglect awareness…training
  - Stress reduction; behavioral and mental health issues with caregivers, parents, and kids; kids with special needs…all this creates more stress.
  - Schoolwork + Recreation… time management and activities; seeing a push for kids to learn all they need from school, creates pressure on adults at home now, build relationships both socially and emotionally to allow academics to fit
  - Bridge between younger kids and school age kids – many bigs are taking care of the littles in their household
  - First responders and essential employees don’t have anywhere to take their kids; those who are open need staffing help or volunteers (if registered with State)
  - Communication to all of these remote people? How do we get the word out? What fun things can people be doing? Centralize opportunity to share content with parents struggling at home. On STLVolunteer.org…there are lots of opportunities for people to do at home.
  - Mentoring – coupled with technology. How is this delivered inside a home or closed environment.
  - Language barriers
  - Middle and high school students have trust with some adults, and are now being asked to trust new people; need role models. Families are in transition, may be moving… crisis.
  - School planning – academic calendars are up in the air; content modifications pivot to maintaining levels of knowledge v. learning new skills; internship and employment opportunities
  - Is there a central repository for supplies needed by organizations? Diapers, formula, technology, food?

• **Question 2:** What would you identify as the top three problems for the cluster to address NOW?
  1. **Technology**
  2. **Communication – internal and external. How do we coordinate efforts of this group across service sectors and ages served? How do we align caregivers and parents with resources available?**
  3. **Training: parents, caregivers, volunteers**
  4. **Need for safe and appropriate child care providers (emergency and essential responders)**

• **Question 3:** Who else is needed as a member in your cluster to help develop and implement solutions to these problems?
  - Mentoring program leadership
  - Boys and Girls Club
  - Big Brothers, Big Sisters
  - Sean Joe, Wash U
  - Court Appointed Special Advocate of St. Louis and SW Illinois
  - First Steps
  - Nurses for Newborns
• **Question 1:** What are the most pressing, time sensitive problems that need to be solved at your cluster level now?

- Prevention of foreclosures and evictions (this is closely matching job loss and income changes)
- PPE for women and staff in transitional housing (thermometers, sanitizers) – Keeping people working and living in transitional homes safe. Difficult to accomplish if you are unable to make PPE purchases. Places have been improvising (e.g., using coffee filters in cloth for masks) and rationing current stock.
- Need to know where to send people when they get quarantined and need medical isolation
- Increased incidents of domestic abuse especially as courts have limited functioning right now
- Access to law enforcement in this time of crisis
- Need home plans for where people go when they are released from jails/prisons
  - Want to ensure that everyone is safe
  - Shelters don’t want anyone new here
- Delays in moving out of transitional homes
- Shelters are going into lock down to try to maintain safety and are also trying to thin out giving (same problems that the jails have)
- Residential overcrowding
  - People being laid off leading to multiple sets of families in one home (e.g., 2-3 families in one home)
  - Compounded by work and school being closed – everyone is there
- Employment: Safety Concerns - Is it safe for people to get jobs at the grocery store especially if they are living in a congregate environment? May not be safe for them or even the entire environment.
- Agencies may have a problem of find a job or get out.
- Landlords not making key house improvements/repairs during this time because they are unsure about what they are walking into

• **Question 2:** What would you identify as the top three problems for the cluster to address NOW?

5. **Foreclosures and evictions.** We must work in this area to help reduce the over-crowding. This will be effective if people know they can stay in their homes. Some areas have a moratorium that prevents foreclosures at this time, but we want to ensure that people know about them so they don’t leave their current residences even if landlords tell them to (the Sheriff/courts will not enforce it).
   - EHOC has provided fact sheets to service providers and the community to let them know what things can and cannot be done at this time.
   - Discourage people from doing foreclosures – they will not have the backing of the courts right now.

6. **Reentry Homing Plans.** Maintain a safe transition when people are released from jails and prisons. Must develop home plans and ensure that locations where people go can offer the support they need. There are concerns there may be overcrowding in shelters, so we need some viable options. PPE is key here to ensure staff are safe dealing with discharge and homing of this group.

7. **Domestic Abuse Issues.** Individuals may not get through to courts easily because of delays. There is an increased incidence with people being home and nowhere to go to escape abusers. People need to know where to go and what resources are out there to help them at this time because 2-3 day response delays are not ok.

• **Question 3:** Who else is needed as a member in your cluster to help develop and implement solutions to these problems?

- Safe Connections (DV advocacy and support groups)
- Legal Services of Eastern Missouri
Services For Older Adults & People With Disabilities Cluster Small Group Discussion
April 2, 2020

• **Question 1:** What are the most pressing, time sensitive problems that need to be solved at your cluster level now?
  - Meal delivery infrastructure → change from congregant meals to home delivery
  - Grocery attainment (contactless payment options with no credit card; SNAP access)
  - Personal care assistance
  - PPE
  - Funding to keep agencies afloat
  - Toilet paper, cleaning supplies, and other personal care items (e.g., Depends and other products → Provider Plus)
  - Technology for teleconferencing and telehealth; grocery delivery

• **Question 2:** What would you identify as the top three problems for the cluster to address NOW?
  - Toilet paper
  - PPE
  - Personal care assistance

• **Question 3:** Who else is needed as a member in your cluster to help develop and implement solutions to these problems?
  - Area Agencies on Aging – MO and IL
  - Assisted Living and Long-Term Care
  - St. Louis ARC
  - Productive Living Board
  - Illinois Disability Services Agencies; Community Mental Health Agencies
  - Steering Committee – Breakthrough Coalition
  - St. Louis Office for Developmental Disabilities
  - Missouri Alliance for Home Care; Missouri Home Care Alliance