



**REGIONAL
RESPONSE
TEAM**

From Response to Renewal

The Impact of the St. Louis Regional Response Team

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Letter from Andrea Jackson-Jennings and Jason Purnell

It has been almost three years since the first case of COVID-19 hit the St. Louis region. Our early hopes that this virus would quickly come and go have long since dissolved.

We also knew from the beginning that merely wishing that systematically disadvantaged communities would be served equally by society's response to the pandemic was not enough. We needed a clear and dedicated focus on reaching communities of color, people with disabilities, older adults, lower income families, immigrants, and others typically left behind.

We also knew that, in crisis and every day, the fragmentation and competition across our region's many governments, nonprofits, universities, funders, and communities made it difficult to respond collectively to our biggest challenges, which continuously reinforced racial and economic injustice.

COVID-19 was not just a public health crisis, but a housing crisis, a worker protection crisis, a safety net crisis, and a neighborhood crisis; we needed shared infrastructure to address all of these at once. We needed an infrastructure that could expand beyond the current moment.

This report details the creation, early efforts, and future of the St. Louis Regional Response Team (RRT), a collaborative initiative dedicated to tackling the challenges outlined above. These initial three years of work have not always produced the impact we desired. We must continue to put forth the effort necessary to partner effectively.

Our sincere hope is that the foundation the RRT created during the pandemic—the collaboration, the learning, and the momentum outlined in the pages that follow—will be sustained and viewed as an asset worthy of investment as we continue working together in support and transformation of the St. Louis community.

We are deeply thankful for everyone who supported the RRT's efforts, whether you participated in a campaign, joined the Collaborative Action Network, or provided substantive feedback to keep our critical work on track. We know there is much more work ahead of us—and many equally important partners and initiatives needed for a collective push toward a more collaborative, equitable, and just future. We can only get there together.



Andrea Jackson-Jennings

Andrea Jackson-Jennings, Ed.D.
Managing Director
Regional Response Team



Jason Purnell

Jason Purnell, Ph.D., M.P.H.
Outgoing Steering Committee Chair
Regional Response Team

Timeline of the St. Louis Regional Response Team

- **March 8, 2020**
First case of COVID-19 confirmed in the St. Louis Region
- **Mid-March 2020**
Dr. Purnell asked to organize a response to pandemic social needs
- **March 20, 2020**
Stay-at-home orders issued
- **March-April 2020**
Dr. Purnell helps convene key social service and government partners
- **April 8, 2020**
The St. Louis Regional Response Team (RRT) officially founded, with Dr. Purnell as the Managing Director and 43 Founding Partners
- **April to August 2020**
The RRT launches the Homebound Initiative, Personal Protective Equipment, and Unhoused Campaigns
- **May 2020**
Collaborative Action Network (CAN) established as convening structure
- **August 2020**
Formation of Steering Committee to provide guidance for RRT efforts;
Dr. Purnell transitions from Managing Director to Steering Committee Co-Chair along with Riisa Easley;
Serena Muhammad is tapped to be the new RRT Managing Director
- **September 2020**
Eviction Prevention Campaign launches
- **November 2020**
Vaccine Education Campaign launches
- **2021**
RRT continues to manage Campaigns, CAN, and critical partner coordination efforts
- **September 2021**
Dr. Jackson-Jennings selected as RRT Managing Director
- **2022**
In addition to Campaign activities and ongoing COVID response, new crises (flooding, Monkeypox, and a pediatric “triple-demic”) underscore the need for ongoing RRT efforts
- **February 2022**
Dr. Jackson-Jennings, Dr. Purnell, and Rebecca Bennett kick off RRT Strategic Planning process with its Steering Committee to determine the effort’s long-term vision and impact
- **October 2022**
RRT Steering Committee votes to approve the Strategic Plan to guide the organization for the next three years
- **2023 and Beyond**
RRT executes on its strategic vision under the leadership of Dr. Jackson-Jennings

Why Does St. Louis Need a Regional Response Team?

Founded in March 2020 at the onset of the COVID-19 pandemic, the St. Louis Regional Response Team (RRT) strives to transform how our community collectively responds to acute and ongoing crises that disproportionately impact communities of color along with our disabled, immigrant, low-income, and older neighbors.

This report outlines the impact of the RRT during its first three years, and describes how its early efforts informed its long-term vision and organizational structure. Though it is not difficult to imagine how the RRT could engage in issues beyond COVID, it is worth returning to those early months of the pandemic to highlight what would have been different *if the RRT had already existed*:

- Nonprofit partners and point people across an array of needed interventions would have already been in place and organized through the Collaborative Action Network.
- Government officials would have had a common table to align their actions, and pull together government supports across county and state boundaries.
- Strong connections to grassroots efforts would have quickly connected residents to decision-making tables, rather than having had to rely on spotty information about what communities needed—particularly those most at risk.
- A structure for co-designing community-driven solutions would have been in place and utilized, rather than having to take valuable time and resources to build a blueprint for understanding and planning for collective action.

To be sure, even with an RRT, the process would often be emergent—and tensions may still arise across different stakeholder groups, incentive structures, and assumed roles. But these challenges could be addressed at a common table with clear guidelines and a pre-existing culture of collaboration.

During a crisis, time is often wasted trying to clarify roles, create structures, and build trust. The reality is that it is much easier to negotiate these issues *before* a challenge occurs. Such a foundation is even more necessary when addressing long-standing systemic racism and economic injustice. When these issues are in play, a collective sense of urgency is often lacking to pull together the people and resources needed to tackle them.

The St. Louis Regional Response Team provides a unique vehicle for our region to invest in a long-term collaborative infrastructure that benefits all who participate—one that is uniquely accountable to communities that disproportionately bear the burden of crises like COVID alongside the ongoing impacts of systemic racism and economic injustice.

COVID-19, Systemic Gaps, and the Need for Regional Infrastructure

On March 8, 2020, the first confirmed case of a new infectious disease, COVID-19, arrived in St. Louis County, Missouri. In the early days of what we now know as the largest and deadliest pandemic in more than 100 years, officials at the St. Louis County Department of Public Health were quickly trying to assess the state of its chronically-underfunded infrastructure and its ability to address a potential upswing in infections. At the same time, these St. Louis County officials were also taking into account the disparate impact such diseases typically have on communities of color and disabled, immigrant, low-income, and older residents.

Somewhere between the time of this first case and the official “stay at home” order, which went into effect on March 23, 2020, Dr. Purnell, Associate Professor of Public Health at Washington University in St. Louis, called Spring Schmidt (then Acting Director of the St. Louis County Department of Public Health) to ask who was on point for dealing with the social needs of residents as the pandemic unfolded.

This conversation turned into early meetings with St. Louis County officials and several school superintendents to brainstorm ways to dampen the social and economic impact of COVID. Dr. Purnell remembers being crammed into a sanitized room of maskless people, which reflected the early unknowns about the virus’

airborne spread. All present were trying to figure out what St. Louis County could do, where they needed to align with other governments like the State of Missouri, the City of St. Louis, and St. Charles County, and where they needed to reach out to nonprofit and private organizations for support.

Initially, the meeting was limited to St. Louis County staff and included Dr. Jackson-Jennings, Director of Human Services, and Yusef Scoggin, M.D., who ran the Office of Family and Community Services for St. Louis County. The cohort quickly grew with nonprofits, funders, and grassroots advocates added to the table. These participants included:

- Rebecca Bennett, a well-known consultant and founder of Emerging Wisdom;
- Bethany Johnson-Javois, then Executive Director of the St. Louis Integrated Health Network and previous Managing Director of the Ferguson Commission;
- Regina Greer, Chief Impact Officer at the United Way of Greater St. Louis;
- Doneisha Bohannon, then Senior Strategist at Missouri Foundation for Health;
- Stacey Easterling, an independent consultant;
- Kelly Ferrera, President of StratCommRX.

The need for coordination was great, but the path forward remained cloudy throughout those first intense weeks.

“We knew we weren’t experts in these fields. The Regional Response Team served as a convener for the people who were. There is such a need for an entity that is not politically biased, and the messenger matters. There is space for the Regional Response Team in our community.”

—Linda Huntspon, Director, Office of Family and Community Services, St. Louis County

After all, how could an existing disaster response infrastructure created for tornadoes and floods address a slower-moving and all-encompassing pandemic, and where did it fall short? Should certain organizations be designated as a “lead” for defined sectors like food or education, or would existing fragmentation and competition get in the way? Where was immediate action needed, and where could other design-thinking and innovation approaches uncover new paths forward? How should resident perspectives and priorities be elevated, and how could deep engagement intersect with a growing sense of urgency? How could the deadly impact of the pandemic on those who were systematically more vulnerable to crisis be avoided or mitigated?

On April 8, 2020, the COVID-19 Regional Response Team was created and announced. Dr. Purnell assumed the role of Managing Director. The initial group included 43 founding partners across the St. Louis region, including the Metro East (See Appendix B for a full list of partners). Coordination with existing infrastructure such as United Way 2-1-1 and the regional Community Organizations Active in Disaster (COADs) was embedded in the RRT from the beginning. So too was a focus on racial equity and responding to the needs of the most vulnerable populations.

At that time, the RRT articulated four major goals, all of which continue to be priorities today. These included:

1. Identify and prioritize the critical needs of vulnerable populations.
2. Share effective solutions and approaches between providers in different areas of need.
3. Deploy critical resources in an efficient and coordinated manner.
4. Highlight needs and opportunities to funders, decision makers, and the broader community.

In addition to Dr. Purnell, the RRT tapped Rebeccah Bennett of Emerging Wisdom LLC to help facilitate and coordinate the growing number of partner organizations across the RRT. The group also secured the services of staff who were “loaned” from other organizations, including Grace Kyung (Urban Strategies), Katie Kaufmann (United Way), and Monique Thomas (Centene). The Missouri Foundation for Health and the Pershing Charitable Trust provided critical funding to support the work of the coordinating team.

At the same time, a parallel effort to the RRT—Prepare STL—was created align and expand communications between public health departments and diverse communities across the region. Rebeccah Bennett initially facilitated this effort.

Early in its development, the RRT also formed a close partnership with the St. Louis Community Foundation and its Regional Response Fund (RRF). The RRF was launched in March. The Community Foundation was able to quickly



solicit grant proposals, review them with cross-sector stakeholders and community members, and distribute funds to meet growing needs. The RRF raised over \$6.7 million, which was distributed to more than 145 regional nonprofit organizations serving vulnerable populations.

While continuing to learn and pivot as conditions changed, this initial sprint of activity, which occurred from March to April 2020, set the stage for the RRT's ongoing impact in the St. Louis region. These qualities—essential to the RRT's collaborative mission during the pandemic—are incorporated into its forward-looking strategic plan today. These elements included:

- Convening cross-sector and regional partners to tackle critical community challenges and avoid “business as usual” fragmentation and competition;
- Maintaining strong connections to residents and grassroots organizations that center the perspectives and priorities of people of color and those most vulnerable to social, economic, and public health crises;
- Perfecting the ability to quickly shift from convening to planning action;
- Ongoing pursuit of responsive funding that enables equitable, timely, and collaborative action;
- Retaining a cohort of leaders and staff who combine a vision for long-term system transformation with the capacity to effectively organize cross-sector and community stakeholders.



Launch of the Regional Response Team Campaigns

**“A pandemic is never a good time to find community partners.
Lucky for us, we already had them.”**

—Kristen Sorth, Executive Director, St. Louis County Library

The operational foundation laid in the spring set the stage for the RRT to launch a number of initiatives in the spring and summer of 2020. These campaigns were intended to address critical service and infrastructure gaps not filled by existing efforts, or that required a more collaborative, cross-sector approach to ensure an equitable response to community needs. These efforts included the following:

- *Homebound Initiative*: Connected homebound older adults and people with disabilities to critical support services;
- *The Protective Personal Equipment (PPE) Campaign*: Gathered and equitably distributed PPE to frontline workers, particularly in the human services and childcare sectors;
- *The Unhoused Campaign*: Partnered with medical providers, shelters, and other stakeholders to advocate for pandemic-responsive housing and support services particularly in the City of St. Louis.

The following outlines each campaign in more detail, including their activities beyond the spring and summer of 2020:

Homebound Initiative

Situation

Homebound seniors and people with disabilities—particularly those with existing health challenges and limited support networks—were especially vulnerable during the early months of COVID. This population experienced difficulties obtaining food, getting medicine, and finding transportation and stabilized housing.

Coordinated by the RRT with the support of the Community Foundation’s Regional Response Fund, the Homebound Initiative launched in May 2020 and continued throughout the summer. Its primary goal was to foster a strong referral network of supporting organizations—which included 14 agencies, such as United Way 2-1-1, Catholic Charities, Metropolitan Congregations United, Deaconess Nurse Ministry, and HOSCO Farms—to ensure that homebound individuals could quickly access the services they needed.

Outcomes

By the time the Homebound Initiative sunset in July 2020, it had connected 1,372 individuals—located primarily in North St. Louis County and the City of St. Louis—to resources. The majority of households served had residents who suffered from a chronic health condition, identified as Black, and had an income below \$900 a month.

The Homebound Initiative solidified the RRT’s ongoing relationship with the Community Foundation, later leading to the Foundation’s current role as fiscal sponsor and provider of back office services for the RRT.

By the end of the summer, United Way 2-1-1—alongside backbone partners at the Integrated Health Network and St. Louis Regional Data Alliance—launched the St. Louis Community Information Exchange (CIE) on the Unite Us closed-loop referral platform. This new tool served much of the same function as the Homebound Initiative, and was used by the City of St. Louis and St. Louis County to manage an influx of federal rent and utility assistance funding. Lessons from the Homebound Initiative informed the early design of the CIE, including community outreach strategies and partner alignment. The CIE continues to partner with the RRT for ongoing referral initiatives.

Ultimately, the effort would evolve into what would become the RRT’s current eviction prevention campaign, with the majority of callers seeking rent and utility assistance.

Personal Protective Equipment (PPE)

Situation

Another major early pandemic concern was the lack of personal protective equipment (PPE) available for smaller community organizations, including those serving seniors, children, people with disabilities, and people in poverty.

PPE included face masks, hand sanitizer, and other supplies critical for slowing the spread of COVID. While hospitals, health departments, and major institutions like school districts were often able to purchase and distribute PPE in bulk, it was difficult for the RRT’s network of community-based organizations to acquire quality PPE independently.

Dr. Purnell recruited Karishma Furtado, Data and Research Catalyst for Forward Through Ferguson, to design and deploy a PPE survey to inform distribution efforts. She was quickly joined by Cristina Garmendia, who continued to lead the PPE campaign for the RRT until early 2022.

The surveys, which were completed by approximately 350 organizations, indicated that a significant majority did not have adequate equipment, were rationing supplies, and were in need of greater coordinating support.

Outcomes

Throughout the next 18 months, the RRT distributed over 825,000 masks, thousands of tubs of disinfectant wipes, and hand sanitizer, to hundreds of organizations across the bi-state region. The RRT also disseminated information about the airborne nature of COVID, proper mask wearing, and other safety lessons. Kelly Ferrara led this work.

PPE distribution was largely coordinated out of warehouse space donated by Arch to Park (now a part of Greater St. Louis, Inc.). By early 2022, supply chain issues for PPE had largely disappeared, while staffing support for PPE distribution was becoming more difficult. WIN Warehouse (winwarehouse.org), a longstanding nonprofit distribution center located in North St. Louis, emerged as the perfect long-term home for PPE donation and access.

Organizations can now request PPE directly from WIN and coordinate their own pickup, which will sustain PPE distribution activity well into the future.

The PPE campaign demonstrated that worker and workplace protections for the non-



governmental organizations were minimal, which led to stress and confusion for organizational leadership and frontline workers alike. Although workers providing essential safety net services were frequently in contact with our region's most vulnerable populations, a lack of collective infrastructure meant that almost all struggled to protect themselves and protect their communities. Safety net worker protections will continue to affect the RRT's efforts across the St. Louis landscape, and will require focus beyond PPE distribution.

Unhoused Supports

Situation

Support for unhoused individuals—shelters, mental health services, and more permanent housing and support efforts—had long been organized in the region through a Continuum of Care (CoC), a federally designated umbrella of providers that work together within a specific (often county-level) geography.

Prior to COVID, CoCs typically only convened service providers that offered shelter and associated supports for the unhoused—though they had begun to coordinate with each other through the St. Louis Regional Commission on Homelessness (SLARCH) in 2018.



Linda Huntspon

*Director, Office of Family and Community Services
St. Louis County*

Yusef Scoggin

*Director of Human Services
City of St. Louis*

As families across St. Louis sheltered in place, ordered groceries via delivery, and held birthday parties over Zoom, entire populations of people were struggling simply to find a safe place to quarantine. Linda Huntspon, Director, Office of Family and Community Services, St. Louis County, and Dr. Yusef Scoggin, Director of Human Services, City of St. Louis, immediately tapped into existing relationships to ensure that the unhoused and the elderly had the resources they needed to stay healthy.

Scoggin connected with Dr. Purnell, RRT Steering Committee Chair, to discuss community needs and how the RRT could elevate efforts around homelessness and instability.

In partnership with 27 cross-sector stakeholders focusing on economic and health issues, Huntspon and Scoggin identified a hotel complex that could be used to shelter the unhoused in place. With COVID-19 testing not yet available and up to 40 referrals per week, the task was monumental. Scoggin and Huntspon took phone calls day and night and coordinated with local health and transportation departments to ensure that individuals in need had access to care at all times.

“We knew we weren’t experts in these fields. The Regional Response Team served as a convener for the people who were,” said Huntspon. **“There is such a need for an entity that is not politically biased, and the messenger matters. There is space for the Regional Response Team in our community.”**

COVID raised a number of new challenges for this population—including healthcare access, pandemic mitigation, and greater alignment with mental health providers—that the RRT was in an ideal position to address.

The RRT’s support for the unhoused began almost immediately as a collaboration with RRT staff that included Dr. Purnell and Grace Kyung, along with volunteers Tammy Laws (St. Louis City CoC) and Karen Bradshaw (Integrated Health Network).

Outcomes

The Unhoused Campaign focused on three critical areas:

- *Pandemic Support for Unhoused Individuals:* Because of the already temporary and fragmented nature of housing services, it was difficult to effectively provide COVID information, PPE, testing, and treatment for unhoused individuals. These issues were particularly acute in the City of St. Louis, which has the largest concentration of unsheltered individuals and temporary tent communities. The RRT helped broker relationships between Affinia Healthcare and housing shelters, which provided direct outreach, education, and care at the shelters with plans to transition to long-term clinical care. The RRT connected The T and Dr. LJ Punch to expand a street medicine approach for COVID and other health issues. The RRT also extended grassroots efforts such as St. Louis Mutual Aid to provide direct resources to unhoused individuals.
- *Pandemic Support for Unhoused Service Providers:* Beyond direct support for individuals, the RRT also worked to ensure the CoC and other

service providers had the tools they needed to navigate the changing pandemic. The RRT provided clear guidance about what to do if a shelter resident or staff member tested positive for COVID, information on how to access PPE, and eventually how to provide vaccine education and direct vaccine distribution at shelters.

- *Connectivity to Broader Mental Health and Support Services:* The greater focus on unhoused supports during the early stages of the pandemic provided an opportunity to connect individuals to broader mental health and support services. The urgency of the pandemic helped the RRT broker direct relationships between the shelters and mental health providers, overdose programs, and other support services. The RRT distributed tablets to shelters for tele-mental health with support from the Incarnate Word Foundation.

The RRT’s campaign to support the unhoused found that even established efforts like CoCs could benefit from greater regional, cross-sector coordination. Unfortunately, as the early urgency of the pandemic subsided, it became difficult for already-overstretched providers to manage new connections to healthcare, mental health, and other support services. This reality demonstrates that service provider capacity drives the success of collective efforts like the RRT. Moreover, effective collaboration and organizational response requires both strategic regional coordination and increased resources.

Convening a Collaborative Action Network

As the RRT campaigns provided a framework for action, the Collaborative Action Network (CAN) was developed to foster and facilitate ongoing collaboration. Early in the pandemic, RRT partners asked to have a shared space to update each other, coordinate across initiatives, and immerse themselves in the RRT's commitments to racial and health equity. From these requests the CAN emerged. Participants included representatives from local bi-state governments, social service nonprofits, advocacy organizations, and other community leaders who were substantially affected by COVID, but operated outside the intense coordination efforts between public health departments and healthcare systems.

By the end of 2020, the initial cohort of 43 founding organizations expanded to 60—convening over 130 people in regular meetings, which continue today. At first, the CAN met weekly to share critical updates about the pandemic and to brainstorm where and how the campaigns should focus. Public health officials from local governments gave frequent updates to dozens of virtual attendees, as did representatives from the St. Louis Pandemic Task Force with which the RRT coordinated closely.

Katie Kaufmann, loaned staff support first from the United Way and then the Missouri Foundation for Health, worked closely with Dr. Purnell, Rebecca Bennett, and others to establish a mission, vision, and organizing structure for the CAN. This included aligning the RRT with existing initiatives and regional recommendations like Forward Through Ferguson and For the Sake of All, particularly in the areas of racial equity and health disparities.

The early stages of the CAN also served as a critical healing and restorative space in the midst of pandemic chaos, much of which was facilitated by Rebecca Bennett. It provided a platform for frank dialogue about existing power and racial dynamics in the region. The group frequently explored questions such as: Who benefits from the current system? Who needs to step up, or step back? How can we build deep relationships and accountability to each other in this work and acknowledge how systemic racism and interpersonal bias shape these spaces?

As the pandemic stretched into late summer 2020, much of the action-oriented effort shifted to RRT campaigns. Under Serena Muhammad's leadership of the RRT, the CAN continued its reflective work through a variety of capacity-building efforts focused on racial equity. As the perceived urgency of the pandemic faded, the CAN met less frequently but continued to share important updates. Facilitation of the group shifted to Carrie Crompton, who joined the RRT in April 2021 in a variety of organizational support and communication roles. She also led critical conversations about the challenges of returning to the office.

Today, together with Dr. Jackson-Jennings and the RRT Steering Committee, the CAN is reorienting itself to become a more active platform for relationship building, cross-sector coordination, and quick response when a new crisis or critical RRT focus area emerges. More about the future of the CAN can be found in the Strategic Plan Summary in Appendix A.



Kristen Sorth

Executive Director

St. Louis County Library

When the COVID-19 pandemic hit, St. Louis County Library was ready to answer the call. The library’s function as a community hub and its existing curbside pickup model meant staff could pivot quickly to address a wide array of needs the moment the lockdown began, including food distribution and book pick up.

The libraries' virtual programming and distribution of hotspots and laptops helped residents stay connected during isolation. Organizations such as the Little Bit Foundation, St. Louis Area Diaper Bank, and Operation Food Search used the libraries drive-through locations to reach clientele they otherwise would not have been able to serve. The RRT distributed personal protective equipment at many library branches. “So many organizations distributed so many things from our parking lot!” said Kristen Sorth, Executive Director, St. Louis County Library.

The COVID-19 pandemic reinforced the library’s role as a community partner. “We have 20 locations people feel comfortable going to,” said Sorth. “Libraries are safe and accessible. Nonprofits wanted to partner with an organization people already trusted, and libraries were the obvious answer.”

“At weekly CAN meetings with community partners, I saw people truly coming together to help the community,” said Sorth. “I’m proud of the fact that the library had a seat at the table during these meetings. **The Regional Response Team’s role as a community convener has led to new lines of communication, which will help us deal with crises in the future.**”

Sorth describes the RRT as necessary, stating, “The RRT is a collaborative effort in which individuals come together to determine what resources they need to solve a problem—and then they go solve it.”

Leadership Transitions and a Changing Pandemic

In late July 2020, as the CAN and RRT campaigns were in full swing, Dr. Purnell announced his departure as Managing Director of the RRT to join BJC HealthCare as their first Vice President of Community Health Improvement.

Purnell and the Steering Committee recognized the RRT's collaborative mission was as important as ever—particularly as the pandemic showed no sign of slowing down. The Missouri Foundation for Health, the Perishing Charitable Trust, and the St. Louis Community Foundation contributed multi-year support for the continuation of the RRT's work.

After a month of planful transition, Serena Muhammad—the Deputy Director of the St. Louis Mental Health Board and “loaned executive” to the RRT—was named the new Managing Director in August and agreed to serve for one year. Muhammad was already deeply involved with the RRT, having worked on community mental health needs throughout the summer.

Muhammad led the RRT from August 2020 to September 2021 and focused on continuing its existing campaigns, while also launching new eviction prevention and vaccine education efforts, organizing city-wide canvassing efforts to ensure residents knew about pandemic resources, and strengthening the CAN and its offerings.

Her leadership tenure with the RRT reinforced the importance of the RRT's alignment with adjacent efforts like the Community Health

Improvement Plan process at local health departments. That effort convened similar stakeholders to address long-term public health challenges. In line with her role at the St. Louis Violence Prevention Commission, Muhammad strengthened the RRT's focus on elevating community voice and priority setting. During that time, the RRT partnered with both PrepareSTL and the Community Health Worker Coalition, which were building closer relationships with community members and grassroots efforts. Together, these organizations held much of the power and resources to formally respond to ground-level needs.

Muhammad's tenure as Managing Director and the RRT campaigns launched during this time helped the RRT better understand its role in the St. Louis ecosystem—including its long-term orientation as a bridge between diverse organizations and communities.

Riisa Rawlins, Chief Operations and Strategy Officer at the St. Louis Regional Health Commission, who served as Co-Chair of the RRT's Steering Committee from early 2021 until the fall of 2022, also emphasized the importance of the RRT's focus on institutional change to address community-defined priorities.

With the expiration of Serena Muhammad's “loaned executive” status, Dr. Jackson-Jennings assumed the Managing Director's position for RRT on a permanent basis in September 2021.

After the late 2021 COVID surge, public attention shifted from COVID-19 being seen as

an acute crisis. Instead, COVID was viewed as another long-term health problem intertwined with the pre-existing endemics of systemic racism, income inequality, and critical service gaps. As a result, the bridge between institution-facing systems change and community power building efforts became more central.

Eviction Prevention

The Federal Eviction Moratorium, implemented at the onset of the pandemic, legally paused evictions across the country. The move prevented a housing crisis from striking the St. Louis region throughout the summer of 2020.

But as fall approached, much was unclear. How much longer would the federal moratorium be in effect? Would those who needed it most be able to equitably access new rent and utility assistance dollars? Was a less visible spike in illegal evictions around the corner? Several housing advocacy groups, including ArchCity Defenders, the Metropolitan St. Louis Equal Housing and Opportunity Council, and Legal Services of Eastern Missouri were active on the issue. But efforts needed to be coordinated to ensure local government partners were aligned with a wave of new rent and utility assistance funding.

In September 2020, Serena Muhammad tapped Erica Henderson, the outgoing Executive Director of the St. Louis Promise Zone at the St. Louis Economic Development Partnership, to lead the RRT's eviction prevention efforts, which are still in place today.

In 2020, Henderson and the RRT focused on:

- *Eviction Prevention Landscape Analysis and Report:* Henderson and RRT partners worked with Shift Health Accelerator, a national health equity consulting firm, to develop a landscape analysis of eviction prevention efforts in the region and a roadmap designed to improve them. Recommendations included building on existing infrastructure like the CoC and CIE to coordinate state and federal funds across local governments; improve data infrastructure; and enact a 100-day agenda for housing security. These actions informed future RRT efforts as well as a substantial report, "Strengthening Our System of Eviction Prevention," which was released in September 2022. The report may be viewed at: bit.ly/rrtevicitionreport.
- *Eviction Prevention Outreach and Coordination:* Henderson's past work with the City of St. Louis and St. Louis County enabled the RRT to support and coordinate outreach and rental and utility assistance distribution activities. This was critical, as both local governments relied on an array of nonprofit partners and intermediaries (some from out of state) to distribute millions of Coronavirus Aid, Relief, and Economic Security Act (CARES) and American Rescue Plan Act (ARPA) housing assistance dollars to local residents. In addition to supporting RFP development and assistance process improvements, the RRT also organized door-to-door canvassing in the City of St. Louis to ensure residents who could most benefit from assistance knew how to access it. Today, the RRT continues to convene a weekly eviction prevention strategy call with leaders from the City of St. Louis and St. Louis County, and a number of data partners.



Lee Camp

*Managing Attorney,
Civil Direct Representation
ArchCity Defenders*

How can you shelter in place when you are unhoused? What do stay-at-home orders mean for a person experiencing homelessness? It didn't take long after the start of the COVID-19 pandemic for housing issues to rise to the forefront. ArchCity Defenders worked to keep individuals housed at that time and continues to advocate for the unhoused as the landscape of the pandemic changes.

ArchCity Defenders is a nonprofit dedicated to holistic legal advocacy that offers free legal services to people in a variety of areas. Lee Camp, Managing Attorney, Civil Direct Representation, focuses on housing and homelessness issues, representing the unhoused in cases regarding exploitative practices, civil rights litigation, and more.

The Regional Response Team supported these efforts by providing research and data about eviction prevention. **“The Regional Response Team’s data collection efforts help us understand where we need to go knock on some doors,”** said Camp.

Camp worked tirelessly during the pandemic to centralize the St. Louis housing assistance process for the City of St. Louis and St. Louis County and to learn where evictions were being filed. Having a seat at the table during meetings in which the RRT team convened key individuals and organizations was vital to ArchCity Defenders’ success. “By pulling together the regional players and organizations with different perspectives and skill sets during the pandemic and now, the Regional Response Team catalyzes relationships and sparks conversations that can inform policy,” Camp said.

- *Eviction Prevention Data Infrastructure:* One clear need from the beginning of RRT’s eviction prevention work was precision. Where exactly were evictions taking place, and what landlords were most likely to instigate them? To tackle this issue, in January 2021, the RRT contracted with Tolemi, a national data management and visualization platform, and the St. Louis Regional Data Alliance, a local

collaborative seeking to align people using data to critical community needs. Tolemi began tracking evictions in the City of St. Louis and St. Louis County, identifying problem landlords, and coordinating canvassing efforts. In late 2022, the City of St. Louis engaged Tolemi directly to help manage a variety of data-informed housing interventions.

Although RRT’s support of eviction prevention efforts is ongoing, housing instability—propelled by predatory landlords, precarious employment, and structural racism—is one of the major drivers of regional injustices. The work also highlights the fact that barriers facing one local government are likely facing all, particularly within Missouri. Interpreting federal and state rules and organizing an equitable assistance application and distribution process continue to be challenges.

As the RRT’s eviction prevention report pointed out, greater and more intentional coordination among governments, nonprofits, and funders is necessary to address the immensity of this ongoing housing crisis. This is a role the RRT is in a prime position to play.

Vaccine Education

In late 2020, the federal government announced the availability of the first COVID-19 vaccines. Healthcare workers received doses by the end of the year, older adults followed in early 2021, and the general public began receiving doses shortly after.

Vaccine availability did not mean that everyone had easy access to them—nor did it account for the deep distrust of the healthcare system by Black and immigrant residents in particular.

While public health officials and health systems led the major vaccine push across the St. Louis region, PrepareSTL with the support of the RRT, created messaging materials to address vaccine skepticism and conducted direct

community outreach. Rather than trying to convince residents to take the vaccine, these efforts concentrated on providing clear health information so that people could make informed choices in the face of historically justified mistrust. Vaccine education materials were also distributed to residents through canvassing and direct mail during the summer of 2021 and reflected deep alignment between COVID’s health and social impacts.

Serena Muhammad initially led these outreach efforts with support from Karen Bradshaw. Later, Blessing Kuebee played a major role through the St. Louis Regional Health Commission. When this outreach campaign to vulnerable communities officially ended in early 2022,





“By pulling together the regional players and organizations with different perspectives and skill sets during the pandemic and now, the Regional Response Team catalyzes relationships and sparks conversations that can inform policy.”

—Lee Camp, Managing Attorney, Civil Direct Representation, ArchCity Defenders

the primary challenge was no longer ensuring that people knew the basics about the vaccine, but reaching some immigrant communities. However, other health and social service providers were in a better position to reach this constituency.

Vaccine education efforts continued on, however, in collaboration with Dr. Matt Krueter and Washington University’s Health Communication Research Lab (HCRL). Dr. Krueter successfully wrote three grants with the RRT as a major

partner, all focused on health communication efforts with seniors, youth, and the community as a whole. This included \$1.9 million in funding awarded from the National Institutes of Health (NIH) and \$500,000 from the Centers for Disease Control for grants focused on tailoring vaccine outreach materials to specific underserved populations and studying their efficacy. Much of this work is ongoing, and underscores the power of the RRT partnering with academic institutions alongside its local government and nonprofit collaborators.

Building Long-Term Infrastructure

“We need to forget about bridges and rivers.”

—Todd Barnes, Executive Director, Community Council of St. Charles County

When Dr. Jackson-Jennings joined the Regional Response Team as its first permanent Managing Director, she was no stranger to the RRT, having been involved since its inception when she was Director of Human Services for St. Louis County. Her knowledge of the local landscape—as well as her understanding of the need for intentional partnerships across local governments, nonprofit organizations, and diverse communities—made her an ideal fit for the role.

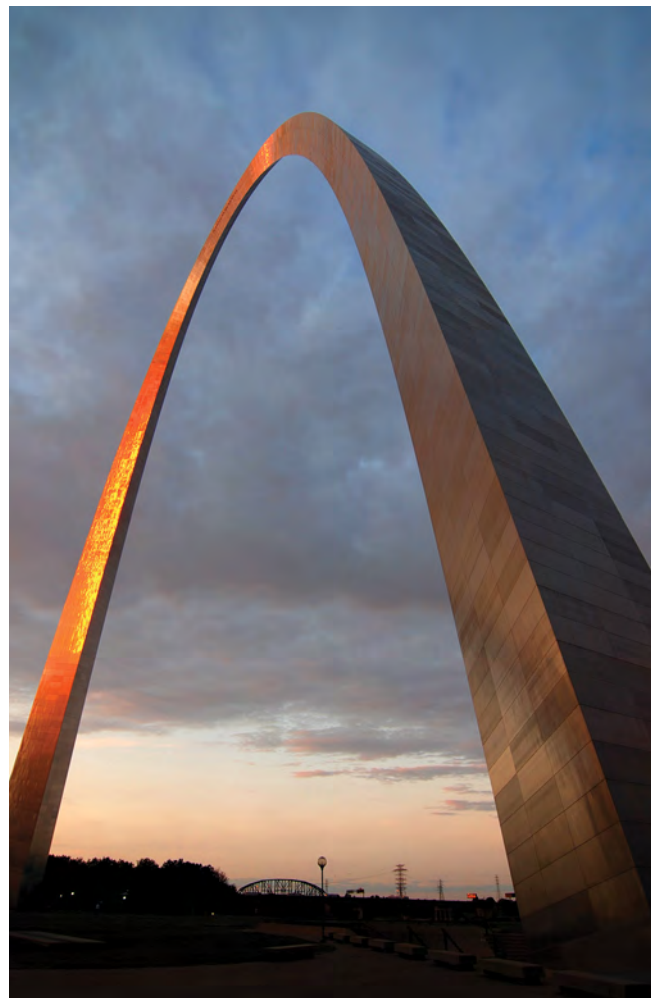
The fall of 2021 was also a time of transition in the pandemic: vaccines were widely available (though not equitably accessed); the Delta variant wave proved deadlier than anticipated; and Omicron’s sweep was on the horizon.

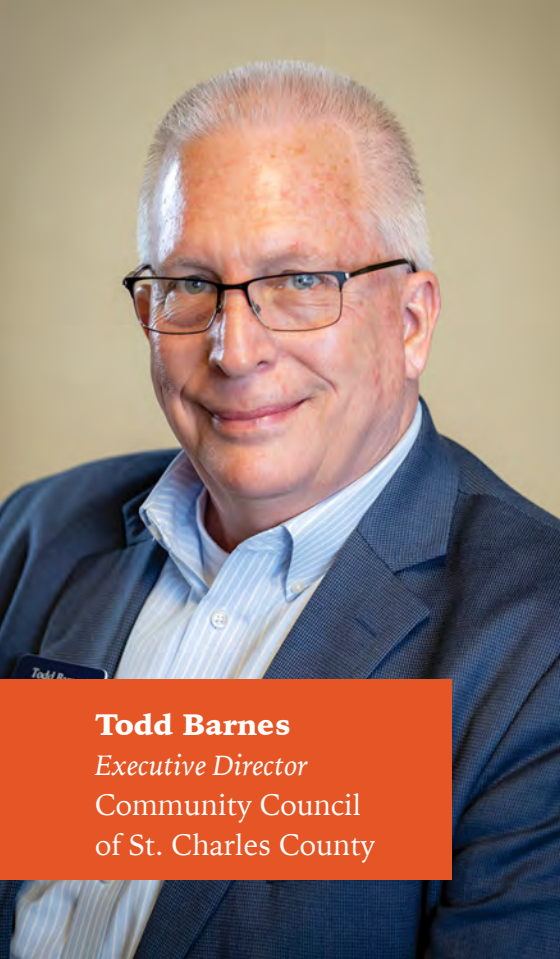
Although Congress passed ARPA six months earlier, the St. Louis region had not yet been allocated its share of the unprecedented dollars, which were to cover short-term crisis response and long-term recovery. Following the launch of vaccines, there was also a strong push for going “back to normal,” which was exceedingly difficult given new COVID variants. Such a move also masked the systemic inequities that continued to disproportionately impact communities of color, along with our disabled, immigrant, low-income, and older neighbors.

Dr. Jackson-Jennings met the moment. She continued the critical work of vaccine outreach and education, as well as time-sensitive eviction prevention efforts. She also helped transition the PPE distribution campaign to its long-term home at WIN Warehouse.

The Omicron wave once again illustrated how poorly protected most “essential workers” were—especially those at smaller community organizations—and the difficulties they encountered acquiring PPE and other healthcare supports.

Two years into the pandemic it became clear that vaccines and natural immunity from infection were not enough to eradicate COVID’s deadly and disruptive impact. The challenge for the RRT was ensuring community leaders and organizations would continue to take COVID seriously enough to dedicate needed resources for mitigation.





Todd Barnes

Executive Director
Community Council
of St. Charles County

When the COVID-19 pandemic hit, it paid no mind to the bridges and rivers that divide the City of St. Louis and St. Louis County from St. Charles and beyond. The Community Council of St. Charles County, a nonprofit organization with over 150 membership agencies, immediately zeroed in on the needs of fragile families in the communities they serve. Their services unite people, organizations, and resources from all sectors to build a stronger, healthier, and more compassionate community.

Todd Barnes, Executive Director of Community Council, attended Community Action Network (CAN) meetings during the height of the COVID-19 pandemic. “What stands out is how the Regional Response Team facilitated connectivity and communication,” said Barnes, who was introduced to many new organizations through his participation in CAN. **“Anytime there is a disaster, people want to help but sometimes don’t know where to turn or who to ask. It’s great to meet people who recognize and can support your work. Those connections will last well beyond the pandemic.”**

As if these challenges were not enough, new crises emerged:

- *Mpox (Monkeypox)*: The summer of 2022 brought a new health threat, Monkeypox.
- *Summer Floods*: Major flooding also hit the St. Louis region on July 26th, 2022. While existing infrastructure like the COADs (Community Organizations Active in Disaster) and United Way 2-1-1 helped mitigate the flood’s immediate impact, it was clear that there was still a role for the RRT to play in long-term coordination and recovery.
- *“Tripledemic”*: In late 2022 and early 2023, high COVID rates coincided with spikes in RSV and flu hospitalizations, especially among children.

These events indicated many of the pandemic’s ongoing impacts remained unknown. More importantly, COVID could and would

coincide with other unpredictable (and sometimes intergenerational) crises. All of this demonstrated the immense need for coordinating efforts like the RRT.

These factors also illuminated the RRT’s potential moving forward. How can the St. Louis Region meaningfully address long-standing disparities and systemic injustices through a deeply collaborative approach in the midst of ongoing health and economic crises? Dr. Jackson-Jennings and the RRT Steering Committee recognized that answering this vital question—and others—would require a deep strategic dive into the RRT’s future role and work moving forward.

The Road to Renewal

In February 2022, nearly two years after the COVID-19 pandemic began, the RRT continued to play a critical convening role with local governments and nonprofits, disseminating pandemic information and mobilizing partners through its Collaborative Action Network.

During this period, the Regional Response Team Steering Committee began to map out what the RRT needed to look like long-term.

As the Omicron surge faded, many viewed COVID response as less of a priority, but the RRT's eviction prevention and vaccine education campaigns were still going strong, as was winter support for the unhoused. Did St. Louis really still need a Regional Response Team and, if so, what should it look like?

When the Steering Committee and CAN membership were asked, the answer to the first part of the question was an overwhelming “Yes!” Rebecca Bennett reminded participants that the core of the problem “...isn't COVID, it's that our region doesn't work together—especially for those at the bottom of our social and economic castes.” The Steering Committee agreed that the RRT needed to be a permanent fixture with the infrastructure necessary to ensure that emergent and ongoing crises do not disproportionately affect people with the least protection.

Without replacing existing efforts or roles, those around the RRT table had the influence, resources, and power to help St. Louis equitably respond to these challenges and serve as an amplifier and “connective tissue” that enabled better response, better recovery, and more shared accountability.



What the RRT should look like in response to these challenges, however, was less clear. The early months of the pandemic were moments of clear crises that galvanized collective action; two years in, however, the pull of “normal” activity meant that it was harder to get the attention of cross-sector leaders to focus on common concerns, let alone address them in a more collaborative way.

The St. Louis region was also well aware of its challenges—decades of systemic disinvestment in Black communities, a shrinking population and economic base, the Ferguson Uprising in the aftermath of Michael Brown's murder, fragmented governments, and a nonprofit sector that was incentivized to compete with each other. Would the pandemic be yet another moment where the region stared directly at its wounds and, knowing how difficult the healing process would be, decided to look away?



RRT’s leadership spent the next seven months engaged in a strategic planning process to determine its long-term structure. The RRT hired Rebeccah Bennett and Jessica Perkins to help develop a new strategic plan. After a deep collaboration with RRT staff and 13 planning committee members during 22 planning sessions informed by 10 key informant interviews, and a pre-planning survey, a plan was produced that would cover the next three years of the RRT. (A summary is included at the end of this report as Appendix A.)

The RRT strategic plan features two major components. The first is a new collaborative solutioning structure that will serve as the primary platform for regional stakeholders to identify, investigate, and take action on a variety of acute and ongoing challenges. This new structure would:

- *Collaborate* and build relationships across sectors and geographies;
- *Advance* shared analyses;
- *Connect* siloed capacities and competencies;
- *Test* and scale solutions in real-time and over time, while also learning from its efforts to ensure continuous improvement.

The Strategic Plan’s second recommendation is implementing an infrastructure that *deepens regional collaboration*, which would include:

- Sustainable funding and staffing supports;
- Focus on communications and evaluation;
- Advocacy for necessary policy change.

While some of this focus mirrors typical organizational investments in staffing and internal capacity, the RRT clearly indicated that it had no intention of replacing or confusing the region’s existing emergency management infrastructure or competing for direct service dollars. Instead, the RRT will use these investments to strengthen and amplify existing community relationships and intermediaries however possible. This will expand the RRT’s role in strengthening a centralized system of crisis response that deploys critical resources in an efficient and coordinated manner across the bi-state region—alongside its other core functions detailed in the strategic plan.

This new structure seeks to mirror the urgency and open collaboration of the RRT’s early operations. When piloted in 2023, it will be applied to variety of critical issues, which are drawn from innovative community co-design processes and an iterative action-learning-action orientation.

Such co-design requires deep connectivity among those who have experience with the issues at hand, as well as relevant organizational expertise. Both can be leveraged to build upon



Deborah Humphrey

Executive Director
Madison County
Mental Health Board

The COVID-19 pandemic resulted in increased rates of anxiety, depression, and suicide, especially in young adults. Prior to the pandemic, the Madison County Mental Health Board’s providers were able to provide same-day mental health services. The average wait is now over two weeks.

How did it happen? Deborah Humphrey, Executive Director of the Madison County Mental Health Board, said the issues just kept adding up. “During COVID, housing was an issue. We had individuals experiencing mental health issues discharged from behavioral health units, but if they had COVID, there was nowhere for them to go.”

By connecting with the Regional Response Team, Humphrey was able to work with hotels in St. Louis that had beds available for the unhoused. **“If it had not been for the Regional Response Team, I don’t know what would have happened to those individuals,”** she said. Humphrey continued to connect with Missouri-based services, emphasizing that when a child needs help, their parent is going to get it for them, regardless of which side of the river they might end up on. But even today, Humphrey says providers cannot keep up with increased demand. Before the pandemic, school-based services would see 20 children in crisis per month. Now the number is regularly above 100.

“I’ve been partnering with people my whole career. It’s the only way I want to work,” said Humphrey. **“COVID made our community’s needs clearer than ever. Those needs are what brought us together, but by everyone continuing to bring something to the table, we’ll keep working together.”**

various existing grassroots initiatives and the RRT’s Collaborative Action Network.

The RRT’s Steering Committee envisioned this structure as being valuable not only for handling the next COVID developments, but also for addressing long-standing issues that drive racial inequity and community discord. These include: housing discrimination, the lack of healthcare access, public transportation gaps, and essential worker support structures. More detail can be found in the Strategic Plan Summary.

The journey of the St. Louis Regional Response Team—from responding to a once-in-a-century global pandemic to pushing for solutions to long-standing racial and economic injustices—underscores the need for a collaborative infrastructure that will heal and grow a uniquely divided St. Louis. Whether the work to come requires more or less emphasis on public health, housing, worker protections, or social services, the RRT knows that pursuing a just and equitable region requires collective action—a shared table for all stakeholders to listen, align, and act together.



Appendix 1: Strategic Plan Summary

Mission

The St. Louis Regional Response Team—which serves the City of St. Louis, St. Louis County, St. Charles County, Madison County, and St. Clair County—improves the health and wellbeing of underserved communities by mobilizing the nonprofit, philanthropic, and public sectors to collaboratively address life-threatening crises and system dysfunctions.

Vision

The RRT envisions a St. Louis region where:

- Collaborative, equitable, and effective responses to life-threatening crises and racial disparities are standard practice.
- New approaches to partnership transform organizational and systems behaviors in ways that remove race as a predictor of life outcomes.
- A culture of accountability emerges within the nonprofit, philanthropic, and public sectors that centers community priorities and experiences in decision-making.
- Marginalized communities, and the organizations that serve them, receive heightened levels of investment and support, eliminating the conditions of vulnerability that imperil their existence.

Guiding Principles

- We center racial equity and a commitment to anti-racism in all of our work.
- We partner intentionally with impacted individuals and communities.
- We orient toward urgency, solutions and coordinated regional action.
- We adopt the Robert Wood Johnson Foundation’s Health Equity Principles.

Core Functions

To generate the community impacts articulated in its vision and powered by its mission, the RRT performs five core functions:

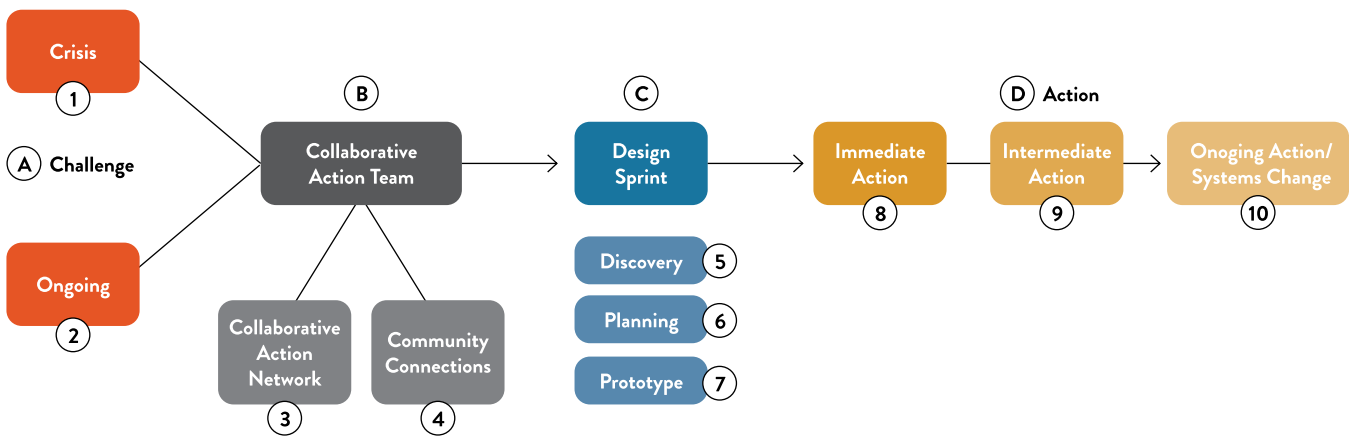
1. Strengthening a centralized system of crisis response that deploys critical resources in an efficient and coordinated manner across the bi-state region.
2. Providing support and resources to organizational and community partners that expand their capacity to engage in transformative action and that reinforce a culture of community accountability.
3. Bringing stakeholders and community members together to address community problems and respond to emerging trends and needs with a variety of flexible tools and capacities.
4. Advocating for the adoption of disparity-reducing policy and system changes, as well as process and practice improvements by policymakers, social service providers and funders.
5. Serving as an information hub that collects, analyzes, translates, and communicates critical information on crisis response and social determinants of health that is not otherwise available for service providers, policymakers, and the community at-large.

Collaborative Solutioning Structure

Historically, the RRT executed its core functions through issue-oriented community campaigns that addressed the negative impacts of the COVID-19 pandemic and engaged heavily in education and capacity-building efforts. Its presence helped facilitate and accelerate collective problem-solving, shared decision-making, aligned action and resource mobilization and deployment. As public attention to the pandemic wanes and its public health effects become more contained, the question for regional leaders to consider is how to preserve the RRT's core functions while widening its scope of focus beyond acute crisis response.

Planning participants identified a critical gap between the need for deepened collaboration and the presence of a civic structure that can build relationships across sectors and geographies; advance shared analyses; connect siloed capacities and competencies; test and scale solutions in both real time and over time; and learn from its efforts to ensure continuous improvement. Closing this gap requires the development of a Collaborative Solutioning Structure that can execute this work with fidelity and flexibility. For planning participants, this is a natural extension of the RRT's work, providing an "issue agnostic" platform from which to spur continued regional collaboration and transformation.

Collaborative Solutioning Structure Steps and Processes



A. The RRT's Collaborative Action Team structure will facilitate a real-time, partnership-oriented, and community-engaged approach to tackling important regional challenges through an innovative co-design and action process. The first step of the process is to identify an important regional challenge that should be considered by the Regional Response Team and its partners. Challenges are recommended/approved by the RRT Steering Committee and fall into two categories:

1. **Crisis:** These challenges are sudden, acute, and require immediate planning and action by RRT partners (e.g., COVID-19, flooding, recession).
2. **Ongoing:** These challenges require attention due to their significant impact on racial equity and community wellbeing in the region, though are not sparked by a specific crisis.

B. Once a challenge is identified and defined, a team is assembled with organizational and lived expertise to co-design a meaningful short- and long-term response. This team should seek a balance of perspectives and expertise while still enabling facilitation and deliberation (likely no more than 20 people). To make sure a fitting team is quickly assembled, stakeholders should also be regularly convened and connected through:

3. **Collaborative Action Network (RRT):** The RRT's existing table is sustained for ongoing relationship building and communication, with network mapping to understand organizational and personal roles and assets that can be leveraged toward a challenge.
4. **Community Connections (various):** Building upon the strengths and relationships of existing networks like the Community Health Workers Coalition and Alive and Well Communities, the RRT also supports ongoing engagement with residents to better understand ground-level realities and represent lived experience as (compensated) participants in design sprints. CAN members can also help recruit community participants depending on the challenge.

C. Once a challenge is defined and a team assembled, design sprints are held to better understand the issue, plan for action, and prototype change activities. Sprints can be condensed into a single day or spread across a number of weeks or sessions, either of which may be appropriate depending on the urgency and complexity of a challenge. Dedicated facilitators and co-design experts will assist the process throughout. Design sprints will move through the following stages:

5. **Discovery:** Building upon the initial challenge definition, further aspects of the issue are explored. Elements include an equity analysis, an understanding of communities and people affected, a root cause analysis, and other meaningful policy and system forces.

6. **Planning:** After an issue is fully explored, planning can take place for potential immediate, intermediate, and ongoing actions—including which organizations need to be involved, how much funding is needed, and how actions are prioritized based on feasibility and impact.

7. **Prototype (optional):** If possible and appropriate, a clearly defined challenge can be tested and explored through a smaller, simplified prototype that quickly (and cheaply) tests proposed actions and gathers more information before being introduced (ideally with an easily accessed budget of around \$10,000 and in-kind support from partner organizations).

D. Design sprints will produce a clear plan for action that includes immediate and intermediate efforts, as well as ongoing policy and systems change. Actions should be integrated into ongoing organizations and efforts whenever possible, though they may sometimes require a new effort to be created—and may sometimes sunset if integrated into regional policies, systems, and structures. Actions will fall into the following buckets:

8. **Immediate:** Design sprints will identify short-term actions that can be taken immediately to address the challenge—ideally with easily accessible funding (up to \$50,000) that can be deployed by best-fit partners and community members.

9. **Intermediate:** A number of intermediate actions should also be identified in a design sprint, as well as emerge from immediate action results and learning. Funding for these actions will likely require more traditional grant and funding mechanisms.

10. **Ongoing:** Every challenge is affected by—and can impact—ongoing policies, systems, and structures that must be addressed in pursuit of racial equity and community wellbeing. Ongoing actions should also focus on the infrastructure needed to connect and improve the region's capacity for continuous improvement and responsiveness.

Strategic Priorities

The RRT also engaged in an environmental scan and SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis to identify its best strategic role in the landscape—inclusive of the new Collaborative Solutioning Structure. Full SWOT details can be found in the full strategic plan. This analysis led to the identification of RRT strategic priorities.

Deepened regional collaboration is centered because it is the purpose for which the RRT was created. The region’s entrenched fragmentation in virtually every aspect of public, private and civic life, was a critical driver of its inadequate COVID-19 response and the profound loss of life and diminished wellbeing that ensued. Efforts to bring about a more racially, socially, and economically equitable recovery will require levels of regional cooperation that have, heretofore, only been sporadically achieved and seldom sustained.

The RRT’s intent, through this plan, is to strengthen the civic infrastructure needed to sustain heightened levels of collaboration and to obtain the resources (funding) and expertise (communications, evaluation, and policy advocacy) that will enable this infrastructure to generate community benefits for years to come. The full strategic plan (and supplementary appendix) includes detailed goals, objectives, timeframes, accountable parties, and success factors as a starting point to develop each of these strategic priorities over the next three years.

Call to Action

Successfully executing this strategic plan will require a significant investment of human and financial resources by the RRT’s staff, stakeholders, and community partners. Over time, however, the returns on this investment will include the development of a civic infrastructure that helps prevent the St. Louis region from falling back into a pre-COVID status quo that is racially, socially, and economically inequitable. This infrastructure, which crosses sectors and geographies, will support the region in evolving through its crises by resourcing new approaches to partnership that advance changes in values, relationships and structures. And these changes, when scaled and sustained, will help to ensure that more of the region’s residents experience lasting improvements in their health and wellbeing so that fewer are bound by the conditions of vulnerability that imperiled previous generations.



Appendix 2: Regional Response Team Partners

Supporters

Missouri Foundation for Health
St. Louis Community Foundation
Regional Response Fund
St. Louis Integrated Health Network
St. Louis Mental Health Board
The Pershing Trust
United Way of Greater St. Louis

Past and Current Partners

Behavioral Health Network of Greater St. Louis	St. Clair County
Catholic Charities of St. Louis	St. Louis Area Agency on Aging
Center for Women in Transition	St. Louis Area Foodbank
Chestnut Health Systems	St. Louis Area Regional Commission on Homelessness
City of St. Louis	St. Louis Area Regional Coalition of COADs
Connections to Success	St. Louis City Senior Fund
East Side Aligned	St. Louis City-County COAD
EducationPlus	St. Louis Community Foundation
Land of Lincoln Legal Aid	St. Louis County
Legal Services of Eastern Missouri	St. Louis County Continuum of Care
Metropolitan Congregations United	St. Louis County Human Services
Metropolitan St. Louis Equal Housing & Opportunity Council Oasis	St. Louis County Library
Office of Children, Youth, and Families, Mayor of the City of St. Louis	St. Louis Integrated Health Network
Operation Food Search	St. Louis Regional Health Commission
Paraquad	United 4 Children
Salvation Army Midland Division	United Way of Greater St. Louis

