FERGUSON COMMISSION MEETING

RECORD OF PROCEEDINGS

MAY 11, 2015

ST. LOUIS GATEWAY CLASSIC FOUNDATION

2012 DR. MARTIN LUTHER KING DRIVE

ST. LOUIS, MISSOURI 63106

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

I N D E X

FERGUSON COMMISSION

CO-CHAIRS

Rev. Starsky Wilson

Rich McClure

MEMBERS

Scott Negwer

T.R. Carr

Becky James-Hatter

Felicia Pulliam

Byron Watson

Daniel Isom

Rose Windmiller

Bethany Johnson-Javois

Gabriel Gore

Patrick Sly

Rev. Traci deVon Blackmon

Rasheen Aldridge, Jr.

Sgt. Kevin Ahlbrand

Also:

Monique Thomas

Jerrica Franks

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

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

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

Reverend Starsky Wilson.

REVEREND WILSON: Aye.

MS. JOHNSON-JAVOIS: Rich McClure.

MR. McCLURE: Present.

MS. JOHNSON-JAVOIS: Kevin Ahlbrand.

MR. AHLBRAND: Here.

MS. JOHNSON-JAVOIS: Rasheen Aldridge, Jr.

MR. ALDRIDGE: Present.

MS. JOHNSON-JAVOIS: Pastor Traci Blackmon.

REVEREND BLACKMON: Aye.

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

MR. CARR: Here.

MS. JOHNSON-JAVOIS: Gabe Gore.

MR. GORE: Present.

MS. JOHNSON-JAVOIS: Becky James-Hatter.

MS. JAMES-HATTER: Present.

MS. JOHNSON-JAVOIS: Dan Isom.

MR. ISOM: Present.

MS. JOHNSON-JAVOIS: Scott Negwer.

MR. NEGWER: Here.

MS. JOHNSON-JAVOIS: Brittany has an excused absence.

Felicia Pulliam

MS. PULLIAM: Present.

MS. JOHNSON-JAVOIS: Pat Sly.

MR. SLY: Here.

MS. JOHNSON-JAVOIS: Grayling Tobias also has an excused absence.

Byron Watson.

MR. WATSON: Here.

MS. JOHNSON-JAVOIS: And Rose Windmiller.

MS. WINDMILLER: Here.

MS. JOHNSON-JAVOIS: Thank you so much, Commissioners, for being in attendance

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

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

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

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

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

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

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

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

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

that's going to happen.

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

(Applause.)

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

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

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

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

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

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

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

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

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

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

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

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

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

MS. MONIQUE THOMAS: Thank you. Good evening.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

seconds left. All right. Looks like about -- okay word of mouth, about 31 percent was invited or heard about it via word of mouth or the website. Okay. About 60 percent, that's the case. Okay.

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

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

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

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

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

So thank you. That's the last question.

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

Johnson.

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

(Applause.)

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

(Applause.)

MS. JOHNSON-JAVOIS: Happy birthday to Becky.

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

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

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

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

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

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

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

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

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

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

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

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

focus, said the participant, in North County.

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

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

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

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

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

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

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

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

First, we will have Donna Pupillo.

Donna? And after Donna, we will have Bill Monroe. And after Bill Monroe, we will have Lynn Hunt.

Could you please pronounce and spell your name for --

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

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

them.

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

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

(Applause.)

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

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

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

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

(Applause.)

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

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

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

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

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

address.

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

(Applause.)

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

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

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

chief design.

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

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

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

MS. JERRICA FRANKS: After K.L.

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

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

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

It's what you're seeing right now.

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

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

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

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

forth. Thank you very much.

(Applause.)

AUDIENCE MEMBER WILLIAM BRUEN: I just have a question. William Bruen.

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

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

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

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

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

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

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

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

making health information accessible, understandable, and useful.

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

(Applause.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So health literacy is just a basic

understanding of staying healthy.

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

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

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

disparities.

AUDIENCE MEMBER: What are those zip codes?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

enforcement.

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

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

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

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

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

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

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

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

So I wanted to start with what does

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

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

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

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

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

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

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

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

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

Missouri. You can see that along the bottom.

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

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

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

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

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

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

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

But insurance is a good place to

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

Thank you for having me.

(Applause.)

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

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

The U.S. Agency for Health Care

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

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

(Applause.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

good job. People's runs three sites.

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

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

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

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

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

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

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

for outpatient services for those in poverty.

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

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

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

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

patients every day and what she sees.

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

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

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

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

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

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

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

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

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

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

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

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

was some stress in there somewhere.

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

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

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

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

(Applause.)

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

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

you in.

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

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

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

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

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

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

(A video is being played.)

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

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

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

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

very fortunate to be doing articles with them.

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

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

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

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

accepting (unintelligible) and centralizing decision-making processes.

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

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

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

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

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

Mr. McCLURE: Rob, thank you very much.

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

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

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

Okay. Seven minutes. Thank you all.

(A short break was taken.)

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

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

Any questions from the commissioners for Ryan or for Rob?

Commissioner Windmiller.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REVEREND WILSON: Thank you. Commissioner Blackmon.

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

MR. RYAN BARKER: That is correct.

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

preventative care?

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

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

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

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

that.

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

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

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

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

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

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

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

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

primary care more and the emergency rooms less. That's a good equation.

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

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

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

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

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

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

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

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

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

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

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

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

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

So the first time I called and made

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

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

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

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

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

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

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

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

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

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

REVEREND WILSON: Other questions from commissioners?

MS. PULLIAM: I have a question.

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

MR. RYAN BARKER: So we are -- the

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

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

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

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

making or looking at?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I hear on -- I've heard multiple

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

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

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

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

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

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

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

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

well.

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

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

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

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

Now the good news is we just pulled

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

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

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

I can guarantee, again, as the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MS. JAMES-HATTER: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

One important element in it requires

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

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

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

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

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

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

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

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

out of the Missouri State Supreme Court.

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

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

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

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

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

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

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

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

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

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

Are there questions from members of commission?

MR. CARR: All right. Thank you.

MS. JAMES-HATTER: Good evening,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

But I think an interesting thing that

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

held accountable.

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

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

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

So I think that wraps up the final

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

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

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

MS. JAMES-HATTER: Why 25?

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

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

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

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

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

Commissioner Pulliam and Commissioner Sly, please.

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

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

helpful in developing a path here.

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

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

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

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

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

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

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

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

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

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

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

outside the family cares about their child's future.

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

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

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

So we think this is a concept that

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

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

Rose.

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

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

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

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

MS. WINDMILLER: Thank you.

MR. SLY: Scott.

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

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

but others do. And it has to be set up that way. And there's a lot of I's to be dotted and T's to be crossed before we get there.

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

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

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

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

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

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

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

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

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

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

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

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

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

MS. PULLIAM: Thank you.

MR. McCLURE: Ms. Blackmon.

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

MR. SLY: What are you speaking of?

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

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

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

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

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

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

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

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

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

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

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

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

MS. JAMES-HATTER: Second.

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

(Aye)

MR. McCLURE: And those opposed.

(There were none opposed.)

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

MS. JOHNSON-JAVOIS: I just want to

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

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

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

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

MS. PULLIAM: Approved.

MR. GORE: Second.

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

MS. JOHNSON-JAVOIS: Yes.

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

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

REVEREND WILSON: I would have ask

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

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

MR. McCLURE: So we have motion to second.

MR. GORE: Second.

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

(Aye.)

MR. McCLURE: And opposed?

(None were opposed.)

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

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

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

All right. Second part then -- thank

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

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

MR. McCLURE: Yes.

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

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

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

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

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

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

If you go down, there's three other

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

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

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

navigate.

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

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

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

recommendations are formed by national models.

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

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

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

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

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

MR. McCLURE: I might just make a

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTARIAL CERTIFICATE

I, Tammie A. Heet, Registered Professional reporter, Certified Shorthand Reporter for the State of Illinois, and Certified Court Reporter for the state of Missouri and a duly commissioned Notary public within and for the States of Missouri and Illinois, do hereby certify that this meeting was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this record was made, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

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Tammie A. Heet, RPR, CSR, CCR

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