



HUMAN RELATIONS COMMISSION

Thursday, November 10, 2016

Community Meeting Room

Palo Alto Civic Center

250 Hamilton Avenue

7:00 PM

REGULAR MEETING

ROLL CALL:

Commissioners Present: Alhassani, Chen, Gordon Gray, O’Nan, Savage, Stinger, Stone

Council Liaison: Council Member Wolbach

Staff: Minka van der Zwaag, Mary Constantino

ORAL COMMUNICATIONS:

II. AGENDA CHANGES, REQUESTS, DELETIONS

Chair Stone: Any agenda changes, requests or deletions?

Commissioner O’Nan: I did want to bring something up and I’m not sure we are allowed to do this because of the Brown Act and the need to give notice on our agendas. I think many of us in the community were very disturbed by the recent national elections. I know places like Stanford are holding a convocation so that people can come together; reaffirm their values as a community and basically comfort each other in this very, very difficult time. I feel HRC should perhaps reach out to the faith-based community and other organizations and maybe spearhead a community convocation for Palo Alto. This needs to happen soon because of what’s going on nationally and we don’t really have time to wait until the next meeting and then plan and get into all of that. So, is there a way that we could even kick this idea around a little bit tonight or no?

Ms. Minka van der Zwaag: If it’s not agendized, we wouldn’t really be able to do so.

Commissioner O’Nan: Is this something that I could follow up with leadership on and see what we might be able to do?

Chair Stone: Yes, absolutely.

Ms. van der Zwaag: Certainly.

Commissioner O’Nan: Alright, thank you.

Chair Stone: Actually, I wanted to kick off the meeting sort of, I think a few words to reaffirm ADA. The City of Palo Alto does not discriminate against individuals with disabilities. To request accommodations, auxiliary aids or services to access City facilities, services or programs, to participate at public meetings, or to learn about the City's compliance with the Americans with Disabilities Act (ADA) of 1990, may contact 650-329-2550 (voice), or e-mail ada@cityofpaloalto.org. This agenda is posted in accordance with government code section 54954.2(a) or section 54956. Members of the public are welcome to attend this public meeting.

the importance of what a Commission like ours does. I think almost in no time maybe in the Human Relation Commissions history have we been faced with such an interesting time in our history and so much uncertainty, so much fear and this sense around the country that people's voices aren't being heard or that there was a fear that our country has started to go backwards or this fear of racism or sexism or whatever it may be. We have been seeing a rise in many negative movements around the country, whether it is a white supremacist or not. So, I do think this is a sensitive time in our country and in our city and so, I think with that idea in mind, we should just all be sensitive to that and recognize the importance of what we do on this Commission and the importance that our role can have within the community. Recognizing that and let's go forward and let's try to bring our city together, our Commission together, and make sure we go forward with a good fight of this idea that we are the Commission that is the real heart and soul of this community and we'd reached out with that and we watch out for those types of issues and bring that forward with us tonight and in the future. So, thanks for giving me that segue.

III. ORAL COMMUNICATIONS

Chair Stone: With that, let's move into oral communications from the public. Do we have any?

V. BUSINESS

1. Mental Health Learning Series – Dr. Steven Adelsheim, MD, Clinical Professor and Associate Chair for Community Engagement. Director, Stanford Center for Youth Mental Health and Wellbeing.

Chair Stone: Minka, do you want to introduce our speaker?

Ms. van der Zwaag: We have with us, on our continued mental health series that we've enjoyed having the last several months, Dr. Steve Adelsheim from Stanford University Medical Center and he is the Director of Stanford Center for Youth Mental Health Wellbeing. I know Steve most directly from his work with Project Safety Net of which we both serve on the Leadership Tteam and have been impressed with his dedication to youth wellbeing, the experience that he brings to Palo Alto and the passion that he has for what he does and for some new projects that he's working on, that I am sure he will talk to us about tonight.

Mr. Steve Adelsheim: Thank you Minka very much for the kind introduction and then Commissioners, let me thank you for being here today and your interest in mental health related issues and the importance of that. I wanted to cover a couple of things with you tonight. As Minka said, I am the Director of the Center for Youth Mental Health and Wellbeing in the Psychiatry Department at Stanford. I also am actually the Associate Chair for our Department for Community Engagement. Some people are surprised actually that Stanford Psychiatry Department would actually have a focus on community engagement because I think traditionally, that's not something that our institution is always known for, to be honest with you. We have these five components of our vision and when people think about our department, they mostly think about the research and the clinical advancement and the education but not as much about our role, in terms of community partnership and our concern about ensuring that we are training people who will become good community and hopefully, regional and national leaders as well. People know about our department and really in terms of being a research institution. We had a very good year this year. One of our better ones in terms of building out additional research

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support from the National Institute of Health, with quite a few new research dollars focused on basic science and other related programs in psychiatry and behavioral health. What you also see there are some of the numbers in terms of our outpatient clinic visits and when we think about the clinical services, you know, as much as I represent the psychiatry department; our endeavors around clinical support also really link to Lucile Packard Children's Hospital, Stanford Hospital and clinics and then we are a part of the medical school and so the interfaces, really with the two hospitals and our department, providing the psychiatric and psychological services and then our training programs often based out of our department, interface and work with people in the hospitals. As you see there, even in terms of the 72,000 visits last year that also includes the sleep clinic, which is also considered part of the psychiatry department as well. You see there are some of the numbers in terms of people involved in education, including sort of conferences we've done and other kinds of things. Our psychiatry residency is gaining a lot of prominence as well and as a department, in an effort to meet the broader clinical need, we are growing and we are growing quickly. Frankly, one of our limitations is space, as you might imagine. You know, as we've had a need for more adult and child psychiatrist to be able to see people clinically, we're running out of room. So, then part of the issue is where do we put other clinicians and as the Stanford system has moved out more across the peninsula and Bay area, we've started to expand clinics into -- and I'll come back to that -- into Mountain View and Sunnyvale and other areas as well but even locally, here, we need to figure out to be able to fit, you know, the providers to be able to support the broader community need in terms of mental health care. I'm going to talk first about the adult and the sleep program briefly because I really want to focus more of my time on the child/adolescent issues because they are so relevant to the community. This is just a list of the different clinical programs that are on the adult side of the system. You see really quite a variety. Some of them are clinically based, tied to certain diagnostic categories and some of them are really sort of broadly providing general support to get people in early and quickly and provide early support and service. Some of them are really very specialized though different illnesses with teams that have a great deal of expertise in certain diagnostic areas as well and sometimes there's clinical research that is linked to the clinical programs also. In terms of the sleep programs, really sleep medicine began at Stanford, with Dr. Dement. I first worked in high school in a sleep clinic actually, I grew up in Pittsburg but he was one of the people we talked about all the time as I started working in sleep medicine in high school. The program here certainly is the finest and they provide a great deal of support across all aspects of sleep as well.

Commissioner Gordon Gray: I'm curious about dentistry.

Mr. Adelsheim: So, dentistry is related because often people need devices to help them with sleep and palate changes or people with sleep apnea, sometimes will use a device to shape their mouth differently, to be able to open their air way and things like that. The dental components end up being a part of the sleep medicine as well. Then there are another range of clinics, you know we have a partnership connection with the Veterans Hospital both in Menlo Park and Palo Alto and strong connections with them and shared faculty between them and provide support. There's a medical student clinic, the Positive Care Clinic is where people with HIV and sexual transmitted infections as well and then a number of other genetically specific questions. We also have quite a range of programs that involve broader national support. This is just one example of those. I'm the director of PEPPNET, which is a National network supporting programs across the country that is growing up, focusing on early psychosis. The federal government has put more

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money into the mental health block grants for every state to support these first episode psychosis programs beginning two years ago. So, every state gets an additional 5% of their federal block grant to start these programs and then so with all of our counties, they each get some additional money to start this and because they are proliferating so quickly, there's a need to organize them for common training, to make sure they work with fidelity and are evidenced based and things like that. I want to shift and really talk about youth because I'm a child psychiatrist by training and this is why because, you know for me, it's really been about how do we find young people with mental health issues early and provide them the support they need to get good care. Just like we would do for any other medical condition but we certainly don't do it as well for mental health as we do it for most anything else. People are generally very surprised to find out that half of all mental health issues start this early. When we look at – this is a diagram basically just shows the incidence of disease across the lifespan and if you look at between the ages of 10-30, really the primary medical issue is mental health, by a large degree, compared to other types of medical conditions. When we think about mental health and developing systems, this is a continuum, sort of created by the institute of medicine and I just put it up because it's the road map that I and others use when we think about mental health services because we're not just thinking about, well we need patient beds or we need an outpatient clinic but really just like any other public health related issue, how do we create that whole continuum of support? Ranging from health promotion, which is where we're talking about getting good mental health care. How do we become resilient? How do we learn to manage stress? Frankly, the anti-stigma messaging goes there as well to all the different components of prevention, case identification is really how do we find young people at risk and link them to service and provide that early support. Then how do we build those early intervention treatments and then those other ones for people that need longer term care? In terms of our child programs, we have very active clinics that are based out of 401 Quarry Road which is where our primary child psychiatry clinic is but we also have an eating disorders program. The 15-bed unit is actually over at El Camino Hospital and we rent space from them to do the unit there for eating disorders. Then we had this consultation service that's built into the hospital as well. When you look at our child psychiatry program, we're certainly larger than most of the programs around but we're still obviously not big enough to meet the need at this point and as you see, we also have a very active training program, which is actually fairly large in child psychiatry. It's a two-year training for people that have done at least three years of psychiatry residency and they come and do two years with us before then, they are completing their training in both adult and child psychiatry. Then we have psychiatry residences in our general program, 80 year, rotating through the child side and then we have psychology post-doctoral students as well as psychology interns and have a large partnership actually with Palo Alto University, for pre-doctoral students that are also very involved with our program as well. Part of what our goal has been is to increase access and build more support and we've made strong efforts to increase the number of visits that have happened on the child side. We've had some new programs that have developed for youth at risk, youth with suicidal issues. The Inspire Clinic that I direct for young people with early signs of serious psychiatric illness that might be losing touch with reality. We also have a number of programs that focus on sort of medical interface with psychiatric conditions and are building out our family therapy supports. Some of the immediate ones that have happened over the last year; really somewhat in response to the needs to the community here and particularly the high schools, have been the crisis stabilization and short term treatment program, which really has been made available to young people that are coming out of the emergency department at Stanford, that are local or that maybe

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referred by the school district. We also are developing intensive outpatient programs and actually, we're going to be partnering probably with Mills Peninsula to start managing a component of their adolescent in-patient unit to be able to manage some of the support for young people there as well. This issue is one that's been very important for everybody here obviously, and Minka has talked about Project Safety Net. I've actually only been here three years and I'm also the parent of a 10th grader at Gunn High School and I have three other older daughters that have graduated from college. I've become involved – I was in New Mexico for 28 years and did school mental health and early intervention work there and a lot of community based work and did suicide response when there were clusters in New Mexico as well. I have worked with Dr. Joshi and now the people at Project Safety Net to become involved and the response there and at this point I am co-chairing the group looking at the infrastructure for Project Safety Net and how to help support it to become more sustainable over time. The HEARD Alliance is a group as well that's mostly made up of health and mental health professional organizations, that started at the same time or soon after Project Safety Net and that groups are made up of people from PAMF and Sutter Health and El Camino and our program and some others from the suicide prevention; correlation from the school to be able to address mostly suicide prevention and anxiety related issues. As I mentioned, I direct our Center for Youth Mental Health and Well-Being. We have been involved in a number of different areas. One of the things we were just talking about was we did our first regional conference on youth mental health and wellness this August 5th and 6th. We'd never done this before. We actually held this in South San Francisco so it would be an accessible regionally but we had 400 people come from across the Bay Area. We had multiple target audiences. You can see with tracks for different groups and it was an important thing to bring youth and families together with policy makers and others to have some pretty important dialogues about mental health care. One of the things that I just wanted to mention and given our discussion before, we did some focus groups, probably almost a year ago, with families from Sarasota and Santa Clara County, looking at the mental health needs of the community. What was working and what wasn't working and had some specific sub-groups supporting the Asian community. One of the things I want to mention about I guess it's now probably a year and half ago, after the third young person has died by suicide from Palo Alto School District. There was a recognition that the three young men that had died by suicide were all Asian young men and that it seemed very important to look at ways to particularly support that community as a result. After, that that third loss, a number of us came together in our department with some of our trainees and discussed the need to think about a quick cultural response. So, we contacted the school and people from the City, AACI, Asian Americans for Community Involvement, Palo Alto University, county programs and put together a network to focus on Asian family mental health support. We put together a conference and a panel that was all Asian mental health providers or people with lived experiences or family members on five days' notice at Palo Alto High School. We had 250 people with 5 days' notice with Mandarin interpreters and since then that group has continued to meet and go to other efforts for the South Asian and Indian community and have been focusing on how do we build other opportunities for that type of support. These focus groups came from that as well. I know just because Commissioner Chen was asking me about this, I just want to not so much go through all of the issues but part of the things that emerged from this were around stigma and concerns for young people as well as their families, about what it would mean to walk in for support and then also some issues really, about going into schools. Some of the young people were concerned about, what if their friends saw them go in and would they think there was some other kind of issue? Families struggled with

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how to provide support as well. So, these were some of the findings that the stigma was a huge barrier, in terms of talking about mental health issues in homes and some of the other issues. The cultural expectations and some of the Asian families were also barriers with the generational issues and I can talk with you more off line about some of this. Part of what this sort of led to for us was the need for building easier access to early mental health supports for young people and then the need to expand more culturally based supports which we can have continued to work on. Minka mentioned the Head Space piece and one of the things I wanted to talk to you about is that we've been looking into developing some alternative sites and models for early mental health support and one that we've been interested in is this model out of Australia called Head Space. This is not the meditation app but these are clinical sites that young people, 12-25 walk into on their own or with a friend or maybe with their family for early mental health support. Australia is half the population of California but they've built over a hundred of these sites across the country and have made a real commitment to youth mental health and then with that have expanded some of the early psychosis program efforts and linking them to these. As you, they also have some primary care support, alcohol and other drug and some links for education and employment. Part of what's important is that these sites are youth friendly. They all have youth advisory boards, guiding how they look and the services they provide. They try to have young, youth friendly staff that – this is from one of the sites in Australia – that really try to make these comfortable places for young people. They have many sponsors nationally across Australia, including some of our local partners so; it would be great to get some of our local partners involved in something like this and in this community, as well. Part of the challenges of doing this, you know these models is, as much these have been replicated in Ireland, Canada, Israel, Denmark, they're all countries with National Health Insurance. One of the issues with us is the financial modeling of these programs and how to support young people; that anyone can walk in and frankly, in a community like Palo Alto, where most of the young people are insured. It's more complicated than if we were working with a population where most of the young people are on Medi-Cal because part of the issue is how do we bring the commercial payers to the table to be partners in an effort like this? We're starting to have those discussions but I think it's going to be one of the challenges when we cost out the finance. It's more complex and complicated and expensive to do these programs in communities like Palo Alto then maybe in San Jose, for example. Nonetheless we've been talking quite a bit with Santa Clara County. They have made a commitment to start the first Head Space site in the United States, in this County and they're going to use some of their mental health intervention grant funding to do that. Part of the issue will be where we do it and where we can find a site and how we build the finances and the partnership to do that. We are continuing to work on that. We're working on our youth advisory board development. Supervisor Simitian took the county request for funding for some start-up positions for us. We've been very excited that we're going to be hiring a youth development specialist and a school employment specialist with support from the county to help us kick these programs off the ground. We have a number of great partners who are working with us; a number of other agencies. We're grateful for Project Safety Net has joined up as a partner as well and some of the other mental health agencies have signed on to be of support – wrote letters of support for our funding so we've been grateful for that as well. So, that's it. I wanted to just – one thing I just wanted to quickly to put back up there for you is this website. This is one of our responses to support for Asian community and this is that same group that started meeting way back when. Our department started putting together some community presentations where people wrote vignettes around where family and parent child communication had gone wrong and they act

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them out and then have a mediator come in; people stay in character and talk about why it went wrong and then try and do it again with additional support. So, all these people have been either trainees in our program or there's Dr. Rona Hu who's one of our faculty members on the inpatient unit and some of our other folks. We've been doing these at Paly and at Gunn and now Mills High School and their getting requests more broadly across California. They've already been invited to Hong Kong to do these because people are finding that this is a really valuable model for families actually, we've gotten a great response. This is a little bit of where their presentations have taken place so far. That's been part of the responses as well. They're now starting to write vignettes for the South Asian community as well and starting to perform those. I used all the time so forgive me. No questions, thank you very much. It's been a pleasure.

Chair Stone: Thank you so much, that was great. Because of time and because we have such a crowded schedule, I was just going to ask the Commissioners to keep it to one question. Keep it brief. Does anyone have any questions?

Commissioner Chen: What I'm interested in, last month we had someone from Adolescent Counseling Service come. How do you collaborate between Stanford vs. their organization?

Mr. Adelsheim: We are actually partnering pretty well. They're on our list of partners actually, on the Head Space site development too. For example, at the Wellness Centers, at Paly and Gunn, , Adolescent Counseling Service has counselors there and therapists that work at those sites. We also have a contract to provide child psychiatry support as well as – throughout the school district and have a contract with the school district to do that. In addition, as we're trying to put the Head Space model together, I have a sense that we will be providing some of the organization and coordination, some of the child psychiatry support. Adolescent Counseling, as you know from their presentation, also has a strong focus on addiction support and substance abuse as well as support for the LGBT community. As we've talked to them about putting these programs together, those are the areas where they would like to be the primary care provider of service. Philippe and I have lunch regularly and check in and continue to find ways to collaborate on our work.

Commissioner Chen: Good. Glad to hear that.

Commissioner O'Nan: I have a question as well. I was so impressed with all the different outreach efforts that your team has been able to make, especially to the Asian American community, which as I had mentioned before this meeting can sometimes is difficult for us to reach. I'm wondering if you think it might be possible for one of the vignettes to be performed at an upcoming mental health forum that the HRC would like to put on next year.

Mr. Adelsheim: I'm guessing they would be very excited to do that. I certainly think we could plan for that, going forward and I can talk to them. You know, you can go online to this website and you can watch them all and you could probably even ask for the one that you want.

Commissioner O'Nan: Thank you so much.

Mr. Adelsheim: Sure.

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Chair Stone: Anyone else? Vice Chair Stinger.

Vice Chair Stinger: Thank you. That was fascinating. The question I had was you were looking at what it would take to make Project Safety Net sustainable.

Mr. Adelsheim: Yes.

Vice Chair Stinger: I wonder if you could elaborate.

Mr. Adelsheim: I'm late to the partnership with Project Safety Net and so, as someone who's only been here a few years, I've required Minka and others to help me understand the context and the history. My sense of Project Safety Net is that it's gone through several different iterations, structurally over time. I think one of the things we're trying to sort out is at the end of the day; you know to what degree it should be housed specifically with its support for the city. To what degree do we continue to maybe ask some of the other partners in the community to take on a broader formal executive leadership role? Do we look at this becoming ultimately a non-profit or a 501C3, either on its own or embedded in some other structure? As a leadership group, we're right now struggling with some of those questions and then I think we will take them to the city, the district, probably Lucile Packard. They continue to pay for part of my time and Dr. Joshi's to be involved with some of these efforts as well. There are a number of different important partners that have been putting money and support on the table and I think we want to think about how to coordinate that effort and how do we develop a way to build more support? At times, for example, I've been involved in programs where I came from, where we would apply to the federal government for funding for community collaborative kinds of efforts like this but we don't have a structure that really allows us to do that at this point in terms of some of those mechanisms or even some of the other foundations we could be approaching. We're trying to figure out some of the funding and then the sustainable home, where there's a broad formal shared commitment structure potentially over time. Does that help?

Commissioner Alhassani: Thanks again for the presentation and for the work that you do at Stanford. On the Australian model for Head Space, are there like any metrics to see – move the needle on sort of issues on having over a hundred centers?

Mr. Adelsheim: It's interesting so, they've been around for about 10 years now and they've been growing so quickly. Partially because there was so much appeal of the programs to people around the country, that the legislators across Australia started clamoring to have one in each of their own sites. Then you also saw this increase in funding every year so they went, probably too quickly from 15 to 30 to – you know, they kept growing programs really fast. In terms of the evaluation, you know what they've really been able to show is probably improvement in 40% to 60% of the young people that you could really document in terms of clinical improvement, the average number of sessions is like 4 to 5 sessions. I think as we look at this model, we're really talking about starting with just several sites, with a very solid evaluation and really part of the issue with us of engagement is to be able to see young people more frequently but then really have a broader evaluation component. I would say at this point; there've been some benefit. I mean, one of the things that's hard is what you also can't see is the number of people who are

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forgetting early services, are not presenting so much to hospitals and things like that and are not tracking relationships around; are there decreased suicide rates now nationally? Are there decreased hospitalization visits? They're not looking at them in a way to potentially link them at this point so, it then gets hard to answer the question. Thank you.

Chair Stone: One last question, if I may, you mentioned that you've studied how different cultures have different norms, then that determines how they reach out when they are suffering from mental health. Have you studied other cultures? I mean you've mentioned Asian Americans, have you studied Hispanics or any other type of cultures around here?

Mr. Adelsheim: I spend 28 years in New Mexico and a lot of the work that I was involved in and yes, was supporting Hispanic and Latino communities there but also with a really active focus on Native American communities because they have the highest youth suicide rate in the United States. A lot of the work we did was really around looking at multi-generational solutions that were culturally based and even knowing the different tribes in New Mexico; were different enough to need different appropriate culturally based solutions. Frankly, part of our discussion was on the process piece. How do we look at multi-generational interventions that support healing that supports communication? Which I think become relevant to many, many cultures and then how do we translate that, whether it's for Mandarin speaking community or Chinese speaking community or Cambodian community or Hispanic communities as well? So, I'd say our initial focus as a group has been on supporting the Asian community here specifically because of the sense of needing to respond around the particular strategies in this community. I think when we are looking at how do we apply these models to other cultural groups as well and as we look at sort of developing sort of Head Space models, one of the things about the models like that is really the marketing, the direct marketing to young people needs to be culturally appropriate. Even in Australia, they developed a whole different marketing plan for the Aboriginal community than they did for the rest of the country. I think for us, one of the things we need to think about, depending on where the site is, is how do we work with youth and families from the different cultural groups from Santa Clara County? To be able to come up with marketing tools that will specifically address, sort of the appropriate cultural groups. It's just something that we're very conscious of and I think we need to expand further.

Chair Stone: Ok. Thank you so much for your time. We really appreciate it.

Mr. Adelsheim: Forgive me for my technical issues and thank you for solving them.

Council Member Wolbach: Not a problem.

2. Update and Approval of Project Sentinel's new mediators.

Chair Stone: Ok, we'll move onto our second item of business. The update and approval of Project Sentinel's new mediators.

Ms. van der Zwaag: I'd like to invite Paul Hebert and Karen Michael, who was a facilitator for one of our HRC retreats a couple of years ago. So, please come forward. Have a seat. As most of you know, the HRC plays a key role in liasioning to the Palo Alto Mediation Program. The city has a contract with Project Sentinel to provide mediation, neighbor to neighbor, landlord to the

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tenant and as the city's main response to the Mandatory Response Ordinance. They also bring their mediations, the names to the HRC for your recommendation of approval. They do all the wonderful training and I'm not going to steal more of your speech but I wanted to give at least a little bit of the context to the Commissioners.

Ms. Michael: We don't really have much of speech.

Ms. van der Zwaag; That's ok.

Ms. Michael: Did you want to say anything first?

Mr. Hebert: No, I'm here to support...

Ms. Michael: Oh, ok.

Mr. Hebert: ... and answer questions.

Ms. Michaels: Alright. Well, I'm here to talk about our new mediators and our recruiting process. Our bylaws allow for a maximum of 25 mediators; voting members and those are the active members and then we can have up to 8 emeritus non-voting members. Our members are appointed for two-year terms and we pretty much start the process in January and end it in December. In January, we had 18 voting members, including 14 whose terms were expiring, so their two years were up. 13 of the 14 reapplied, 1 became emeritus. So, we had 8 openings for new mediators. Our application process goes until March. We got 14 applications and a selection committee interviewed 10 of those people. We offered positions to 7 candidates, 1 withdrew when he learned that the city would not pay for the 40-hour training that is required of all mediators. It's about \$700 and one candidate schedule kept her from being able to do the training. She looked far and wide and we require community mediation training as opposed to commercial mediation, like lawyers do and you'll know why in a moment. We're here to ask you for approval of the five new mediators that we've selected and then the 13 people who have reapplied. That will bring our current total to 22 voting members and if you have questions about the numbers, he's the guy. All 5 have been assigned mentors in our program. They've completed the required 40-hour training. They've had their first orientation session. They have observed a mediation. They are now being assigned to co-mediate and once they have completed that process and you know what that is Shelly, looking at you. Once, they've completed it, they're going to be allowed then to volunteer for mediation cases. They completed, I said one orientation. The second orientation is scheduled for December 12 and that's to talk about the mandatory response program. We will be here later this year to talk about the mandatory response. So, we have the five people who have been recommended by the selection committee for appointments this year in alphabetical order and I wanted to mention just a few words about each one. So, you will know about the kinds of folks we're talking about. The first one is Stan Freedman. He is from Boston. He practiced law there for over 42 years and in 2014 he retired to Palo Alto to be with his grandchildren. Gabriel Kralik he grew up in Ohio. Became a chemical engineer and studied law at Notre Dame. He moved to California from New York in 2001. He continues to practice law and he has been mediating with the Santa Clara County Dispute Resolution Program, the county mediators, since 2014. He's done over 200 cases so, he's quite experienced in mediation. Ruth

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Maurice is the third. She was born in London. She grew up on the peninsula. Went to Castilleja and then graduated from PALY. She went to Harvard got her JD from US Davis. She too is associated with Santa Clara County Dispute Resolution Program, where she currently supervises the county's victim-offender mediation and restorative justice programs. The fourth is Dimple Pajwani she is our youngest new member. She is not an attorney. She recently moved to the Bay Area from London. Neither of these folks from London have British accents. She has trained herself and taken formal training in non-violent communication and transformative mediation and she co-founded and led a practice group in her community. She is currently director of the hematology and oncology service lines at Lucile Packard's Children's Hospital at Stanford. The fifth is Gayle Shulman. She moved to Palo Alto from New York when she was in high school and she graduated from PALY. She got her JD at UC Hastings. She's practiced law for about 30 years and she recently started a legal consultation practice so she has more time to do things like mediation. So, those are the five. I'll just give you the names of the 13 that have been recommended by the selection committee for reappointment. They are Gillian Barsley, Aruna Bellary, Jeff Blum, and Katherine Clark. A name some of you might recognize Martin Eichner, Megan Gorman, Rick Gross, Dyane Matas, Judith Stewart, Pam Sturner, Sarah Tkatch, and Anjali Vishwanath. All 13 of these folks have met our requirements for participation so I didn't put anything else in here about them. That is my whole spiel. We're here to ask you to approve these folks.

Chair Stone: Great, thank you so much. We're so fortunate to live in a city to have such talented volunteers to mediate. That's incredible. Anyone have any questions or concerns about the various applicants?

Commissioner O'Nan: I just wanted to say that I did have a chance to look through the bios that you and Paul provided on the new mediators, and I was very impressed that we have this level of talent and people willing to step up to spend their very valuable time on giving back to the communities. I was just so impressed by your recruitment efforts. I just want to say; I think you got a great crop of mediators this year.

Ms. Michael: We think so too. Everybody in this group is very active too.

Mr. Hebert I'll comment that we wanted more, right, we asked for seven of the 10 that we looked at. That's a challenge to onboard that many people into a program like this because the flow of mediation opportunities is such that – you know it is 5, 6, maybe 8 mediation opportunities, depending on your schedule. It takes a lot to get all these people on board. We wanted them all so much.

Commissioner Gordon Gray: How many people applied? Did you answer that question?

Ms. Michael: 14 applications came in.

Commissioner Gordon Gray: Is that allowed or is that not allowed or were you satisfied with that number?

Ms. Michaels: Definitely.

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Mr. Hebert: That's phenomenal.

Commissioner Gordon Gray: It seems smaller.

Mr. Hebert: Sorry, in my role as the guy that answers the phone for this program. Occasionally, I'll get a random call during the year, like oh, I've just moved to this area and I'd like to – you know, I heard about the panel and I'd like to be on it. I let them know, well the opportunity will come up come March and so, I collect applications during the year and I'll usually see three or four. Then when we advertise it, we'll get a little bit of a flood more but it's unusual to get very much more than we got. In the three years, I've been here that was pretty average.

Chair Stone: Do you think a part of that was because the city requires these mediators to go through – to pay for their own training? Do you think if we paid for the training for them, would that increase the incentive? I seem to have a smile.

Ms. Michael: \$700 to be able to volunteer to do something for you community is a lot. It did stop one really excellent candidate from continuing. He was somebody that we did want in the program.

Mr. Hebert: It was for him a bit of matter of principle. He's certainly able to afford to do it and I don't think that even though that is part of the information that is available to them and I certainly tell anyone that's interested, that there is this requirement and that they'd have to fund it themselves. It doesn't stop people from applying that I know of but it was a snag for this one candidate and occasionally, we have someone with a hardship. I also wanted to acknowledge that the city did chip in for what they had to pay, the people who go through the training. We appreciate that and it wasn't part of the budget per say and in the past, it hasn't been a huge barrier. It's just something that we noticed and wanted to let you know.

Chair Stone: Ok, thank you.

Commissioner Chen: What is the opportunity for the newcomers to get on the job training? Do they have an opportunity in a year, how many mediator sessions they could be with the old person?

Ms. Michael: Our onboarding process has several steps that I rushed through pretty quickly. First of all, we assign a mentor to everybody so I have a mentee this year, it's actually Dimple. They start coming to meetings. We do training at meetings. They do their orientation and then very shortly after that, they have an opportunity to observe a mediation so, as mediations come up, we ask them if they are available to sit and watch a mediation take place. Then, after the mediation, we will discuss with them and answer their questions and see what they thought worked, you know that kind of thing. They then co-mediate next. So, we have a co-mediation model, where we have two mediators in every mediation and so, they will work with a more experienced mediator. If they feel not ready to take a case on after that, then Paul will have them in more observations and co-mediations as necessary. So, there's plenty of opportunities. They have all of our contact information and I've gone to some of the training opportunities and talked to some

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of them. Did a co-mediation, the first co-mediation with Gayle, just the other day; so, I worked with her. There's plenty of on the job and then it continues every month at our monthly meetings as well, where we talk about meditation, techniques, and actual experience. Does that answer your question? Great.

MOTION

Chair Stone: Anyone else have any questions or anybody wants to make a motion to approve the mediators?

Commissioner Savage: I move to approve. It is a very impressive list as you said, Jill. I move to approve.

Commissioner O'Nan: I'll second.

Chair Stone: Great and we have a vote of all in favor of approving the mediators say aye?

Everybody: Aye.

Chair Stone: Any abstain? Ok, wonderful. Thank you. They are approved, unanimously. Thank you...

Ms. Michael: Thank you.

Chair Stone: ...so much.

Vice Chair Stinger: Thank you for taking the time.

Ms. Michael: Oh, of course.

Ms. van der Zwaag: Thank you.

3. Review of the 2016 Human Services Needs Assessment Survey Results and recommendation on the draft FY2018-19 HSRAP Priority of Needs.

Chair Stone: Alright, we'll move on to our third item of business reviewing of the 2016 Human Service Assessment Survey.

Ms. van der Zwaag: Let me just give an introduction to the staff report and many documents you got to review but this is one of the key responsibilities of the HRC so, I thought it was important to be thorough. As you know, we do a request for proposal for HSRAP applications (Human Service Resource Application Process). That is basically a fancy name for the grant applications for the HSRAP program that we do every two years. That cycle will open up again this year. The applications will either go out in December or early January. As a quick reminder, there is a subcommittee from this Commission that will – we will discuss at next month's meeting, that will be the recommending body back to the full HRC and then to Finance Committee and then to Council as far as HSRAP recommendations for next year. Included in every RFP is what is called the Priority of Needs which is the allowable funding categories for HSRAP. As part of

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every HSRAP process, we try to do some type of needs assessment process or an update. In 2012, the HRC had a remarkable feat in doing a full Human Services Needs Assessment. This is something most city's contract out. The HRC did this process over a year and the results are quite lengthy. I included just the executive summary from that for those of you who were not here during that time. If you'd like the full needs assessment, I can provide that. In 2014, the needs assessment included personal interviews with staff or the EDs of each of our HSRAP agencies with a very specific list of questions, which was brought back to the HSRAP subcommittee to have a substantial discussion on. I thought it was important this year to do some type of survey again so, there was a 10-question survey that went out and it went out, not only to our HSRAP grantees but to CDBG recipients as well and I tried to pick a decent list of Human Service non-profits in the community that don't receive funding yet but have many of the same types of programs that our HSRAP grantees do. We sent it to PACCC and Avenidas again and to Palo Alto Mediation Program. So, I also, staff, meaning Mary did a wonderful job in updating a lot of the demographic information that was including the 2012 needs assessment and you'll see those updates in your packet as well. Some of them we have newer information on, if it was census based we didn't but there's a wonderful source called the American Communities Survey that has more up-to-date information. So, that was included in your packet as well. HSRAP has historically wide funding allowable categories. So, if you look at the funding categories, they are very broad and they have been so. That was really assessed in 2012...

Commissioner Gordon Gray: Give me one second, can you refer to the documents when you are talking about this...

Ms. van der Zwaag: Sure.

Ms. van der Zwaag: So, that would be on Attachment D, the Priority of Need as you see there's a very wide category. Some cities and some grant agencies say, we only fund seniors and youth and that's it. HSRAP historically had very broad categories and that was really reaffirmed during the 2012 process, where the HRC thought, should we pair down on them? Should we add categories and the feeling was that what they liked about HSRAP is that it allowed a lot of different needs to be met in the community. At that point, there were some needs that were added, based on the results of that survey and I indicate those in my report tutoring, youth well-being, elder abuse, and social service coordination, just a more of a bump to our agencies and an encouragement for them to work more closely together. The survey that was done, was really looking at the needs and the gaps and the barriers and the trends that our agencies locally are seeing. As I indicate in the report, this is really reflected – there's a wide variety of responses that came in because each person answered it based on their reflection of the needs of their agency. What I also wanted to point out, which I thought was important is that some needs really came to bear, a lot of things were mentioned and some things weren't mentioned. I think the example that I give was food. I was really surprised not to see food mentioned as more of a need and I just want to caution you just because something wasn't mentioned, doesn't mean that it's not a need. Maybe that means that that need is being met in the community, at least to a certain level, that it didn't rise to be one of the top three or five needs that our agencies indicated but if support for those agencies or those services were no longer provided, that need could rise again in our community. A lot of this came up. This is really a window into the needs that we see. There might be things that come up that you say, wow, that is really interesting. I think we need

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to know more about that and let's dig into it deeper as an HRC as part of our annual work plan. What I am presenting to you today is a draft, HSRAP Priority of Needs. I made very little changes based on the results. I really looked at the results and felt like most of those were reflected in our current Priority of Needs accept, as I mentioned, in my report, housing. I think that is beyond the capacity of HSRAP to address but it is, unfortunately, the top of most of the results of the needs assessment as far as the needs that our service providers are seeing in the community for their clients and also for their employees. Which I thought was very important to point out that some of the needs that our agencies clients are facing are some of the same struggles that their own employees are facing. So, I basically just changed – I added children and youth together and instead of having basic needs under each category specifically, I just put it under here. So, food and nutrition used to be under seniors so I'm not suggesting we consider applications from senior nutrition type programs, I'm just saying I moved everything up, to make it a little bit cleaner document. That is really my introduction to the report. Attachment A is the results of the needs assessments, itself so, I would be happy to answer any questions so you can engage in a conversation about that. I also have a copy somewhere here or Mary can hand it to me – it was very conveniently stapled together – the updates and some of the demographic data that has come through. So, with that, I will close my presentation. I'm happy to answer any questions you have.

Chair Stone: Well, before we get to questions, let's hear from our audience. Don Bar you can take a seat here; you can stand up there. Whatever is more comfortable for you. Just make sure that your microphone is on by pressing the buttons.

Ms. van der Zwaag; You have five minutes at most.

Mr. Don Bar: Thank you. I'm Don Bar. I work at Stanford; I live about 2 blocks – 3 blocks that way but I'm also the founding president of the Community Working Group that has been a recipient of over \$3.5 million of CDBG funds through the process and about \$2 million through the Opportunity Services Center and \$1.5 million for the acquisition of and improvement of the Alma Gardens Affordable Housing Complex on Alma Street by Colorado. I would like to respond to the report and thank it and specifically Attachment A. I would like to take your attention to under question number 2, the top needs. Under Homeless Services the top needs is Day Services and then I would like to move to Attachment D and see the three types of needs that are identified as priorities, under Homelessness, Outreach, Case Management and Social Services. Be aware that the Opportunity Center actually has two entities. It has the 88 units of housing, supportive housing, operated and managed by a limited partnership led by the Housing Authority the County of Santa Clara. Then the Day Services Center, which is open Monday through Friday, 8 – 4, is owned by the Community Working Group. Now, we make it available to Life Moves, formally InnVision Shelter Network, to provide services there but we raise about a \$3 million endowment, 12 – 14 years ago because the Opportunity Center just had its 10th-anniversary breakfast. From the endowment, we have supported the fixed costs of the Day Services center for more than 10 years as well as supporting Life Moves and their processors in the services support but as you can imagine, that the returns on investment for our endowment are not quite as high as we hoped and we are on a 7-year exhaustion calendar for the endowment. The endowment also supports rental subsidies. I'd like to please raise your hand if you remember the Urban Ministry Drop-in Center behind the transit depot. Vaguely, ok. I would like you please

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raise your hand if you remember the El Nino floods of 1998. Did you know that the Drop-in Center was flooded not with flood water but with sewage? It was shut down for 6 months and Minka's predecessor Kathy Espinoza Howard asked me, Don you have volunteered before, would you please meet with the at the Urban Ministry and find a new place for them to offer services? I said, fine, sure, I'll do it. Kathy said, thank you. That was the birth of the Community Work Group that involves the University, Chamber of Commerce and so on and so forth. Anyway, we developed the Opportunity Day Services Center and the fixed costs are about \$75,000 a year for utilities, insurance, and janitorial services. We absolutely support the HSRAP process that supports Life Moves, supports the Downtown Streets team but I just wanted to let you know that there's – if you want Day Services Center physically present, to provide the services that you prioritized. At some point -- we have not come to you yet for HSRAP support but at some point, in the not too distant future, the fixed costs of keeping the Day Services Center open – separate from the cost of providing the actual case management and support, we'll need some support. So, I am going to ask you to be aware of that. Perhaps to identify to that in your report in terms of the needs for Day Services as identified in Attachment A and the services provided, Day Services will need a safe physical space that has permanent stable funding. At some point, it is going to need city help to do that. Thank you.

Chair Stone: Great. Thank you. Our next speaker is Georgia Bacil.

Ms. Bacil is my name. Thank you for letting me speak this evening. I'm the directing attorney of Senior Adults Legal Assistance (SALA). Of those of you who don't know about us, we were founded here in Palo Alto in 1973 and we've been serving Santa Clara County seniors ever since that. We provide free legal services to the seniors throughout the County, including here in Palo Alto. We're funded by the Older American Act. So, we have to target clients that are very low income or at risk of abuse, isolation or premature institutionalize. I've had the privilege of being the directing attorney at SALA since December of 1983. I can't believe it's been that long but many years ago we first started receiving HSRAP funding to expand our services at Avenidas and currently at Stevenson House as well and we do want to thank you for that. It really means a lot to us. We can't charge fees for our services or handle fee generating cases under the Older Americans Act as a legal service provider. So, the only way we can support our services is through grants or through fundraising efforts that we have. Again, your services –every dollar that we get results in extra services for clients. I wanted to let you know that 67% of the Palo Alto seniors we served last year, were very low income. They were at or below 50% of the county medium, which is around 35,000 a year. Which is really tough to survey here in this valley. 50% were 75 or older and 43% had some kind of disability and all of these factors place them at great economic or social risk. Needless to say, many of our clients because of these demographics, have very limited options in terms of survival because of the cost of living here and the high cost of housing. I agree housing is a huge issue that impacts all of us. Our clients are very vulnerable and usually one crisis away from total disasters. Especially, if their public benefits, their social security, SSI, Medicare or medical is threatened or could possibly be reduced. We have handled all types of cases. They are very vulnerable if they are facing eviction. If they need a reasonable accommodation because they have a disability and they're living in some kind of housing project or rental, where a landlord has determined, you can't live there independently anymore. Those are fair housing issues we handle. Also, if there are other issues where their housing is in jeopardy. They can't find alternate housing. Our clients are also in

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crisis away from total disaster, if they are facing elder abuse, physical or financial. We see a lot of clients who are facing abuse by persons that have moved into their homes; adult children, grandchildren. People they rent out rooms too because, of course, they need the extra income and screening is not something they readily do. I mean they rent rooms to people from the Penny Saver, from Craigslist, you have no idea. It just breaks your heart and also from caregivers that they hire. We actually do provide elder abuse restraining orders. We provide the whole process through the courts to remove these abusive parties from our client's homes. Another really important part of what we do and for seniors, no matter how much money they have, is to do planning for incapacity or end of life to really basic powers of attorney, durable powers of attorney for health care and financial management. Our clients cannot afford \$400 an hour to have an attorney do something very basic like that. What we found is some senior housing projects are actually asking their low-income seniors to have plans in place, estate plans in place so that if they become incapacitated or die while living there, someone can step in. We understand, that's a business purpose or something that's important to them but it's frightening to our clients if they can't afford to comply with those requirements. I'm going to make this really short. We were so pleased to see that legal assistance for seniors and in particular elder abuse prevention is on the list of priorities. It's been there for many years and I don't think it's going to go away. Seniors are the fastest growing segment of our population here in Santa Clara County and statewide. 17% of your population is elderly as well. That's much higher than the county senior percentage so addressing the needs of vulnerable seniors, I think continues to be important here. I do want to thank you for identifying our issues for legal assistance and prevention of elder abuse. I just wanted to say one thing about Avenidas as well because they have hosted us for so many years. We started with a volunteer space in a basement in a library here in Palo Alto through Diana Steeples, who was on the Senior Coordinating Counsel for so many years before they became Avenidas. That organization has hosted for all these many years and made it possible for us to deliver services here. They schedule our appointments, they provide a private room, and they do this for many other services that are located there. It's a great, best practice for service delivery and I thank you for funding them as well.

Commissioner Gordon Gray: Can I ask a question?

Ms. van der Zwaag: One quick question.

Commissioner Gordon Gray: Ok, I was just curious if these are residents of Palo Alto?

Ms. Bacil: Absolutely. The people that are funded through HSRAP are all residents of Palo Alto. We receive funding from almost every city and all of our service components are only directed to those clients in that specific city so the Mountain View funding cannot be used for Palo Alto. Palo Alto funding cannot be used for San Jose clients.

Commissioner O'Nan: I just want to let you know Georgia that we are planning an elder abuse awareness event next year.

Ms. Bacil: Oh, great.

Commissioner O'Nan: We are going to be reaching out to you. Your timing was just completely

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wonderful tonight.

Ms. Bacil: Thank you.

Commissioner O’Nan: So, we will be in touch.

[Ms. Bezeel]: Oh, great. Thank you so much.

Chair Stone: Ok, I’ll open the floor to any discussion on this item. Any questions that anyone has for Minka, for a clarification?

Commissioner O’Nan: I did want to ask. I noticed that recreational activities for – under Special Needs were provided for children and adults but we didn’t include that for seniors and I thought that had come up a number of times in the background documents that I read, that seniors were asking for more fitness and recreational opportunities and I wondered if we should include that in our list?

Ms. van der Zwaag: That’s an option for the HRC to suggest. A lot of this is has not come up before. To my recollection so that’s something the HRC can – at this point, you know Avenidas is no longer a part of the HSRAP program so that would be other providers of those types of services that could apply.

Commissioner O’Nan: Yes, because I was thinking there might be providers who could; for example, teach senior fitness classes at Cubberley or Mitchell Park who might want to apply and that could be something that could be popular. I know there are strength and balance classes that many seniors are interested in taking.

Ms. van der Zwaag: That’s definitely a possibility you know without an substantial increase to the HSRAP budget that provides a big challenge to the HRC and to the City Council in making recommendations for new agencies. So, that – definitely your prerogative but it does have it's challenges.

Commissioner Chen: Make one comment. On Wednesday morning, in Cubberley, there’s a senior morning class. They have line dancing every week. They have hired an instructor. I don’t know whether she is a volunteer or if she’s paid...

Ms. van der Zwaag: No, that’s paid by Palo Alto Guild School. That’s collaboration between the city, Avenidas, La Comida, and the school district.

Commissioner Gordon Gray: I have a question. I just wanted to make sure that I understand this. Are you asking us to give our recommendations based on this list of the basic needs?

Ms. van der Zwaag: No, this is one document.

Commissioner Gordon Gray: Right.

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Ms. van der Zwaag: So, I am asking your recommendation on the entire document. So, if you want to add something, if you want to take something off.

Commissioner Gordon Gray: To this document.

Ms. van der Zwaag: ... but this is not like a smorgasbord of lists. This is the document. So, we're not saying – well, you could, in theory, say, let's only do basic needs and special needs but I am presenting this to you as one document for your approval.

Commissioner Gordon Gray: I see. Ok.

Chair Stone: Under the basic needs, that's not in order of importance, right?

Ms. van der Zwaag: No, none of them are in order of importance. I thought of alphabetizing within the sections but did not get around to it.

Chair Stone: So, Homelessness, Social Services, and then technically Day Services would fall under that and these meant to be very broad.

Ms. van der Zwaag: These are very broad categories. So, I wasn't sure what Dr. Bar – you know, maybe had some concerns about but a lot of what we are currently funding for Homeless Services, are Food and Basic Need related.

Chair Stone: Ok, thank you. I think you mentioned this as well but essentially Basic Needs – we have Basics Needs there and that just – that then falls under all the other categories as well.

Ms. van der Zwaag: Exactly. So, it could be Child and Youth Basic Needs because we had Mental Health under Homeless, Seniors, Child and Youth and it just seemed to be a repeat of the same category. So, that would be clear in the RFP for HSRAP. That Basic Needs would be open to any of these subgroups listed below.

Vice Chair Stinger: I want to make sure I understand this list. I understand that we will use this for our priority of needs for our review. Will the applicants also...

Ms. van der Zwaag: Yes. This is included in the Request for Proposal or grant application. So, when the agency interested in applying, they will say, oh let's see, I provide and they have whatever they provide is listed so that is an allowable type of service on this list. They could also look at this and say ok, this grant program isn't for me. Just like people go to any foundation and they look at their allowable grants and if they see if the service that their agency provides is one of the allowable funding categories.

Vice Chair Stinger: To just follow-up to clarify using the example presented to us. If somebody said I provide Day Services, they could file under Social Services?

Ms. van der Zwaag: Right. That's why I – maybe a little more clarity from Dr. Bar because I want him to feel like he's been heard this evening but when I look at the type of – what I

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consider Day Services at our current provider or at another similar type provider because we are not doing this priority of needs for current providers, we're doing this as what we – what the HRC wants to recommend as far as funding categories. Under Social Services I would see, you know, shower programs and under Case Managers under Case Management. They have a food program under Foods so, under Emergency Assistance they provide emergency assistance to people that need help with a bus pass or that type of thing. My feeling, unless I'm missing something is it seems broad enough to handle those types of services that were mentioned.

Chair Stone: Even so, it's not an exhaustive list. I can't even think of a hypothetical right now on a service that does not fall under any of these categories. If for some reason, the need arises, it could still be approved.

Ms. van der Zwaag: I just thought of something but it's actually under CDBG, domestic violence services, rape crisis, I mean those type of services is not under HSRAP. That has been our local CDBG program which has had a long-time history of funding domestic violence programs. So, to a certain extent, we tried to be, you know, complimentary to what they're also have had a history of serving but they don't have specifically a priority of needs. They just – 15% of the total CDBG grant or for what's called Public Services. It's just actually been more the history of the agencies that have applied and domestic violence agencies, Life Moves from the Opportunity Center has been a long time CDBG recipient as well. It's just history on their end.

Chair Stone: Just going down that hypothetically you just gave. If an organization serving for domestic violence survivors, was seeking HSRAP funding and we wanted to give HSRAP funding. Is it one of those things that, just because it's not on this list, we cannot provide it?

Ms. van der Zwaag: That's true.

Chair Stone: We have to then get creative and say how we can find a way to read this to be able to give them funding. I mean how...

Ms. van der Zwaag: If they were looking for, you know, the mental health program for domestic abuse survivors, I would say probably yes. So, they're ways of looking at it under the Basic Needs which have been a category that the HRC has discussed in the past at great length of its definition of basic needs and it's gone beyond the food, clothing, shelter. What many consider the HRC in the past and you can make a comment on – has felt like health care in a basic need and they wanted to see there – they felt like transportation was a basic need and the need of low income and elderly and other disabled clients to be able to get where they needed to go to access services. So, you know, there might be a way with certain, hypothetical examples that I'd say yes, it could actually fit into that. We could sit around for a while and think of another need that just may not be on here but we also have to think about the capacity of the HSRAP program. I mean we can maybe at 10 other categories here but we still have the same budget and I think – I'm sure if it's fair to these services areas to add a whole lot more and it's quite a process for agencies to apply and then with not the real intention or the capacity to be able to fund those services. I'd give caution to that.

Commissioner Gordon Gray: So, I'm still trying to understand this. I mean this is a very

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exhaustive list but you're saying that we are working off Attachment D, not A?

Ms. van der Zwaag: This is just what our agencies have said are needs that they have observed in the community. That doesn't directly – completely say that we are meeting every single need that these agencies have brought to our attention.

Commissioner Gordon Gray: So, how did we come up with the Priorities of Needs?

Ms. van der Zwaag: This is basically the Priorities of Needs list that had been around for many cycles. I would say the latest adjustments to them, came in 2012, when we added elder abuse, to the best of my recollection, tutoring, and transportation.

Commissioner Gordon Gray: Ok.

Ms. van der Zwaag: This is an assessment of the needs. This is what I am recommending for the allowable funding categories for the HSRAP program. I think most of them are reflected here except for housing but there might be something here that is not reflected on this list.

Commissioner Gordon Gray: So, we can make a recommendation, if we see something here?

Ms. van der Zwaag: You can. You can.

Commissioner Gordon Gray: Ok.

Ms. van der Zwaag: That would...

Commissioner Chen: I have a short question. If you incorporated the needs from the survey here to this list?

Ms. van der Zwaag: As far as specifically, I looked at the major needs that came up as far as the Needs Assessment and then I looked at the Priority of Needs that has already existed and I felt like most of the needs that came up were already reflected here as an allowable funding category. Except for affordable housing.

Commissioner Chen: Thank you. Got it.

Vice Chair Stinger: I keep trying to cut the list a different way to kick it and see and I just think it's so global, I mean that in a positive sense, that every program that I can think of, seems to have a category it could fit into. Day Programs for vets, Adult Day Programs, something that I am interested in seeing...

Ms. van der Zwaag: Well, the Adult Day Program is only there for Special Needs, which I mean to developmentally or cognitively disabled. We can be clearer about special needs but that is the definition that I've intended.

Vice Chair Stinger: I haven't done enough research on – like to ask a question of other

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Commissioners, are vet programs something, Day Programs, that we would solicit a grant from?

Commissioner O’Nan: The VA already has some of those programs.

Vice Chair Stinger: Right.

Commissioner O’Nan: They’re people who can afford their own private care and such. I think what Minka is trying to say is HSRAP – you know, being a relatively small pie...

Vice Chair Stinger: I do understand that.

Commissioner O’Nan: ...We’re trying to come up with categories where it’s reasonable for us to support the local non-profits who fall into these buckets because if we add everything and open up our RFP process, people will apply and we won’t really be able to fund those requests and it will get to be self-defeating.

Vice Chair Stinger: I understand that and I still wanted to ask the question. I understand that if we add a category, we, in essence, we’d be deleting support for somebody that...

Commissioner O’Nan: Potentially.

Chair Stone: But, if I may just add into this – that back and forth. We’re opening the door wider for applications but that doesn’t mean that we necessarily accept all those applications and I would rather get to review them and do one of our most important jobs. So, I think it’s more important to have a wider net cast and to be able to have that ability to see what are the gaps? What’s really needed and then make our determination off of that, based on never be able to even get to that point. I think this at least keeps our options open.

Commissioner O’Nan: I take your point. I think though that what we’ve heard over the years from agencies is that it is a very time-consuming process to fill out this type of application. In fact, they have repeatedly asked us to streamline the HSRAP RFP process. I think we are trying to be sensitive to the needs of agencies who are already under funded and under staffed and not basically, not waste their time with a lengthy cumbersome process and at end of which they find out, we have no money and can't fulfill that need anyway. It’s that situation where we are really trying to be, you know a collaborative partner with them and be respectful of them and be respectful and sensitive to their limits.

Commissioner Gordon Gray: I’ll just say this but I understood from one of the Council Members that they were going to try and increase the HSRAP funding next year. I did hear this.

Ms. van der Zwaag: Well, as I’ve discussed with the HRC before. There was a referral from the Council to the Policy and Services Committee that is the discussion we had at the HRC in which two members of the HRC were designated as a spokesperson of the HRC to discuss this referral that has happened. That is tentatively scheduled for November 28, I believe. That was moved a couple times so Vice Chair Stinger and Commissioner O’Nan were selected from the HRC to speak on their behalf. There are a lot of factors that go into that review process so there might be

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a lot of interest from the Council increasing the HSRAP budget that might happen. There might be interest but they'll look at the city budget and say if that's possible. It's definitely a referral. It's definitely a possibility but it's not a guarantee by any stretch of the imagination. It's up to you to make a recommendation as far as this is concerned but I would caution against making a recommendation based on a hoped-for increase in the budget.

Chair Stone: I would like to see under Adult Special Needs, adding Veteran Services and Domestic Violence. I understand the arguments being made against increasing the needs but I think those are two areas I think that the HRC has taken a strong role in advocating for over the past year or two. I think those are two areas here in Palo Alto that we have said that we are interested in. That we have said that we want to make a difference in and to possibly not include that in here gives me concern and I can tell Minka's concerned.

Ms. van der Zwaag: No, Chair Stone, I would just like you to elaborate on that because the HRC has focused on homeless veterans. So, homelessness is listed here. If homeless service provider wanted to submit an RFP and say with my grant I plan to do this, this and this and I'll have a special focus on homeless vets it would fit under that category. I'm not here to say no to that, that's your recommendation to me but I just want to see if we're adding a category when we actually drill down to the core of which you're hoping to fund, that might already be listed here.

Chair Stone: I guess part of the idea is sort of doubling down on that need. Not only do we need for homelessness but a special need for veterans within the community and having that bit of crossover, I think is also a symbolic show of interest by the Commission and the city. I totally get that point; I think that's very valid.

Commissioner O'Nan: I'm wondering if I could propose a possible swap. I think that Dr. Bar made a good point about calling our Day Services and I don't know if we could add that or combine it with Social Service, just to make it clear that...

Ms. van der Zwaag: I think I'd like just a little clarity what Dr. Bar means by day services. Just so that if that's not already reflected in what's here. That's fine.

Mr. Bar: In 1998 I was requested by the City of Palo Alto to find a physical space and the means to construct a permanent indoor day services center to replace the Urban Ministry Day Services Center in which the clients were outside and they were flooded now with sewage. In response to that, we bought without city help – the city's CDBG helped to build the physical structure of the Day Services Center, which we own separate from the housing. We acquired the land and built the Day Services Center, the Opportunity Center as the principle source in the city – at that time Downtown Streets didn't exist – of offering showers, food, laundry, clothing as well as case management and then I also helped to found the medical clinic that actually provides the mental health services and licensed clinical social workers, they're all available there. It was created at the city's request to have the principle space for services to the homeless being offered during day time and as a consequence, the homeless population on University Avenue went down substantially because those people now – about 100-125 a day come to the Day Services Center on Encina and have both their sense of community there as well as these services. So, it is a physical space and it is the principle provider that Downtown Street certainly provides another

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type but we provide the space in which Life Moves provides the case managers. It's that space that allows the day services to go forward.

Ms. van der Zwaag: So, what specifically would be the reimbursable there that you would be asking for? I just want to understand.

Mr. Bar: To pay the utilities. No, no, not the staff. The staff is Live Moves. The utilities, the City of Palo Alto utilities. The insurance and we have taken upon ourselves to pay the janitor that comes throughout the day and keeps the space clean. Those three services insurance, utilities, and janitorial services cost about \$75,000 a year. That's what's necessary to keep the physical space open, such that Life Moves and Peninsula Healthcare Connection can provide the professional services but it's the physical space that we provide for these services.

Ms. van der Zwaag: Ok.

Mr. Bar: Did I answer – did I address your question or still to...

Ms. van der Zwaag: No, no, I hear you. Thank you.

Commissioner O'Nan: My possible swap might be to add Day Services or physical space for day services and then under Child and Youth, I am wondering does youth well-being something that's separate that's not captured by say, child and youth programs? I'm not sure what Youth Well-Being on its own means because it seems like it would be one of these other things on the list.

Ms. van der Zwaag: I think it probably goes pretty similar to Chair Stone's just wanted to call it out as being very specific as a need in this community. I think as far as a difference. I think youth programming. I think a little bit more of like a or that type of programming where youth well-being is the focus.

Commissioner Gordon Gray: Yeah, what is that?

Ms. van der Zwaag: It is thinking more of Project Cornerstone; very specific focus efforts on your well-being efforts. That's how I see it.

MOTION

Chair Stone: I agree with keeping Youth Well-Being there for similar logic of the need for calling out some of these important areas. Especially areas of great importance to the HRC. I'd like to make a motion to amend the Priority of Needs to add Veteran Services, under the Adult Special Needs and another motion to add Domestic Violence under Adult Special Needs.

Ms. van der Zwaag: I would suggest that maybe a separate category because Adult Special Needs is meant to be developmentally disabled programs. It's not – I know in a broader context, special needs sometimes you could put seniors under that or veterans or so forth but in the context, here unless you want to make a conscious effort – I think someone who might see that

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saying, are you looking for veterans who are special needs? If that's the only addition to that category. I think there might be some confusion there.

Chair Stone: That's a good point.

Commissioner Gordon Gray: Can you create another category like domestic violence? You can...

Ms. van der Zwaag: I just, like I said, my caution would be about the expansion of the categories.

Vice Chair Stinger: This may be a diversion but I think it's going to bring us back. When I read the report from 2012, the second recommendation struck me as something that was very valuable and I don't know that we do it and least I haven't seen it in the year that I've been on the Commission and that is coordination collaboration in the Council – the part – the entities described may not be the entities that we want to include specifically but a variety of entities be brought together to advise the HRC and the City's Office of Human Services on the current basic needs. I think similar to our retreat, it might be useful or at the start of a Commission meeting to invite a group of people to give us a sense of community and changing needs and maybe if we were able to that – if we were to hold this list for now and say this is our best since we've all been out visiting different grantees. We have a sense of the programs that are in place. Where they want to increase their programs. I think this could reflect where we are now but sometime in the next fiscal year, we reach out to the community and have a Council meeting and then consider in the next wave – which I know is two years from now, changing the needs. Is there any reaction to that?

Chair Stone: I think we should definitely do that going down the road. Looking at how we can make this better down the road but I think if we have anything now that can better the current Priority of Needs, seems to be logical as well to do that as well. Question Minka, you said so the basic needs falls under all the other subcategories.

Ms. van der Zwaag: That's correct.

Chair Stone: Essentially, If we don't want to create another kind of a category let's say we put Veteran Services under Homelessness then does that also mean that within Veteran Services, under the Homelessness subsection, that that would also necessarily mean that the Basic Needs of Mental Health would also go underneath – go under that?

Ms. van der Zwaag: Not if the veteran wasn't homeless. It could – not specifically veterans -- if the veteran was not – how I would read if the veteran was not homeless, that would not mean – if one of our mental health agencies and at this point we don't have an adult mental health agency that we're really funding. I mean we're funding Adolescent Counseling Services presently and we're not basing this on our present agencies but I'm just wanting to let you know historically, if there was an adult mental health agency and they had a counseling program that they could say, one of our programs as far as that would be homeless. That would be fine but if you're specifically looking for VA – we're really trying to look with this. It's like where can HSRAP make its mark? I mean, if we can't do anything, where can it make its mark? Are there other

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funding sources? Are there other key agencies that are making their mark on that population so that our Priority of Needs doesn't have to be that specific? That would be two cautions that I give you in adding new items to this set of traditionally funded or have maybe another major service provider in the community that is responsible for that demographic. Does that answer your question? It's a little but if you're just looking just a general veteran, that wasn't homeless. If you put it under homelessness it would be no.

Chair Stone: Ok.

Ms. van der Zwaag: Because we're not – what we have – yeah. At this point, that would not be included.

Commissioner Gordon Gray: I have another question. I guess when I look at this, it's a little hard to – it just feels a little bit arbitrary. I mean we've heard from some of the agencies tonight but I don't know how big the population is they serve or what exactly they're providing. I just feel like I'm making a decision in a vacuum. Am I missing something?

Ms. van der Zwaag: HSRAP has been around since 1984 and at one point what it did was called into one process different non-profits that had relationships with the city already and moved that into one coordinating process. The Community Service Department had a contract with Packard to help with a certain amount of things and the Planning Department had a contract in the past with Project Sentinel so they moved them into one process so all these different departments in the city weren't having all these contracts with non-profits and they weren't cross coordinating at all. A lot of the categories have just been based on the history of how HSRAP came to pass. As far as these categories here, there was a theory looking into them as part of the 2012 process and the feeling was a desire to continue with the broad base of services. We can go deeper into the full Needs Assessment from 2012, I think the figure that's coming to mind was that if you added together the amount of people that all HSRAP agencies were helping it was about 7,000 with about 3,800-4,000 of them being low income because not all the programs that HSRAP funds are specifically low income or some people just don't ask those types of questions. We have a checklist that Mary can hand out that says for our current grantees, who's getting funding in what category but I can't tell you at this specific point off the top of my head, well, 20% of the current grant is going for this. 10% is going for this, I mean I could have thought of that ahead of time and got a pie chart with where our funding is currently going. At this point, a quarter of the funding is going for youth mental health because our current provider – current grantee for Adolescent Counseling Services has a grant of over 100,000 dollars. So, that's one-quarter of the grant that is just going to youth mental health. That has been as a priority established by previous review committees.

Chair Stone: I'm going to amend my two earlier motions. I think Minka, you've made some good points. I don't want to create a new separate category but at the same time, I do feel very strongly about these two issues. I think veterans maybe can go underneath the Homelessness subsection and then mental health than for homeless veterans in a sense that is a Basic Need. Veterans that are suffering from mental health would also fall under that category then but I think it's important to call them out. Especially under the Homelessness Section since we had a very successful homeless veteran summit, thanks to Commissioner Alhassani. His co-leadership

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on that and on our domestic violence forum, thanks to Commissioner Gordon Gray leadership on that. I think it's important that we walk the walk as well as when we have been – when we've taken leadership roles in these areas. So, I would like to see both of those listed. Maybe Domestic Violence under Basic Needs and I mean I can imagine any more basic need than a person's ability to feel safe and be safe within their home and veteran services under the subsection of Homelessness. So, that I would me by motion. I don't know – two separate motions. I don't know if anybody would want – is willing to second either of those.

Commissioner Savage: Well, before that happens. I understand the desire to add Veteran Services and Domestic Violence and we're doing another conference later, next year on human trafficking. We can keep adding – there's enough we can keep adding forever. However, I think what Minka is saying and I agree with her is both veterans and domestic violence are covered in the basic needs and to elaborate on that, I think it's just going to be confusing. Domestic violence, emergency assistance, mental health, it's all covered there in my opinion.

Vice Chair Stinger: That's a clarification that's helpful. The emergency assistance opens up services.

Chair Stone: As Minka said, if you look under Child and Youth Well-being technically that goes under everything that's on there as well but taking the idea that we have expressed greater interest in that area. We want to specifically call out that area where we think that the city should prioritize over the next several years. I do think here is our chance to be able to say to City Council, here's our Priority of Needs but here's also those areas that we specifically can be very beneficial. Whereas just looking at the list, yes, all those do fall under those Basic Needs and the other categories but not being called out can make them forgotten.

Commissioner O'Nan: I would like to say though that audience for this piece really isn't City Council. The audience for this piece are potential HSRAP grantees. If we put something like, veteran services or domestic violence services, we send them a signal that we expect RFPs on those from the non-profits that serve those populations. If in reality, we don't have the funding to support those projects, we're wasting everybody's time. Again, I think we need to be really sensitive to that and be realistic about what we can cover in HSRAP. We have a limited budget and there are agencies already working with those populations. I'd be concerned about muddying the waters there too much, in order to make us more of a symbolic gesture. I think at this point, HSRAP needs to stay in the practical realm and less in the symbolic realm. There may be other opportunities for us to support those other populations with our community engagement events and follow-up from Commissioner Alhassani's and your co-sponsored homeless veterans summit. This maybe not be the right vehicle for making that kind of statement.

Chair Stone: Alright then the motion will fail and we will move on.

Ms. van der Zwaag: Welcome to Council Member Wolbach's life. As a Council Member, not you personally.

Chair Stone: We will move on then. Does anybody else have anything on the Priority of Needs that they'd like to add or remove or clarify?

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Commissioner O’Nan: I would still put a plug in that perhaps we could add day services because I think the \$75,000 cost per years is a legitimate cost to provide that physical space. We do work closely with Live Moves and ...

Ms. van der Zwaag: At this point, though – I’m saying that at this point we do reimburse agencies if they have a program, like if they’re offering a tutoring program. So, as part of that tutoring program, they have rent and then utility expenses, that’s an allowable expense. We have not traditionally just reimbursed not as part of a program – like some of those hard expenses. I think the real dilemma that – it’s a very unique situation at the Opportunity Center where there is a physical building and then there’s a service provider in it, which have two totally separate budgets. It’s totally your prerogative but that would be something totally new for HSRAP because like I said at this point that’s allowable – those types of allowable expenses have been part of a program and not just paying rent.

Commissioner O’Nan: I think that the case that I would make and of course, you can feel free to shoot me down this time. Is that the homeless population as a unique need, which is that they are homeless; ergo unhoused, ergo physical space is an incredibly valuable asset to them. It’s uniquely valuable to that particular population and so I think building an exception, in that case, is reasonable because these are folks that don’t have, literally don’t have anywhere else to go. That would be my case for supporting it and calling it out in this list.

Ms. van der Zwaag: OK.

Chair Stone: Are you making a motion on that?

Commissioner O’Nan: Can I make my own motion?

Chair Stone: Please.

MOTION

Commissioner O’Nan: Cool. I will make a motion that we add Day Services under the Homelessness category.

Commissioner Chen: I’ll second.

Chair Stone: Either wants to speak to your motions?

Commissioner O’Nan: I think I covered what I wanted to say. Commissioner Chen, did you have anything to add?

Commissioner Chen: I think it’s very important to provide those services because we’ve got the services that are outreaching programs. It could be – may be mingled into the outreach program or probably doesn’t cover that all? No, it doesn’t so it should be because it doesn’t make the place work that functionally. We don’t have that kind of services.

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Chair Stone: Ok, anyone else want to speak about the motion or else any questions regarding it?

Vice Chair Stinger: Just have a question, so there couldn't be an application under Social Services?

Chair Stone: That covers Day Services?

Vice Chair Stinger: That covers Day Services because there's no actual program.

Ms. van der Zwaag: No, they're asking for the physical space.

Vice Chair Stinger: Right, I understand that.

Ms. van der Zwaag: Yes and the service provider is a separate non-profit.

Vice Chair Stinger: Yeah.

Ms. van der Zwaag: So that space is a collaboration of at least three agencies providing services but Community Working Group is the builder, the landlord that is providing this space for these other services to provide the services that they do. If the space wasn't there...

Vice Chair Stinger: I was just looking for a handle.

Mr. Bar: In 1998 that was explicitly what Kathy Espinoza – Howard asked me to develop a group because it was then the Urban Ministry that had the services staff but they had no space. Kathy asked me to form a group to find a physical space to make it available to the Urban Ministry. So, we did that. The Urban Ministry in a sense morphed into Live Moves but that was what Kathy had asked us to do, which was physical space. We don't provide any services. We're not any good at that.

Vice Chair Stinger: To house them.

Chair Stone: Minka, do you have thoughts on this? On a need to include Day Services. Your own concerns. You're our resident expert on this.

Ms. van der Zwaag: I wasn't trying to provide an opinion to sway or to encourage, I just wanted to add just a little bit of context that would be a departure, just in that, these types of expenses in the past have been part of a program and have not just been very specifically for a building. That has not been done with HSRAP before. I'm trying to look at Mary, not because I want you to add this but to look back in – as far as the guidelines for HSRAP that would actually be allowable. So, I'd have to look back, I can't think of anything off the top of my head and Mary's not thinking of that it will either. I just call it out because that's definitely a departure. I hear the history of the past and I know that this city was integrally involved in the founding of Community Working Group and the physical building and the services. I don't deny that for a second but that type of, if the Community Working Group applied if that was a recommendation

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from the HRC to the Council. I would think that would be the first time that that type of expense would be reimbursed in that way. That's my observation.

Commissioner Alhassani: To your point Minka, this is also why you took housing off. The nature of the cost is a little bit different than what HSRAP is built around? Is that the kind of point you were saying earlier, as well?

Ms. van der Zwaag: I took housing off because I just felt like most of –housing is more of those bricks and mortar type of cost and HSRAP has been more about services. So, those are the reasons because if you look at CDBG and it has actual money for development as part of CDBG and that has not been part of the Community Working Group.

Commissioner Alhassani: What HSRAP does.

Ms. van der Zwaag: HSRAP has traditionally been very much on funding services in the community and the bricks and mortar has not been part of what HSRAP has traditionally done. So, I just didn't feel like, with the limited HSRAP funding, that any type of bricks and mortar housing program was within the realm of possibility.

Chair Stone: What percentage of CDBG goes towards that more brick and mortar? It's a sizable...

Ms. van der Zwaag: It's a very sizable percentage. There's economic portion. There's a building portion and there's the public services portion and that's public services is about 15,000 and those are grants in the several hundred 200,000, 300,000, 400,000 dollars are in that aspect. That's more in association with the building of it. I don't think in the situation here if Dr. Bar went to CDBG and asked for reimbursement for that aspect of it. If he was building a new building and he needed capital funding but I don't see that would be in the realm of CDBG either. It would be something new. In a way, I think you know – like I said, it's definitely up to the HRC to recommend. I might too, with this one, just go back to my director and get his feedback on this specifically.

Commissioner Alhassani: Can I make a motion then? Maybe have a follow-up that you ask if this is legal – HSRAP would be something in compliance to fund these kinds of projects. If you can see where we go from there?

Commissioner O'Nan: So, do we want to delay the motion that Commissioner Chen and I had on the table. Just withdraw that for now and then...

Ms. van der Zwaag: I think the hard part is that we might want to – what we will probably need to release this – there's a good chance that RFP will need to be released before your December meeting. It's really our hope to have it released so we give potential applicants.

Commissioner O'Nan: Well, then can I propose a sort of an amended version of my resolution? We would like to add Day Services under the category of Homelessness because it provides an enabling platform for services to be delivered and is there for in the spirit of HSRAP but

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contingent upon approval by...

Ms. van der Zwaag: You are not making this category or should you for one service that may turn in an application which may or may not get accepted. You can very general – if another – if any homeless service provider came to you and said, I'm going to come and these are the types of day services. You're saying that's an allowable category. So, really if you add to it, that's the intention that you're setting here. Whether that's specifically is an allowable reimbursement, that's something I would need to check into but as far as the intention of general day services for the unhoused, that is certainly something you can add here.

Commissioner O'Nan: Alright, so my resolution would be – proposed resolution would then be to add it and pending verification that it's ok to do that.

Ms. van der Zwaag: You don't need verification for Day Services specifically because like I said, if a new provider of homeless services said, well my day services will be to x, y, z at this site. Then we can say that's an allowable expense. I think in this instance we'd have to see if that specific expense is allowable. I mean, there could be someone – early intervention, they could ask for a certain type of expense reimbursement that wouldn't be allowable under HSRAP. The category is allowable but we're not – what I need to check is that specific one question is allowable. I'm not trying to discourage it; I just need to do my diligence in that area.

Commissioner O'Nan: Ok, well I guess I would still propose that we add it.

Chair Stone: I think my only concern is it being a fairly dynamic shift in the history of what HSRAP has done and going back to your earlier concerns about not wanting to open the door too much to services providers who may think then they can – then we will fund those types of services with a limited budget. Those are my only concerns with that. If no one else has any questions – thoughts on this, then we will vote on the motion. All in favor of the motion passing say aye.

Commissioner O'Nan, Commissioner Chen, Commissioner Gordon Gray, Vice Chair Stinger, Commissioner Savage, Commissioner Alhassani: Aye.

Ms. van der Zwaag: Just for clarification, the motion included the addition of Day Services?

Commission O'Nan: Yes.

Chair Stone: So, we have Commissioner – raise your hand if you're passing the motion. Ok, great, perfect. I'm sorry that included myself as well.

Chair Stone: Under the Homelessness subcategory of Day Services. That motion passes unanimously. So, any more thoughts until moving on to actually voting on the HSRAP Priority of Needs?

Commissioner O'Nan: I think Minka did a great job of updating it. I know it might feel random to people who are nearer to our Commission and haven't been through the HSRAP process yet. I

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would just encourage some of our new members to maybe volunteer to be in the HSRAP review committee this year and if you read through the RFPs, I think you would understand how we've developed these buckets over the years and how we try to address such a broad diverse set of needs across the community. It might start making more sense at that point but I just really want to commend staff for all the hard that they've put into this.

MOTION

Chair Stone: I'll make a motion to approve the HSRAP Priority of Needs.

Vice Chair Stinger: Second.

Chair Stone: Great, we have a second. You want to speak to your motion?

Vice Chair Stinger: I think Commissioner O'Nan already did a nice job of that, thank you, Jill.

Chair Stone: All in the motion of passing the HSRAP Priority of needs, say aye.

Everybody: Aye.

Chair Stone: That passes unanimously as well. Let's see if Congress will be able to work as well as we do. Wonderful. Done with that. Thank you for a good discussed.

4. Review of Draft Updates of the Current HRC Mission Statement.

Chair Stone: We'll move onto item number four, review of a draft update of the current HRC mission statement. Someone from the Subcommittee wants to take that on and lead that discussion?

Commissioner Savage: May I suggest something unusual? I don't have a lot of fight let in me. Can we table this until our next meeting or? I can go either way. I just wanted to throw that out in case anybody feels the same way as I do.

Commissioner O'Nan: I would be fine with tabling this or unless our colleagues just want to take a really quick look and ask any questions before we move onto another item. Whatever we want to do is fine with me.

Chair Stone: I mean it has been a taxing week for everyone I'm sure so I'm fine with that. You want to make the – do you have thoughts?

Vice Chair Stinger: I was just going to say I actually had some discussion points so I would really rather table the item.

MOTION

Chair Stone: Perfect, well, Commissioner Savage would you like to make a motion to table it then?

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Commissioner Savage: I move to table.

Chair Stone: I'll second to table. All in favor of tabling?

Everybody: Aye.

Chair Stone: Wonderful.

Chair Stone: Commissioner Alhassani is that an aye? Yes? Alright, unanimous.

5. Discussion on the planning of the HRC holiday gathering.

Chair Stone: Well we are moving onto number 5: discussion on the planning of the HRC holiday gathering. As you all know, every December we like to have our little retreat – our little get away after our meeting. We usually cut the meeting a little shorter and we start – are we still planning on starting a little earlier and it ends a little earlier and then we go off and have dinner. Usually at Il Fornaio, which I think is always nice because I think that was also our former Vice Chair Bacchetti's favorite spot and we can cheer to him and so that's usually what we do. I don't know if anybody had any thoughts on anything that they would like to do differently, a secret Santa perhaps, have fun. Minka's face says that it's a long night. Any thoughts on doing anything different this year.

Commissioner Gordon Gray: Sounds good to me except I won't be here.

Chair Stone: Then leadership will discuss it but we will do something probably similar to that. Starting at maybe – starting at 6:30. Does 6:30 start time not work for anyone?

Commissioner Chen: What day is it?

Chair Stone: Thursday, December 8.

Commissioner O'Nan: It's the second Thursday, December 8th.

Commissioner Chen: Ok, 8th. That's ok. The 14th we have another event.

Ms. van der Zwaag: We can do 6:00, we can do earlier if people want to do that. I'm not sure if this room is available.

Ms. Mary Constantino: I tried to look today but I couldn't – I'll have to contact Kim.

Ms. van der Zwaag: So, people 6:00-6:30?

Chair Stone: 6:30

Ms. van der Zwaag: 6? Can everybody make it at 6?

Chair Stone: Let's do 6.

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Chair Stone: Perfect. Great, we will move on.

VI. Reports from Officials – Chair Stone

1. Commissioner Reports

Chair Stone: Any Commissioner reports? Yes, please.

Commissioner Alhassani: I attended the Veteran's Day event that the city had on Monday afternoon. I see you were there Chair Stone. Minka was there too.

Chair Stone: And Commissioner Chen as well.

Commissioner Alhassani: Commissioner Chen I didn't see you there. I thought it was an amazing event. One because the speaker were excellent. They had one survivor who was a World War II veteran, who was in a German prison during and they had a 97 year old veteran who was a Pearl Harbor survivor. By the way, he gave a PowerPoint presentation that was amazing. He talked about tactfully why the Japanese Air Force came in a certain way when they were attacking Hawaii. He talked about implications. Three excellent speakers throughout the day. The head of the VA spoke. A local Palo Alto PD police officer spoke was also there. He does volunteer work for in emergency mental health situations as well as veterans face. It was an A-Z dynamite event and I guess a lot of thanks should be going to Janice from City Staff.

Chair Stone: I'd like to just follow up with that. I thought that was my second favorite Palo Alto event I've ever been to. It was great and Mayor Burt and former Mayor Karen Holman did a great job. The General was fantastic and actually a fun little story. My fiancé who's a high school history teacher who actually teaches Pearl Harbor went up to Mickey who was the veteran afterward and talked to him. Took his photo and he agreed to come into her class and teacher Pearl Harbor later this year and she also got a photo of the General and I told her if you kids start acting up, you've got this three-star General, who's going to put them in their place. He said he would do that for her.

Commissioner Alhassani: One thing, actually to your point at the end of his speech, he was directed by the Secretary of Defense to basically tell any Vietnam veteran, that you'll never be treated poorly. After coming back home from war again, he honored everybody with a coin who's a Vietnam veteran.

Chair Stone: Yeah, it was very moving.

Commissioner Chen: Tomorrow they are going to plant a tree at the VA Hospital in Menlo Park.

Chair Stone: Hey nice.

Commissioner Chen: Tomorrow 9-12. Anybody want to come.

Chair Stone: Last week, along with that, I also went to the Friends of Children with Special Needs Gala and that's a great non-profit that serves child with special needs across the Bay Area. It's their 20th anniversary celebration and they had performances from kids in the group and it

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was very moving. It was very well attended. A lot of our City Council members were there. I think all of the current School Board was there and it was just a very moving event.

Commissioner Chen: I was there too.

Chair Stone: It was a really good event.

Commissioner Chen: It's basically formed by Chinese families – 10 families about 20 years ago they formed together and started that organization. Now it's been expanded.

Chair Stone: It was great. They did amazing performances. The backstreet boys was my favorite part. The Backstreet boys didn't actually perform; they did a cover.

Vice Chair Stinger: I actually had a question. Are the events sent out to us ahead of time? There were some events, some attachments in our packet this time like for the programs at Stanford and they were passed.

Commissioner O'Nan: We didn't get them soon enough to go.

Ms. van der Zwaag: We only go that two days before – I mean that one Stanford Compassion event? I forwarded that to you as soon as I got that. Now sometimes things are sent to me personally and sometimes things are in the HRC packet. Our philosophy is if it's a timely event, we will send it on but that Compassion Event, I thought that's in two days but I forwarded it anyways. We do – if there's an event, we will pass that on but sometimes I don't always – sometimes I just delete like the source that I got it from and forward it so I can see that gives the impression that I'm just sending it to you but when we get it, we pass it on.

Commissioner O'Nan: Thank you.

Commissioner O'Nan: But there was also, I think in my email, an event that was in October, which we didn't get until November; about the changing of the school names, that came from Mr. Johnson and I just didn't want the HRC to look non-responsive because no one got back to him and this kind of an issue.

Ms. van der Zwaag: We did get back to him. He wanted to come – invite you all personally and then he either did not come or was not able to come but I was in email dialog with him but I hear your point and we will definitely be more astute but that might have slipped through the fingers. That wasn't our intention.

Commissioner Chen: Actually, a lot of events are published in Next Door Neighbor website.

Commissioner Gordon Gray: Next door?

Commissioner Chen: Next door. I'll get emailed every day but I read them. That's how I find out.

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Commissioner O’Nan: That’s why you are everywhere.

Chair Stone: Any other Commissioner reports?

Vice Chair Stinger: I have a few. Went to the Healthy City’s Task Force meeting and in that they announced a showcase November 18, it’s a county event. I suspect that Palo Alto will be honored in some way for some of its Healthy City incentives. Part of that is also the Age-Friendly Task Force. The focus groups have been completed and this Tuesday they will be reviewed and any lessons learned in recommendations will be made by the assembled group and taken to Council.

Commissioner Gordon Gray: Association of Human Rights Organization.

Vice Chair Stinger: The CAHRO meeting was fabulous. Thank you so much for letting us attend that meeting. There were two things that I thought were particularly interesting and I’m going to look to agendize them next time. One was some of the youth Commissions and some of the youth activities that were facilitated. There’s just so much energy and such good results came out of the teen programs and Mountain View is looking at an initiative to be a Human Rights City and thinks there’s a model there that we might want to look at. So, we will talk about that as an agenda item for next time. There was just one other thing. This was kind of in response to Jill. We met with Dr. Brown today and as part of that meeting, Rabbi Lewis gave us a flyer on the Sunday before Thanksgiving, the faith groups are doing a thankful program. So, they already put themselves together to bring the community together and maybe, do you have that...

Ms. van der Zwaag: I think only a couple – I’d have to look in my folder because I left straight away after the meeting but I will make a note to look at that on Monday and make a PDF of it to send out.

Vice Chair Stinger: That’d be great.

Chair Stone: Any other Commissioner Reports?

2. Council Liaison Report

Chair Stone: Council Member Wolbach, do you have a liaison report for us?

Council Member Wolbach: Not much to say today.

Chair Stone: Ok, great.

3. Staff Liaison Report

Chair Stone: Minka, Staff liaison?

Ms. van der Zwaag: Just a couple quick things. Again, the HSRAP discussion, I will send you out the agenda when it becomes available, November 29th at Policy and Services. The Council’s HRC study session has a new date and we’ll see if this one gets kept, February 27. So, it’s not for a long time but February 27. Then the Commissioner recognition event is on December 15,

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7pm. I just want to confirm that you got an invitation directly from the Clerk's Office for that event.

Chair Stone: Thank you and that Study Session is at 6 o'clock?

Ms. van der Zwaag: I will – the study session is usually at 6 o'clock but as we get closer to that, I will let you know.

Chair Stone: Thank you.

VI. TENTATIVE AGENDA FOR NEXT REGULAR MEETING: December 8, 2016

Chair Stone: Alright, tentative agenda for our next special meeting. I guess we'll have the discussion – the review of the HRC mission, we'll come back to that.

Commissioner O'Nan: HSRAP Subcommittee.

Ms. van der Zwaag: HSRAP CDBG – we need to do the selection of the Subcommittee that will review that.

Chair Stone: Then let's try to keep it short.

Ms. van der Zwaag: Then the item that did not get included on this one, which would be a discussion of your events.

Ms. van der Zwaag: The worksheet. So, then we have CDBG HSRAP, work plan items and mission statement. I feel like I just forgot something. We have four things or three?

Vice Chair Stinger: Review of Policy and Services?

Ms. van der Zwaag: We could. We might have already had it by the time we have agenda planning for this so we can look at it then but that's just a recap of the discussion on Policy and Services. That might just come in my report to you.

Chair Stone: Ok, thank you. We're adjourned. Thank you.

VII. ADJOURNMENT

Meeting adjourned at 9:20 p.m.