



HUMAN RELATIONS COMMISSION

Thursday, January 12, 2017

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 Kou

Staff: Minka van der Zwaag, Mary Constantino

I. ROLL CALL

Chair Stone: Welcome everybody to the first meeting of the year for the Human Relations Commission. Let’s get 2017 off to a better start than 2016. I think we’ll do that right now. Mary, can you do roll call, please?

II. AGENDA CHANGES, REQUESTS, DELETIONS

Chair Stone: Alright, thank you, Mary. Do we have any agenda changes, requests or deletions?

Minka van der Zwaag: No, Chair.

Chair Stone: Great.

III. ORAL COMMUNICATIONS

Chair Stone: We are going to move into oral communications from our great audience. We’ll start with David Carnahan.

David Carnahan: Thank you Chair Stone and Commissioner. I’m here actually tonight for two purposes. The first of which, I’m sure you can guess, is Board and Commissioner recruitment. It’s the only time you ever see me in the wee hours of the evening unless it’s Monday. The city is currently looking to fill roles on the Historic Resources Board, the Parks and Recreation Commission and the Planning and Transportation Commission and the City’s Clerk’s Office always wants to come to Boards and Commissions because not only are you great resources for reaching out to community members but are very engaged community members; both come to meetings and watch from home. We are hoping that you will help spread the word, talk to at least two people for two of the Commissions. Try to encourage them to apply. The deadline is January 27th at 4:30 PM; again, it’s Historic Resources Board, Parks and Recreation Commission and the Planning and Transportation Commission. I’ll hand out a flyer for each of you in a moment. The second reason is to express the City Council’s appreciation for your service last year. Now, four

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of you were able to make it to the Board and Commission recognition event. The three of you that weren't able to make it, we have your proclamations and your appreciation gifts. So, let me hand those out and I hope you have a fantastic meeting.

Chair Stone: Thank you. I'm going to say, former Chair O'Nan, I think you did a better job at rallying the troops at the Boards recognition. We use to have the entire Commission at those and this year we only had four members. Hopefully, next year.

Ms. van der Zwaag: It was the storm.

Chair Stone: Yes, but the rain doesn't stop the HRC.

Commissioner O'Nan: We're unstoppable.

Chair Stone: Exactly. Alright, next speaker Lynn Krug. Did I say, that, right?

Lynn Krug: Yes.

Chair Stone: Ok, thank you.

Ms. Krug: Hi. Let me introduce myself just quickly. I'm Lynn Krug and I'm the Chapter Chair for the City of Palo Alto SEIU Chapter of some 550 employees of the City of Palo Alto and I'm also in here in place of my colleague Bunny Bornstein, who represents 146 more of the part-time hourlies. I'd like to thank you for the privilege to speak to all of the Human Relations Commission members and good luck on your mission. I very much appreciate your attitudes and your forward thinking. I'd like to thank the City Council members who participated in the Colleagues Memo and encouragement of how we should treat one another and for the inclusion of workers. The City of Palo Alto workers are an essential part of the community. For many years in Palo Alto, due in great part to media hostility, employees have been considered the other. We need to be looked at and honored for our participation and our love for this community. Many of us commute long distances but we still participate with full dedication every work day. The reason why I'd like to speak to you tonight are about things that we can change and they're three basic items; top-down management, discrimination, and media bias. The City of Palo Alto would like to perceive itself as healthy, innovative and good business practice. Without full circle communication, top-down management doesn't provide for good project management, good business practice; where all parties are accountable and the Union's like a – the Union employees are like a community in a coal mine. It should be a full circle so all parties are accountable for the well-being of our community and the good function of our organization. Let's replace top down management with team building and a healthy work environment. Years ago, we had in-house management classes, those were removed. This type of activity helps interaction, it helps education and it helps move an organization forward to build together. Top down management can also cause hiring people's family members, which is not good business practice. The old good old boy network is a deterrent to the work environment. We need to be a workplace that hires for professionalism and expertise. That means, unfortunately, we really need to consider paying people fairly to get the expertise in that upper and middle management level that we need to guide all. That means, also not being the worst

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City to work for in the Bay area by having grievances and arbitrations that exceed the rate of any other area. We need to be able to speak to one another and resolve issues on lower levels. We need to be a forward-thinking city that works together. This costs us money. This costs us a lot of money and I'm going to bring those numbers to the City Council coming up in the near future; probably by the end of the month. Now, top-down management is not about accountability and what often happens in top-down management is also something that I know you guys have talked about for mental health issues, about discrimination and bullying. When you have full circle accountability, you have a more cooperative, generating goodwill environment and that's what we want to see as a Union and we want to see that for our community and we want to see that happen here so we can be a better and growing forward organization. I appreciate you considering these issues and once again, what we would like to see happen is that we reconsider top down management, we eliminate discrimination and just like in December – I'll make this short, you saw it and I know you did in the Post, how they said that in 17 months, we received three raises. That's not true. What actually happened, it's a three-year contract. We postponed raises – within SEIU – for four months and then our actual raises to bring us to 3% below median, occurred over a 17-month period so that the city could adjust to that. We're still well under median. We do our part, we work for less than other cities on average and I want to be the person that helps persuade you that we need to be honored as part of the community and something that's great for all of us. Thank you.

Chair Stone: Thank you.

IV. BUSINESS

1. Mental Health Learning Series – Dr. Tasha Souter, MD, Medical Director of Trauma

Chair Stone: Now, we will move onto our first item of business, the Mental Health Learning Series. Minka, can you introduce our speaker.

Ms. van der Zwaag: Dr. Souter, will you come forward and we turned your microphone on. I'm really pleased to have Dr. Tasha Souter who is the Medical Director of Trauma Recovery Services at the Veterans Administration. Last spring, I went to a wonderful conference on mental health issues at the VA. It was a whole day conference and I definitely learned a lot and I was very impressed with their array of services that they offer to the veterans in our community. I think it was Commissioner Alhassani, who suggested we get someone from the VA to participate in our Mental Health Learning Series. I was very pleased that Dr. Souter said she could come. Welcome and she has a PowerPoint, you can see it on both locations and thank you for being here.

Ms. Tasha Souter: Great. Thank you so much for inviting me. I was asked today to speak about the VA Palo Alto and mental health services that are available there. As well as to talk a little bit about some veterans specific mental health issues and in particular, my area of expertise is Substance Use Disorders and Post Traumatic Stress Disorders so, I'll be touching on those issues. Starting off, you may be familiar with the mission of the VA which is to fulfill President Lincoln's promise to care for him who shall have borne the battle and for his widow and his orphan by serving and honoring the men and women who are America's Veterans. The Department of Veterans Affairs is made up of three different branches. The Palo Alto VA is part of the Veteran's Health Administration. The VHA is divided into 22 Veterans integrated service

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network across the United States and associated territories. We are in VISN 21, which as you can see has a very large catchment area, including half of California, almost the entirety of Nevada, Hawaii, the Philippines, Guam, and America Samoa. There are 10 facilities within VISN 21 and of course, Palo Alto is one of those. Some of these facilities are larger, such as Palo Alto and some of them are quite a bit smaller and work to share resources to be able to move veterans between these facilities in order to provide them with the best match for specialty treatment services. For the VA Palo Alto, in particular, the local catchment encompasses this broad area that starts from far below Monterey and goes all the way out passed Stockton and Sonora. So, just for this facility alone, it's a large area that incorporates some urban areas as well as some very rural areas where veterans can be located. We have three main divisions where out and inpatient facilities are and that's located in Palo Alto, Livermore, and Menlo Park. We have seven community-based outpatient clinics across that region. Our focus is veteran-centric care, providing evidence-based treatment focusing on psychosocial rehabilitation and recovery. We do a lot of education and clinical research to inform not only VA clinical practice but also national practice and we are motivated by collaborative and integrated care both within the VA and with the broader community. The mental healthcare structure for the VA of Palo Alto includes a large research and education component as well as outpatient, inpatient, addition treatments services, residential treatment services for specialty care, including Substance Use Disorder and Post Traumatic Stress Disorder, homelessness. Then we also have our Domiciliary which provided outreach homeless services. So, this is a long list of specialty care services available through the outpatient clinics. Again, there are services for PTSD, Substance Use Disorder and general mental health treatment. The Veteran Recovery Center is a mental illness program. We have mental health intensive case management, compensated work therapy, and a women's counseling center. We provide family services and family therapy for Veterans and their partners and children. We have suicide prevention coordinators, that we will talk a little bit more about later on and integrated primary health and mental health teams. Our inpatient mental health services include three, 20 bed locked units and there are specialty tracks within some of those units, ranging from geriatrics to more specialty focus treatment for PTSB, Substance Use Disorder, and serious mental illness. We also have a mental health evaluation clinic that coordinates care for crisis management both by telephone and through the Emergency Departments. We have 150 residential rehabilitation treatment beds where patients can come for intensive treatment services. We have a 21 men's PTSD program and a 10-female only Veterans treatment program which is relatively unique for the country. We have a 28-day 19-bed Substance Use Treatment Program as well as a longer 90-day treatment program that has 30 beds and then we have the Homeless Veterans Rehabilitation Program which is 180 day, 70-bed treatment program to help Veterans who have chronic homelessness issues to help integrate into the community, build resources, get treatment; both medical care and mental health treatment. I think they were recently featured in the local newspaper as well. In addition, our Domiciliary and Homeless Veteran services provide justice outreach services into local prisons and jails and courts. We do homeless outreach, we have Per Diem housing; where we contract with shelters to provide housing for veterans. We also do HUD-VASH and homeless medical care for Veterans.

Commissioner Gordon Gray: What is that?

Ms. Souter: It's a VA-supported housing so, it's a voucher system where they can get supported housing. As I'm sure you're aware, it's quite expensive to live in this area and so, it helps

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provide some resources. Homelessness at the Palo Alto VA is under the umbrella of mental health services and one of the reasons for that is that, as the study shows, we're well aware that many chronically homeless Veterans have co-morbid medical and psychiatric conditions. You can see 33% of Veterans who have been homeless for two years or more in this study had mental health issues, Substance Use Disorders as well as serious physical illnesses. The top 5 most common disorders -- mental health diagnoses among chronically homeless Veterans are depression, alcohol dependent, alcohol abuse, drugs use disorders and anxiety disorders which would include PTSD. Typically, about 1/3 of all patients that are seen through the VA Palo Alto for any reason, carry a formal mental health diagnosis and 30% of all of our patients have received mental health services during their contacts with the VA and you can see, I put some numbers on the number of unique Veterans that we're serving in a year and the numbers are quite high, which represents that extensive catchment area. Turning a little bit more to the specific disorders, Post-Traumatic Stress Disorder has been -- well, symptoms related to the impact of war, have been described going back to Greek and Roman history but it was first officially categorized as a mental health diagnosis in 1980; which was in the aftermath of the Vietnam War. It's the second most prevalent anxiety disorder in the United States and it has a lifetime prevalence of 6.8%. Women are twice as likely to have a lifetime diagnosis of PTSD as men are and that's typically thought to be due to the nature of traumas that women experience. There are higher rates of developing PTSD from inner personal traumas like rape or molestation than there are from physical assault; things like that. PTSD is associated with high rates of comorbidity, social and occupational impairment and high health care costs. I always like to remind folks that it's -- PTSD is frequently attached to the Veteran population but trauma itself is very common in our population at large and PTSD is present throughout general population and mental health population samples. You can see that men and women both have approximately 26% of the general population have experienced at least one traumatic event in their lifetime and some many more than one. This shows some numbers based on some of the experiences that people can have that can lead to a diagnosis of Post-Traumatic Stress Disorder and their prevalence in the general population. Then, of course, there are some specific traumas that are more related to Veterans and we do provide treatment for PTSD regardless of what the traumatic event is. So, if it's childhood trauma, motor vehicle accidents, natural disasters, we provide treatment for that. Combat and military sexual traumas are in an area of particular expertise and focus for the VA. The annual incidents of experiencing sexual assault are 3% among active duty women and 1% among active duty men. Folks are sometimes surprised that men in the military experience sexual assault as well.

Chair Stone: Do you have numbers on what that is outside of the military? Just within society, itself to add a little comparison.

Commissioner Gordon Gray: Sexual assault?

Chair Stone: Yes.

Dr. Souter: This is for the general population. This is a lifetime prevalence. The rate and molestation are categorized separately and this is an annual incidence so, for each year of being in the military. Then, PTSD from combat differs based on the conflict so, in Vietnam, 31% of men have developed PTSD and 27% of women in that conflict developed PTSD. Gulf War

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Veterans, the numbers were somewhat lower at 12% and OIF/OEF that's Operation Iraqi Freedom and Operation Enduring Freedom, which is Afghanistan. The rates range from 13%-33%. This was a population that was at times required to do multiple tours, which is different from the earlier conflicts and so, we know that multiple tours raise the risk of developing Post Traumatic Stress Disorder. The number of traumas that a unit experiences, the type of job that they were there to do, those sorts of things and whether or not there were physical injuries associated with the traumatic event also lead to higher rates. PTSD is defined by the witnessing or experiencing the traumatic event, combined with persistent and disabling symptoms in these 4 categories; intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. This is where I have a video [video shown about PTSD]. In addition to those core symptoms, we are also looking at these associated features and they can include things related to inner personal relationships that people have with loved ones. It can include somatic complaints, personality changes, dissociative symptoms, changes in world view over belief systems so, people who were raised to believe that bad things happen to bad people and good things happen to good people, find themselves in terrible situations may begin to question, why them and question their world belief. So, we work with them around that. Social withdrawal and isolation are a major symptom. Keeps them withdrawing from relationships, from social situations, may keep them isolated from coming into treatments. So, getting these people into treatment is very important to getting them help. It's also important to know that when we are treating PTSD, we're also treating many other issues as well. 80% of those with PTSD, have at least one other psychiatric diagnosis and we know that PTSD likely mediated through chronic stress cause higher rates of medical disorders. The rates of diabetes are four times as high in people with PTSD than those without. Heart Disease, Liver Disease, chronic pain, our Veterans are at high risk of being prescribed opiate pain medications, which then can lead to other problems. We monitor very closely for Substance Use Disorder in this patient population. 60% of patients with PTSD have a co-occurring Substance Use Disorder. Just like the rest of the country, we're looking at trends and you can see that some of these numbers are going up over the more recent years. I can't talk about mental health in Veterans without touching on suicide prevention. In 2014, 20 Veterans died each day from suicide. The piece that you may not have heard was that 6 out of the 20 were users of VA services. So, we know that getting connected with the VA, getting treatment through the VA is protective for Veterans. Veterans accounted for 18% of all deaths by suicide that year and 66% of them were the result of fire arms. Our Veterans are very comfortable around fire arms and that's a particular lethal way of having a suicide attempt. We encourage and educate around fire arms. Keeping them safe, we give out gun locks to try and protect them. We urge them to give them to family members if they need to, to keep them safe. Then, hopefully everyone has heard about our Veterans crisis line which is a 24 hour/7 day a week telephone, web and chat and text connection and through May 2016, they have answer 2.3 million calls, 289,000 chat connections and 55 texts. So, they are definitely being utilized and we want to make sure that the word gets out. Some other things that we are doing to promote Veteran suicide prevention; we've developed a SAVE protocol which is a Veterans specific gatekeeper training similar to some of the trainings going on in schools and colleges around the county. We do comprehensive screening and assessment. We identify high risk Veterans who are followed by our suicide prevent coordinators. They are in mental health positions with the single goal of tracking these folks that are high risk, getting them into treatment, developing relationships with them, calling them, talking with them and one of the nice things about being a national health care system is that if I have a Veteran that I have

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flagged as being high risk in California and they move to New York our suicide prevention coordinator gives a warm hand off and then the suicide coordinator in New York picks them up and gets them into treatment. There's also a website that connects families for telephone coaching where they can coach families about how to get their loved ones, who are Veterans, into treatment, engaged in treatment, interested in treatment and motivated for treatment. Then, we have a variety of community partnerships. This is a picture of a Ride to Recovery biking trip that our Veterans do every year from San Francisco to Los Angeles and they ride together and provide support to each other. So, it's not just about mental health treatment, it's about reintegration and building community supports. Our goal is to care for and empower Veterans to reclaim meaningful roles in their community and utilize skills that foster resilient and sustain wellness. I brought some information, some pamphlets about what is PTSD. Some pamphlets focusing on military sexual trauma, fire arm safety that we provide to Veterans. These are bracelets with the Veteran crisis line information. On the outside, it says support out Veterans and on the inside, it has the crisis line number so, those are pretty popular and some information about Opiate overdose prevention and which is a focus of our mental health treatment as well.

Chair Stone: Thank you so much. Appreciate it. Are there any other Commissioners that have any questions?

Commissioner O'Nan: Yes, I do. Thank you so much, doctor, for being here today. This is a subject that I have been very interested in. My question is, I've talked to a number of homeless Vets in our community who are very anti-VA. They feel like they have had bad experiences there, that they didn't get the care that they needed and now they are living what they call off the grid almost hostile, I would, toward the VA and I get the feeling that there's maybe some mental health issues and they may be interpreting things sometimes in an exaggerated or paranoid way and yet, at the same time I'm hearing about someone of their concerns are valid. That they have now always been treated appropriately or respectfully so, what is the VA doing to kind of bridge that gap?

Ms. Souter: I can speak to what our facility does to try to work on that and I think one of the places to start is by making sure that if you're having interactions with those Veterans that you know that there are services available to them and to help encourage them to make connections with those services but also to know that there are parallel services available through Veteran Centers. So, they don't necessarily have to go to the VA, they can go to Vet Centers and get care there and so that's an alternative why that the VHA is providing services to those folks. Then, through the outreach programs that I talked about, we try to bring those services to the Veterans and so, if there are Veterans that you're aware of that aren't willing to come into the VA. Sometimes that can be related to Post Traumatic Stress Disorder or sometimes it can be related to – like you said paranoia or even base experiences with command or military experience in general and so, our goal is to have the resources to bring those services to them so that they don't have to come to the VA. We have the mobile healthcare services and we have the mental health outreach services that can help provide some services to them and the goal is to build the relationship and let them know that maybe the VA that they were connecting to in the 1970s is not the VA of today.

Commissioner O'Nan: Are you partnering with, you know places like LifeMoves or the Y or

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places where homeless Vets might tend to congregate?

Ms. Souter: We do so, those outreach services go to places like that. I don't have the specific of which locations but that's exactly what their role is to go to places like that where they congregate, to go to encampments, to go to shelters and anywhere that we are aware that Veterans go and there are also ways that I can give you some information, if we become aware of a Veteran that is homeless and is not receiving services, that we can connect with them and go directly to them. If it's someplace that we're not visiting, we want to reach out to those folks and get connected.

Commissioner O'Nan: You know, there was a controversy over the past years about people living in cars and some number of them were Veterans who were, as I said, living off the grid, living in vehicles, very, very suspicious of all government. Very suspicious of the VA and I knew some of them from the Y because they were members there and they were using Y to exercise and shower. They essentially living in a van or a station wagon and you know, not receiving any care or outreach services that I could see. Although they were getting some support at the Y but the Y isn't open 24 hours a day so, it was a difficult situation but this was a hard population to build a trustful relationship with because there was such a high level of suspicion.

Ms. Souter: It's a tough problem and I know that it's one that we try to build relationships with Veterans but also with law enforcement and through the courts and so, if they are entering into some sort of supervised setting or a supportive setting where they are getting resources in some other way.

Commissioner O'Nan: Thank you.

Chair Stone: Other questions?

Commissioner Savage: Yes, I have a quick one. How long does it take PTSD to present once the traumatic event occurs?

Ms. Souter: That's a great question. There are immediate reactions that people can have acute stress reactions and that can happen from the moment from the traumatic event moving forward. There are also delayed responses; in particular, we do see that with folks with a lot of training. So, Veterans, police officers, people who are trained to respond in the moment and then they develop symptoms down the road but to actually reach the point of a diagnosis of Post-Traumatic Stress Disorder, the symptoms need to be present for three months or longer. The body and the mind is an amazing thing and it has a way of processing and healing through experiences and so, when that doesn't occur on its own over three months, that's the point at which the diagnosis can be made and intervention should begin.

Commissioner Chen: I have a question. Is the VA effort what is the success rate and how do you assess success rate?

Ms. Souter: That's a great question too. We have a lot of local outcomes monitoring as well as national monitoring and I'm a clinician so, I provide the care and we do monitoring within the

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programs that I work in. So, there are measures that we use that are very focused on PTSD symptoms as well as addiction related monitors so, we track their symptoms from the time that they enter treatment to the end and we show dramatic decreases in those symptoms in the areas of PTSD, anxiety in general, depression, and substance use but we're also wanting to – and we are tracking things like quality of life indexes. So, it's not just about symptom reduction but it's about how is your relationship with your partner and how much are you enjoying the activities that you participate in and so, much more of a recovery based model, rather than just a focus symptom model. It's also about preventing adverse events too where outcomes that we're trying to reduce acute hospitalizations. Keep people out of our locked units and reducing suicide and reducing violent behaviors or incarcerations. All of those things are being tracked as well.

Vice Chair Stinger: Thank you. I have two questions also. The first question was about the shelter that you provide. Is there a waitlist for the...

Ms. Souter: For the homeless Veterans...

Vice Chair Stinger: Yes.

Ms. Souter: It is a rehabilitation program; it's not a shelter specifically. It provides housing with integrated treatment services and I don't believe that there is a waitlist. There's a process to getting referred to the program.

Vice Chair Stinger: Thank you. My other question is, is there a characteristic of the Veterans in Palo Alto that's unique or different from other parts of the State or other regions? Is our Veteran population different in any way?

Ms. Souter: Well, our Veteran population – like I showed you those maps that include a lot of different people. I can tell you in terms of racial and ethnic backgrounds, our VA captures more similar to the California population. So, there are high rates of Hispanics Veterans than there are in some other VA's across the country. In terms of the roles that they played in the military and the mental health issues that they struggle with, those are consistent across the country.

Chair Stone: I just want to piggy-back off of what Vice Chair Stinger said because you stole my question. People of different cultural backgrounds have more difficult times coming forward with admitting to mental health or seeking treatment. Do you see that as similar rates within the VA as you do within the greater society and how does the VA address issues like that?

Ms. Souter: I think that's more of a Veteran cultural barrier for us because there is an idea of mental illness or PTSD being a weakness and coming for treatment being a weakness. So, that's I think where we struggle more than the cultural issues. There's been a lot more publicity around PTSD and a lot more discussion around it recently or in over the last 10 years or so and we support that and we think it's good. There's a lot of miss information and concerning dialog around PTSD and I think the more that we can make sure that the community has the same message that it's actually a sign of strength to get help for yourself and for your family and to come into treatment and that treatment is difficult and it can be painful but that there is an opportunity to get better and to have a more successful life and just based on the military culture

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that seems to be the larger issue in terms of people not coming to treatment or not engaging in services.

Chair Stone: Have you seen improvement within your own practice? Veterans willingness to come forward, based on what you just said that now the community is a little more open and it's more accepting – we've discussed this issues much more over the past 10 years. Has that helped in your experiences?

Ms. Souter: I think it can only help. I think that it does help and it has helped for some. I think there's still a lot of people who need to connect to services that haven't made their way yet. Some of those folks we've have encountered with and so, I think there's much more work that needs to be done in terms of stigma around PTSD in particular. Around mental health issues and so, yes, the more we can do that, the better off these folks will be.

Commissioner Gordon Gray: I have a question. Is there occasionally somebody that has PTSD that was not in combat? Do you see that? Is there...

Ms. Souter: Absolutely.

Commissioner Gordon Gray: What would be an example of that, if they're not...

Ms. Souter: We talked a little bit about some of those examples. Sexual assault, childhood traumas so, neglect, physical abuse, sexual abuse in childhood, natural disasters.

Commissioner Gordon Gray: I'm talking about Veterans.

Ms. Souter: Veterans are similar to the general population. They have lifetime experiences and in fact, there are some differences. The Vietnam War was a draft so folks were pulled not across also economic groups but from particular ones but more randomly. This was an all-volunteer military for the most recent conflicts and so, that draws people that may have come from difficult childhood circumstances or socioeconomic circumstances or have lowered resources because of where they grew up. Those people are particularly vulnerable for pre-existing Post Traumatic Stress Disorder and then adding on to that any experience that they might have in combat or with military sexual trauma.

Commissioner Gordon Gray: If they were in combat or sexual trauma, I wonder if they would think well, it's not related to, you know my experience in the Army so I'm not going to ask for help. Do you know what I mean? This is not related as Vet or this is not because I'm a Veteran so I feel like I shouldn't ask for that help.

Ms. Souter: Yes, I can say that that's not typically what the barrier is to getting help and at least from an evidence-based perspective, we know that the most likely indicator for developing PTSD from a particular trauma event is a prior trauma. Folks that have sequential trauma over the course of their lifespan are at higher risk of actually developing PTSD from any particular event. We would see it as all being related, all being the Veteran's life experiences and all being part of the work that we have to do and the responsibility we have to these folks.

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Commissioner Gordon Gray: OK. Thank you.

Commissioner Alhassani: Thanks so much again for the presentation. Thanks for the work that you're doing. I have two questions. One in the slide that had things like opiate use as trending upwards. Some other things were trending upwards. Are there general theories as to why they are going up in the past few years?

Ms. Souter: If I can quickly go back to that slide. This is tracking cocaine opiate, cannabis, and amphetamines and you can see that cocaine use is doing down. Where Cannabis and opioid use is going up more significantly? There's a little bit of an uptick in amphetamines and this is actually one area in which the demographics of the VA location is important because there are different drugs present in different areas of the country. In Northern California, up through Oregon, amphetamines are much more present than they are in some East Coast areas and so, that's a little bit unique too; this area. The cannabis has been going up. There's increased access through medical marijuana and so, a lot of our Veterans are using that. Then, the Opiate Use Disorder is consistent with what's being seen across the country and part of that is connected to practices that have persisted over years and have led to challenges when Heroin becomes cheaper than prescribed opiates and changing substances that are included in opiates that you can buy on the street. Did that answer your question?

Commissioner Alhassani: Yes. My other question is, are there things you think – ways that would be beneficial if we boarded the relationship with the VA and the City of Palo Alto or things that we can do to help? Is there a bigger role the City can play as part of the relationship with the VA?

Ms. Souter: Certainly, hearing that you know of areas where there may be Veterans that we aren't reaching. We would want to establish a relationship where we could have a dialog around that and so, if there's an opportunity to connect around how to support people that you become aware of that struggling in the community that could be benefiting from services but aren't. Then, I think it sounds like there were representatives at some of our informational sessions around mental health but the more the cross-pollination and dialog, the more shared information, the better it is in terms of reaching these Veterans.

Commissioner Alhassani: Thanks so much again.

Ms. Souter: The other thing I would add is, I think monitoring access to weapons and substance abuse. I don't know how extensive the role of your Commission is but any opportunity to address those issues goes a long way. Not just to help Veterans but everybody in our community.

Commissioner O'Nan: I was wondering if I could also ask a question about a slide where you talked about the suicide rates and yes, it was the last bullet. So, you said 65% are aged 50 or older so, what is the scenario here? Are these Veterans who have been out of the military for a while and now they have become very depressed in middle age or are they people who were doing 20-30 years and now they have recently been discharged and are suddenly – they can't make the transition back to civilian life or what is that?

Ms. Souter: This is actually consistent with general population suicide trends and so, that bullet

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point informs the fact that we're not just talking about our recent returnees. That certainly they are at risk but our older Veterans are actually at one of the highest risk time periods of life. Typically, these are older Veterans that come to the point in their life where they're retiring, their roles are shifting in their families. They may have co-occurring Substance Use Disorder and so, it's consistent with national trends and suicide. That's a very high-risk time of life...

Commissioner O'Nan: So, it's both then?

Ms. Souter: ...in particular for men.

Commissioner O'Nan: This could be someone who left the military in his 20s and now, 30 years later, he's...

Ms. Souter: Yes.

Commissioner O'Nan: ...or this could be someone who spent 30 years in the military and now at 50...

Ms. Souter: Yes.

Commissioner O'Nan: Ok. He or she is not making the transition well. Struggling.

Ms. Souter: Right. This is a very high-risk time of life among Veterans as it is for the general population. Again, when some of these statistics are put out by the media or in the community, there's a lot of focus on our recent returnees and we just want to make sure that everybody remembers that we're not just talking about our recent returnees. That it's our older Veterans that are at risk as well.

Council Member Kou: Just a couple of questions. Thank you for being here also. Just to piggy back off of what Commissioner Alhassani asked. What Palo Alto can do for the Veterans but also at the same time because you have all the information. I was wondering do you go – especially with your hospital being near neighborhoods in Palo Alto, do you engage with the neighborhoods to engage them and let them know what's – how they can help out, etc. and what they should be knowledgeable about with Veterans within the community as well as from the hospital?

Ms. Souter: I'm trying to do that today.

Council Member Kou: Well, it's just more effective coming from you than from me when I go out and speak to them. Say for example, if one of the neighborhoods in Palo Alto – the neighborhood associations would like to have you come and give a presentation, would you be able to do that?

Ms. Souter: I would definitely be open to the invitation. Yes and I think there are many providers like myself that are very committed to this issue and want to provide education as a way of destigmatizing and increasing access to care. I certainly would be open to doing something like

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that and if I am unavailable at that particular time, I'm sure there's someone else that would and I think the more that we can – as a community and as a country have these discussions the better off we will all be.

Council Member Kou: That would be super. I'll be looking to you for information. My second question is, is there volunteer opportunities at the hospital?

Ms. Souter: There absolutely are. We have a service for volunteers where you can go and register. We are a hospital so there's some training involved in that but there are a variety of different areas where people can volunteer and that includes in the hospital as well as we have Fisher House on campus which is a resident where family members can come and live so there are opportunities for bringing meals to them, for connecting with them and providing support not just for the Veterans but for the families that are there with Veterans who are getting treatment.

Council Member Kou: So, the contact would be on the website or there a particular place that we can phone or provide to the community.

Ms. Souter: It is on the VA Palo Alto website. I would also be happy to give you the point of contact. It's Volunteer Services is a service under the VA Palo Alto so, I believe when you go to the website, you can click on it and it will give you our information but if not, I'm happy to get it to you as well.

Council Member Kou: Can you guys get that?

Ms. van der Zwaag: I'll certainly get that to you and I can get you all a copy of the power point from today as well.

Commissioner O'Nan: I just wanted to mention that one of my neighbors does do this type of volunteer work at the VA and he has a wonderful service dog and he takes his service dog several times a month and that's a just a very, very wonderful way that he's does outreach; both with Veterans and their families. If you have a wonderful pet that might be able to be certified to come out and be a therapy dog, then definitely look at that as an option.

Ms. Souter: Yes, I put up a picture of our dogs in training.

Commissioner Gordon Gray: Yes, there you go.

Chair Stone: Perfect. Thank you so much. Can I have one of your bands?

Ms. Souter: Absolutely.

Chair Stone: You said they are one of your most popular bands, and I can get those before they are gone.

Ms. Souter: We want them to get out in the community and where our Veterans are.

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Chair Stone: Thank you, fashionable too.

Ms. Souter: They're very hip. That's what my daughter said.

Chair Stone: Well, thanks so much for your time, we really appreciate it.

2. Continued discussion on current and potential HRC involvement and support of efforts to build and nurture a community that models respect for differences

Chair Stone: Ok, we'll move on to our second action item and Minka will start us off on this piece, and I will come in to close it.

Ms. van der Zwaag: As you know, last month we spoke about a Colleague's Memo on a safe and welcoming community. That was co-sponsored by Council Member Wolbach and that went to Council on December 12th and I'm happy to report as you probably already know that passed unanimously at that meeting. A version of the resolution affirms Palo Alto's commitment to a diverse, supportive, inclusive, and protective community and it included the addition of people that live, work, visit Palo Alto after a section on privileges on everybody and there were some that just wanted to be a little more specific because it was just residents in the community that this applied to. You may not know there is a Part B of the resolution which included a referral of the subject matter of this memorandum to the Human Relations Commission for the recommendation of implementation measures and additional elements that should be considered by the Council in the future. It was definitely very nice to get a referral from the Council to the HRC on this matter. So, per protocol, when Council gives a referral to a Committee, Staff is called upon to really look at the issue to provide a report to their Commission to be able to provide any information that helps that Commission in framing and discussing that topic; to be able to give advice back to the Council. Obviously, with the holidays, I was not able to do that in just a little over a weeks' time so, please expect to see that on the HRC agenda as soon as possible. I think this referral really speaks to the Council's understanding of the core of the work that the HRC does and it was really an affirmation of the work that the HRC does and I think I definitely look forward to some good conversations with the HRC on this; as I know you are as well. In the meantime, Chair Stone will elaborate on what the HRC is already doing in regards to creating a welcoming and supportive community. You all can also discuss ideas that are HRC lead for other avenues in which the HRC can continue to be a leader in the community on this item. I will turn it over to Chair Stone at this point.

Chair Stone: Thank you Minka. Leadership and I felt very strongly that the Human Relations Commission needed to stand up and a voice at this time. Really in our nation and in our city's history with all the fear and anxiety that is out there right now. I know many of you are aware of the recent hate symbols that have appeared within the community over the past couple of weeks. Minka sent the email around to all of us and then news stories, and I think it's critical that we have that conversation that we discuss it and we make the community feel a little better knowing that we are here. I just drafted a mini statement for myself; just because I felt that it was necessary and felt compelled to do so. It's short so, just bear with me. The hate symbols that have recently stained our city have both terrified and sickened me. The Palo Alto we all know is a city of love and tolerance but we will not tolerate intolerance. I believe many in this community are afraid and worried about our future and I believe it is the responsibility of the

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Human Relations Commission to be present and available to all in the community who are frightened. At no time during my tenure on this Commission have we been more needed than now. The Human Relations Commission is an advisory body for Council but we also must be an ear for those in the community who feel they need to voice their concerns. I want to make sure that the public knows that they are always welcome at our meetings, to voice their concerns, to voice their fears and that we are here to listen to you and to provide help whenever we can. I want to assure everyone that the Human Relations Commission is doing everything that we can do to proactively address issues of concern to human dignity and decency in our community and assure that we will fight against hate and bigotry in all forms and continue to work towards keeping Palo Alto a safe, tolerant and welcoming community for all. Regardless of race, nationality, religious worship, sexual preference, age, immigration status or zip code we are here for you. I think it's really important – so I say in my statement – I think it's important for us to have this conversation. To make sure the community knows that if there's anywhere to go to voice concerns and fears, it is here. We are the Commission that is tasked with that a very important job and we have been doing so much already. I think we need to make sure that we continue that going forward. We have, and we're co-sponsoring the Immigrants and Allies event that will be taking place on September 19th.

Commissioner Gordon Gray: January.

Chair Stone: I'm sorry, January 19th and I know Vice Chair Stinger and I, we met this evening to talk about a worker's rights event that – we're not sure if it will be an event or not but that will be hopefully taking place over the course of the year. Possibly this spring and I would like any Commissioner also to speak up on the projects that you have been individually working on so, I'm not the only one who's dragging on here to talk about the work that you've been doing to address these goals that I just shared.

Vice Chair Stinger: I was just going to say a little bit more about the immigrant's event and it's important at this time. Not just what you mentioned but the planning of it. I've been involved in a lot of planning events but never before have I seen this amount of time, energy, and thought that has gone into this upcoming event. The timing is right now. You're right, we have never been more important than we are right now as a Commission and I'm thrilled to be a part of it; both the Commission and planning this event next week.

Chair Stone: I just want to second that because we are being inundated with emails every day on the planning edits. It's fantastic. It's going to be a great event.

Vice Chair Stinger: I'd like to talk a little bit about a series that I've been working on with Human Services Department of the City. This is something that follows some of the forums that we did last year and the series has been called, Being Different Together: Taking the conversation deeper and it is an event sponsored by the City. Two of us from the Human Relations Commission are on the Committee and that would-be Commissioner Gordon Gray and myself. There's also a group of community volunteers; Pastor Smith from the AME Zion Church and Rabbi Sheldon Lewis. Some other city staff members are part of this committee and our first event will be February 2nd. I want to start by talking a little bit about the objectives. Partly, because that's who I am and I start with the objectives but also because I think it's important to

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point out that we have been working on this program for a good part of the year and we set these objectives in the summer. They're very timely now but they reflect the core values of our community; a commitment to principles of respect, inclusion, dialog, justice and responsibility. The objectives are to build a community which can talk through difficult issues to grow personally in our ability to listen to and to understand another's point of view and to create an opportunity to build relationships with others and develop a dialog about respect for difference and diversity in Palo Alto and to work towards becoming a model city for respect and inclusion. I said we developed these objectives over the course of summer and fall. We worked with an intern to look at best practices in other programs at other cities and other communities and what other organizations were doing. We decided we were going to go forward with a series of four conversations. We had a specific goal, a little amorphous but with some direction until Dr. Brown, who was our keynote speaker in the March forum, stepped up and shares his expertise and his time so generously and really gave us a format for our four events. The first event will be February 2nd and that's going to be called, Crossing the Line. It's a chance for participants to reflect on the identity of this city. What makes us common, what things we share and what are our differences? Then we will follow up with a second event that will dig a little deeper, delve a little deeper to learn how to articulate our differences and express them. Then, it will go on to a third event, Engaging Differences. It talks a little bit about tools. He talks about the oops and the ah's of learning how to deal with differences in the community and then a fourth and closing program that will wrap this whole series up and give us an arch on being different together and taking the conversation deeper. I want to make sure all the Commissioners are aware of the event on February 2nd and we've worked very hard with a graphics person. I have some flyers that I'm going to give to each of you as we leave and ask you to distribute them. Make sure we have good attendance. That's my update.

Chair Stone: Thank you. Anyone else?

Ms. van der Zwaag: Can I just highlight a couple more things...

Chair Stone: Please.

Ms. van der Zwaag: I think that illustrates the work that the HRC has been doing. I'm thinking of Commissioner Chen Immigrant Voices series that has been on and off. I think it's something that we have talked about many times; that we will continue that as speakers become available and for those who aren't familiar that is inviting immigrants to Palo Alto. At this point it has been immigrants from other countries but I think that it could be immigrants from other regions of the United States as well to hear their stories, to learn from them and to see how Palo Alto can work to hear the voices, to learn from them, to let them know about volunteer opportunities within our community. That is something we will continue to do. The other thing Mary and I are just starting is the creation of a Human Services list serve. We've taken the names of the people who have come to all of your events from the last year. Thanks to all your hard work, that was a list of several hundred people and we are going to be from now on informing them of HRC and Human Services sponsored or co-sponsored event in the community. I know there are a lot of great events in the community. We asking people to opt out if they want to do so but I think hopefully this list will grow and it will be a good venue for people that just hear about it somehow, to be able to hear about some of these important events that are happening in the

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community. I wanted to think if there was anything else that I wanted highlight. I think that's what I had at this point and as Chair Stone, I think is about to open it up to see if there's other areas or ideas that are bubbling up in any of you for the HRC to focus on or maybe start to focus on. Several of these forums are happening due to the dedication that you're spending outside this meeting time.

Commissioner Gordon Gray: I have a question. I know we filled out a sheet at one point when we had our retreat and we talked about the things that we wanted to work on. I'm not sure, where are we with that? The events that some of us wanted to take on. I know that Daryl and I talked about human trafficking but that's on hold but what are the other ones that are in the cue because I'm not clear where we go after taking the conversation deeper.

Ms. van der Zwaag: Right. That was a conversation that I know the Commission spent some time on last month. I think what I heard after last month was a continuation of the worker's issues forum or event that the Chair and the Vice Chair were working on. I know that Commissioner O'Nan still has a commitment to the mental health conference but was looking more towards the fall and was working this spring with Avenidas more on elder abuse issues. I know Commissioner Savage and Chair Stone got involved in this so maybe shifted some of the focus that might have been on the human trafficking issue to these immigrant voices issues. As I look through what we had, those were the ones that really rose to the top and that we spent some time on last month and were going to be continued to be worked on by Commissioners.

Commissioner Gordon Gray: So, we don't have anything scheduled at the moment besides the series that we're doing with the...

Ms. van der Zwaag: The Being Different Together, the Human Services series of which you're on the committee. That is one that has – well, the other event has a date as well so those are the ones that have current dates. The other ones are in development.

Chair Stone: This conversation is a bit of a call to action and a bit of an audible with a given with where we're at and where the community's feelings seem to be right now since we had our retreat back on August 11th. So, if anybody wanted to shift gears or focus on another priority area, we're not – just because you've signed up for something or came up with an idea at the retreat, you're not committed to that if there was something else that you would prefer to take on or you think it has more meaning at this point.

Commissioner Chen: I have a question. Last year we had immigrants here to talk about life here. One of the common ideas they had was they want the city to host an activity and you have talked with the city officials and they have some different ideas in terms of using media or other ways to communicate but my observation is, we have a lot of immigrants in this community but each one – according to ethnic background, they don't talk to each other. I think breaking the silence is very crucial in this situation.

Ms. van der Zwaag: I hear you and I know we've had some conversations on that and due to that doesn't negate for one minute the worth that type of event or that type of conversation but that's definitely something that Mary and I will continue to have conversations on and bring the HRC

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in but it is not forgotten, Commissioner.

Commissioner Chen: Alright. Thank you.

Ms. van der Zwaag: I don't have that list in front of me but the library, RuthAnn Garcia who's a branch manager at the Mitchell Park Library is the staff member that Vice Chair Stinger was referring to and the library is going to be such a wonderful partner for the Being Different Together. Just looking at what we are just calling ancillary events the library is hosting a book event Silicon Valley Reads and that is something that is something immigration or ...

Vice Chair Stinger: They have two very good books for that.

Ms. van der Zwaag: Right.

Vice Chair Stinger: They had gotten a grant for immigration. They were putting a program together.

Ms. van der Zwaag: Right.

Vice Chair Stinger: They were doing videos of – I love this, Made into America.

Ms. van der Zwaag: I will send that out to the full HRC when we have dates for some of those so there are partners within this city that definitely are working on welcoming in immigration issues. The library has taken on that very deeply.

Commissioner Gordon Gray: How are they promoting that? Is it similar to what we're doing? Is it on the website?

Ms. van der Zwaag: Probably on their Facebook page. She gave me a list of all the ways in which they were promoting it which I will look at again but I will get that information out to you.

Vice Chair Stinger: I have two thoughts that I'd like to mention. Both of them leverage on other things that are going on. I got an email today thanking the Human Relations Commission for its resource page. They said they had gone on to a Human Services page...

Ms. van der Zwaag: That was listed in the paper so I didn't know that was our page or maybe Family Resources page.

Chair Stone: I sent it. I put that together and sent that to Sue on behalf of the Immigration Allies so, it's a whole...

Ms. van der Zwaag: The truth comes out. It's real news.

Vice Chair Stinger: I see the real but the contact I got was a separate email and not related to it so, that would just be another idea to build that resource page. For example, when we have a speaker come and they give us links to the services they provide...

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Commissioner Gordon Gray: That's a good idea.

Vice Chair Stinger: ...we should catalog those for the community. The second idea I'll put out on the table is more for the group that did the homeless vets. In my outreach for Being Different Together, I was speaking to the Public Art Commissioner just today and they mentioned that they were taking down the wooden structure – sculpture in the City Hall Plaza in April and the agreement is that the wood that was used will be donated to Habitat for Humanity and there might be some opportunity for us to do a program around homelessness. We might want to focus on Vet homelessness to do something in the plaza that would link the HRC and the Public Arts Works.

Chair Stone: You could partnership. Any other ideas or thoughts? Yes.

MOTION

Vice Chair Stinger: I have one more thought. I guess what I'd really like to say is I really appreciate your statement and I think it's important that the Commission be open to people in the community coming to us but I also think we need to be proactive and I hate to say– we just need to aware of monitoring and cataloging the situation. I'd really like to be proactive and responding to the Council's request for implementation measures. I guess I'd like to make a resolution that we have a subcommittee or committee to work with Minka on logistics. Putting together an outline, a schedule so that we can come back in February and know where we're going and when we're going to respond to Council. So, my resolution is that we have a committee.

Chair Stone: I agree and I'll second that motion. I think it's critical especially, where we're at right now. To be able to act quickly when Council makes a request especially, with regards to these issues of inclusiveness and making the community welcoming and opening to all and given that our body only meets once a month, I think we're too slow to be able to answer them right away without a subcommittee like this.

Ms. van der Zwaag: I think the question was a subcommittee just for this referral from Council or subcommittee on issues regarding just a safe and welcoming community in general and issues related to that. A short-term subcommittee so that would just be clarification that staff is seeking.

Vice Chair Stinger: I would like to make the resolution specific to the Council resolution and specific to logistics being a sounding board for the work that you're doing.

Ms. van der Zwaag: So, Council referral?

Vice Chair Stinger: Yes.

Commissioner Gordon Gray: When you say logistics, could you say a little more? I'm not sure what you mean.

Vice Chair Stinger: I was thinking of if I start a start a consulting report, I start with my timelines, the outline of what I want, how I'm going to get the information. I don't want to

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charge the Committee with making decisions for the Commission but setting up a framework so that the Commission can operate more efficiently, going forward.

Commissioner Gordon Gray: These would-be programs that come out of the mission that being a safe and welcoming diverse and inclusive and supportive...

Chair Stone: Minka, can you explain the resolution a little more.

Ms. van der Zwaag: Sure, I will.

Ms. van der Zwaag: The referral from Council says specifically the recommendation of implementation measures and additional elements that should be considered by the Council in the future – in regards to the subject matter of the resolution. This is just helping the Council with the eyes and ears of the HRC. Look at the resolution and are there policies? Are there procedures? Programming really lies to staff but it could also look into programs that the Council should consider that the city should implement. So, that might come back to staff for programs and policies and procedures to implement or just other things that the Council could consider in furthering the resolution and the topic of a safe and welcoming community. That's really one of the key reasons that we just don't bring a resolution like this to the HRC and say, let's talk about it and having staff really be able to understand the desires of the Council, being able to have an internal conversation about this and then, if the subcommittee comes to be – just talking about how we can frame an effective conversation with the HRC on this matter. We can just come and we can say, oh let's do this, let's do that, let's do that but I think what the Council is really looking at is that we've done some background into some of the ideas that we have. Either if other communities are doing it or really areas of deep thought and reflection that you have on a certain topic or a policy that you think would be really helpful that you'd like to recommend. This could be a conversation that happens over several HRC meetings before it goes back to Council but my thought is that this is just a very thoughtful and thorough and not a languishing process but something that the HRC is really proud of what they bring back to the Council.

Chair Stone: Thank you Minka. So, does that clear that up a little?

Commissioner Gordon Gray: I'm trying to imagine what would be an example of a policy. That's the only thing. I guess we would discuss that but that would – it sounds conceptual.

Chair Stone: Right and I think it's such in its infancy right now that it's difficult to really conceptualize it.

Commissioner Chen: It's just scattered – very fluid and everyone has ideas and we would discuss that here and then after that we bring that resolution to the Council.

Ms. van der Zwaag: Well, I think it's beyond just what's you think is a good idea, you think is a good idea, you think is – it's something like, you have this idea and then, perhaps it's something that you have some ideas about and there's consensus on the HRC that you're interested in a certain type of recommendation that you'll say to me, hey Minka, can you look into – we've heard other cities that have done such. We are interested in this aspect of it, in order to make a

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recommendation to Council. Could you please provide us more information on that in order to help us be more thoroughly versed on this, in order to make a recommendation back to the Council to consider X, Y, or Z. That is in the way the importance of a subcommittee to help be a clearing house maybe, for some of those ideas and it also helps me to better prepare a staff report for you for your consideration as you have this discussion.

Commissioner Gordon Gray: So, the Council is expecting to hear from us?

Ms. van der Zwaag: The referral does not have a time frame but as I speak to city leadership, who will probably be in dialog with possibly the Mayor and the Vice Mayor on such a topic. Then we would get a little more clarity on that.

Commissioner Chen: Really, I would like to hear an example of certain things and I don't get it. It's very general.

Ms. van der Zwaag: It is very general, that is true. That's why hence the reason I think that there needs some good preparation for the HRC to have a productive conversation on this matter. It could be that there's an initial idea that goes to Council and they ask you to go back and look at other things.

Commissioner Chen: For example, the issue about starting a welcoming event. That is an idea, right?

Ms. van der Zwaag: Possibly.

Commissioner Gordon Gray: Yes, this is a context.

Commissioner Chen: Yes, a context.

Chair Stone: I think we're too early on right now and not prepared enough to really dive into the minutiae of the Council directive. I think this is more...

Commissioner Gordon Gray: Well, we're just trying to understand exactly what it is.

Chair Stone: Right. I think the importance of being able to have the subcommittee to be like Minka said, to be able to dive in with city staff. To be able to understand a little better and then be able to more easily filter it out back to the Commission at our next meeting, hopefully. This subcommittee is not going to have any independent power to be able to make recommendations to Council on its own. It would all come back to the large Commission.

Commissioner Gordon Gray: I was going to say, I would be interested in doing some research on what other cities are doing that are calling themselves inclusive cities or not inclusive cities. What's the word I'm thinking of? Sanctuary cities like San Francisco or – you know, something like – that would be the research I would think of doing. What are other cities doing that might help us formulate ideas for policies?

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Ms. van der Zwaag: I think at this point, I would want the conversation and the thinking of the full HRC on something before I'd suggest you just go off to research.

Commissioner Gordon Gray: Well, that's part of a subcommittee.

Ms. van der Zwaag: ...one idea.

Commissioner Savage: By the way, that will be one topic that will be addressed at the immigrants meeting.

Commissioner Gordon Gray: Maybe that's the place we can get some ideas.

Chair Stone: That was a good plug.

Chair Stone: Yes, Council Member Kou.

Council Member Kou: I wasn't there when they made the resolution but I definitely know what it's all about, and I think you have some great topics coming up. I was just wondering if I might ask you to consider also, after the presentation to perhaps have workshops or something that delves more into that particular subject that you're talking – that presentation was all about so, there's continuation, rather than this – the subject stopped. You know what I mean? If that's something that you might put together for each of these topics of these great subjects that you're working on. Perhaps there's more to it. Even Crossing the Line, for example, I look at that and it can go for different groups. Such as – even for children, in terms of the subject of bullying, in terms of the subject of being different LGBT. Bring in perhaps that conversation as well and have workshops after that presentation and if that is something that can be put together and presented maybe that might be something that continues and can be presented to Council. It's not a subject that will just stop after the presentation.

Vice Chair Stinger: That is our hope. Dr. Brown is the moderator, Pastor Smith is going to be the co-moderator so that we can have legs and carry this forward into other – to repeat the program and extend its life.

Council Member Kou: That would be super.

Vice Chair Stinger: Thanks.

MOTION

Chair Stone: Any more questions or comments? Let's try to bring it to the motion that Vice Chair Stinger brought up so, we can address that right now. Then we can go back to the bigger topic if any Commissioners are interested.

Commissioner Gordon Gray: I would be interested in a subcommittee.

Vice Chair Stinger: Do we have to take a vote?

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Chair Stone: Yes, we will take a vote. I just wanted to see if there were any more comments on the motion. Yes?

Commissioner O’Nan: I have a comment. I’m not opposed to all of course, to our forming a subcommittee but I do feel like we may be acting a bit prematurely because we’re just hearing about this resolution in Part B. We haven’t seen Minka’s report. I’m just wondering if we need to lay a little ground work before we take votes and make these types of decisions.

Chair Stone: I hear that. I think this subcommittee being – I think it is allowing us to – I guess to lay the groundwork for a better understanding of it. Otherwise, we’re just don’t do anything, we leave it up to Minka and Mary, who are clearly more that capable of doing that but I think creating the subcommittee will allow us to be involved earlier on and to understand it a little better. That’s at least my hopes.

Vice Chair Stinger: That was my hope and that was why I tried to choose words. They may not have been the best words to say. I don’t see the charge on the committee to come up with programs or recommendations but to support the development of a staff report so that we’re not hearing the first – so, that we can just support the development of the staff report.

Commissioner Chen: So, how do we do that? In what way, specifically?

Vice Chair Stinger: Without a subcommittee, the first time we would see it would be February 9th. So, that would be our first chance to ask questions.

Ms. van der Zwaag: Yes if I can get it together by then.

Vice Chair Stinger: It would not be before February.

Ms. van der Zwaag: Right.

Vice Chair Stinger: That would be the Commissions first chance to ask questions and say, I’d really like to know more about. We talked about what other cities are doing or I’d really like more about this. This would – the Committee's charge would be to provide some of those questions.

Ms. van der Zwaag: I think we really need to look at the – this cities charge to me and working on to frame the conversation as well. It could be that this subcommittee’s charge, just at first is just how to frame the conversation with the HRC and then maybe if this comes back for our continual meeting. That they would be continuing to frame that conversation but doing some of that background work into some ideas that come out of future conversations. I want to take it step by step and see how best to use the services of this possible – the subcommittee. It could be a little more staff lead at first and then once there’s a little more meat on the bones, that’s when the subcommittee comes in. Like I said, I need to step back and really look at the resolution and see how to best frame this conversation but I could see the subcommittee helping to see how that conversation could be best framed to be more fruitful. The HRC has not received a formal Council referral that has not been HSRAP related in a while. I just want to be able to do an

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effective job to get you the information that you need to have a fruitful conversation but also to utilize the services of Commissioner that want to work with staff to further develop or further investigate some ideas to bring back to the full Commission for a full discussion.

Chair Stone: Well said.

Vice Chair Stinger: Maybe an elaboration might be – I think you are so much more versed in some of the questions than I would be for example. I can see where you would make a statement and I might have a question, needing more clarification and once you're in a database, it's easier to do that all at once. I just think it would make your research perhaps more efficient if you understood some of my questions I have up front.

Ms. van der Zwaag: I mean, the more prepared I can come with a staff report to meet your needs, that would be wonderful. I think I just want to give it with a caveat that those that serve on the subcommittee that we'll be able to just work in my direction to help this be as fruitful as possible in what we bring back. Within the framework of how it needs to be done.

MOTION

Chair Stone: I think the importance of this subcommittee, as you both have already discussed that Minka is always a great voice for us but without it be the actual Commission itself has no involvement during the drafting of that and as Vice Chair Stinger said, we won't see anything until February 9th at the earliest. This gives us a chance to be involved from the very beginning and I think that's important for us. If there are no more comments or questions, then let's take a vote on the forming of the subcommittee. So, all in favor of the votes, say aye.

Everyone: Aye.

Chair Stone: Anyone dissenting? Ok, great and nobody abstaining? I shouldn't do the aye thing at the same time. I can't hear but great. Then that passes unanimously and thank you Vice Chair Stinger for that.

MOTION PASSED UNANIMOUSLY

Commissioner Gordon Gray: So, now what happens?

Chair Stone: Sorry?

Commissioner Gordon Gray: I'm sorry.

Chair Stone: Any interest in being on the subcommittee? Vice Chair Stinger. I know I am as well and great, Commissioner Gordon Gray. Was there anyone else would just didn't raise their hand fast enough.

Commissioner O'Nan: I don't think you can have more than three.

Chair Stone: Just in case, I would step down if somebody really wanted to – Ok, wonderful. Then that is our subcommittee. Thank you. I did promise we would back to the bigger discussion

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after having that vote. If there was anyone interesting in continuing the larger conversation. Going once, going twice? Ok.

1. 1. Review of draft options to update the HRC Mission Statement

Chair Stone: Moving onto business item three. Review of our updated HRC mission statement and hopefully, tonight we'll actually be able to have a vote on it and this gets this finalized.

Chair Stone: Who would like to -- Commissioner O'Nan, would you like to lead our conversation on this?

Commissioner O'Nan: I would like to advocate for the first draft alternative from the December 8th meeting. As someone who helped write it, I naturally think it's extremely brilliant...

Commissioner Gordon Gray: I second that.

Commissioner O'Nan: I think it encompasses the primary messaging that we want to include for the HRC. I also think it's more it's inked that some of the other versions and I think this is as close as we may be able to get to really accommodating all the messaging that came from so many diverse inputs. I'm fairly happy with that draft and I'm hoping my colleagues are too but I'm of course, very open to hearing other people's opinions or suggested edits if they're not...

Commissioner Savage: I agree with Jill. Actually, I'm fine with any of -- I think they are all good but the one that Jill mentioned is a teeny bit better than the rest. I'd like to go with that as well.

Chair Stone: Commissioner O'Nan can you read it for us so that way all those people watching at home can follow along.

Commissioner O'Nan: Alright, this is our proposed draft of the HRC mission statement. To promote the just and fair treatment of all people in Palo Alto particularly our most vulnerable populations. By promoting our awareness of issues and enabling conversations that enhance inclusion. The HRC strives to create a community where civility, respect, and responsible actions are the norm.

Chair Stone: Wonderful. I love it. I think it's great. I think the subcommittee did a fantastic job so well done.

Vice Chair Stinger: I'd like to second that. I think word crafting is the hardest thing in the world but when I hear you read that, I'm really proud. Good job.

Commissioner O'Nan: Thank you.

Commissioner Gordon Gray: I'm just going to say, the only word that I'm not crazy about is enhance. I don't know. Like fosters inclusion or something like -- I don't know. I guess this is assuming we're already inclusive and we're enhancing it but I think that is what we do. We're all about inclusion. Anyway, that was my one little caveat. Other than that, I love it.

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MOTION

Chair Stone: Any other comments? Are you making a motion to change the language?

Commissioner Gordon Gray: Well, yeah. I would just say that that one word, I would like to see the word be either fosters or facilitates or fosters. I like that.

Chair Stone: Fosters inclusion?

Commissioner Chen: I like that.

Commissioner Gordon Gray: You second?

Commissioner Chen: Yes, second.

Chair Stone: Ok, alright. Then we'll have a vote on changing it from -- well, does anyone else want to speak to it? Anybody who drafted it, want to defend their "enhance"?

Commissioner Gordon Gray: I challenge you to a duel.

Commissioner O'Nan: I think enhance is a little plainer English speak. Fosters isn't quite as user-friendly but I think we're getting to the same thing so I certainly wouldn't nitpick it. I do – as a writer myself, I always try to make sure my language is very user-friendly because not everyone in Palo Alto speaks English as a first language and enhance is a word that is more readily recognizable. Fosters does sound like ice cream to many of us.

Chair Stone: Now I am hungry. I was leaning towards foster but I do see what you're saying there and I also like the word enhance because I do think it implies that we are an inclusive community already and that we are just trying to continue to better ourselves. I've always believed that we are one of the most inclusive and diverse communities who celebrates that and I like the idea that we're trying to enhance that. I won't be supporting the motion because of that. Good argument. No wonder you went to law school. Anyone else, before we take the vote? Then, we'll take a vote. All in favor of the motion to change the word from enhance to foster, say aye.

Commissioner Gordon Gray: Aye.

Commissioner Chen: Aye.

Chair Stone: All opposed?

Chair Stone, Vice Chair Stinger, Commissioner O'Nan, Commissioner Alhassani, Commissioner Savage vote nay.

Chair Stone: Then the motion does not pass.

MOTION FAILED

Chair Stone: Anyone want to make – anyone have any other additional motions be to take a vote

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on the updated mission statement? Then, does anyone have a motion to adopt the new mission statement?

MOTION

Commissioner O’Nan: I’ll make a motion that we adopt this as our mission statement. The one that was read into the record.

Commissioner Gordon Gray: I second.

Commissioner Savage: I second.

Chair Stone: Great we have a second. Does anyone speak to the motion? Ok. All in favor of the updated HRC mission statement say aye.

Everybody: Aye

Chair Stone: Any opposed? Ok, wonderful.

MOTION PASSED UNANIMOUSLY

Commissioner Gordon Gray: Yes, we have a mission statement.

Chair Stone: Well done subcommittee. I love it. I think it’s great.

VI. Reports from Officials – Chair Stone

1. Commissioner Reports

Chair Stone: Now moving onto our reports from officials. Do we have any Commissioner reports? Ok.

2. Council Liaison Report

Chair Stone: Our Council liaison report. Council Member Kou.

Commissioner Gordon Gray: Welcome, yes.

Council Member Kou: It’s very nice to be here. Thank you. On Monday night at the Council, we had some items on the consent calendar and Council Member Wolbach actually included into the legislative priorities the language for keeping our city a safe and an inclusive city. So, that’s going to be lobbied up at Sacramento and it’s going to be moving forward there so, we’re very happy about that. Some of the things that I was listening to tonight is I think one of the main issues and one of the other things that you can do in terms of reaching out to the community at the grass root levels, might be to involve Palo Alto neighborhoods PAN. I don’t know, Minka, if you have their email address to send. I think that – then they spread it out to neighborhoods. So, maybe the events would get better and more attendance there. Also, being the first time a Council Member and a liaison to a Committee, I just wanted to find out from everyone here how would you like me to participate and how can I do my job to help you?

Commissioner Gordon Gray: Great questions.

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Council Member Kou: I have no idea. I don't know if I participated too much already. Am I here to listen – I definitely don't want to disrupt what you have. It's great to hear all the ideas that you have. I would love to know how you'd like me to participate. What can I do to help and what I can take back to Council also?

Commissioner Gordon Gray: Great question.

Chair Stone: I think you did a great job. I would just keep doing what you did. Your participation was helpful.

Commissioner Savage: I'd like to add, you know when something goes on at Council that might foster the HRC in some way. I mean something related to the HRC; of course, we would want to hear about it and we really are proud of the work we do here and you are our carrier pigeon to relay that to the Council.

Commissioner O'Nan: I'd like to say too, just welcome you to our meeting and also, it's very important to us that – we've been lucky over the past few years that our liaisons have actually attended our meetings regularly which I'm sorry to say in the past, they did not always do that and we came to be a bit of an orphaned Commission. So, it's wonderful to have a liaison that is active and engaged in and present here at the meetings. We do have events coming up. We would love it if you would be able to attend and if you can let your colleagues know so that some of them may want to attend. Finally, as I think we work on this referral from Council we will greatly value your input as we come up with ideas that we want to refer to the full Council. We'd love to have you vet some of these ideas with us and let us know if you think we're on the right track. You're really our first line of making sure that we're doing the work that Council needs us to do.

Chair Stone: Perfect. Ok.

Council Member Kou: May I pitch just one more thing?

Chair Stone: Nope, sorry. You ran out of time.

Council Member Kou: Talking about events. The Chinese New Year is coming up and in the Chinese community with the city sponsorship, is putting on a Chinese New Year event celebration and it's on February the 12th, at Mitchell Park Community Center from 2 to 5. There's going to be a lot of things going on. A lot of different traditional and cultural activities so, I hope that you will be able to attend and also to meet some of the Chinese Community that's there. Hopefully, we can engage that cultural group to join into more.

Ms. van der Zwaag: Great. I'll find that information and send it out.

Chair Stone: Alright, thank you.

3. Staff Liaison Report

Chair Stone: Ok, Minka, our Staff liaison report.

Ms. van der Zwaag: I think the only thing I have this time is regarding HSRAP and CDBG. The CDBG Committee I believe has already been contacted by Eloiza and raise your hand, it's Alhassani, Chair and Stinger

Ms. van der Zwaag: HSRAP, the RFP, (Request for Proposal) for HSRAP. So, HSRAP (Human Services Resource Allocation Process), our grant program to human service agencies in the community. That RFP closes on Thursday. So, once it closes and Mary and I will work to get you the applications and a timeline for review and a timeline for our meetings to review those.

Commissioner O'Nan: I've already heard that I've been made a portal administrator.

Ms. van der Zwaag: Oh, yes.

Commissioner O'Nan: Can you explain a little bit more...

Ms. van der Zwaag: The City has moved its RFP bid process to an online system called Planet Bids. So, the nice thing is that all the information will be online so, you will be able to access the submitted information from those who are bidding or submitting an application online. That will give you access that program and they will ask that you do, you know, some of the evaluations online and in a review process there. Mary and I are happy to get you a booklet full of that information, hardcover, instead if you so choose to have it that way. You can indicate that to use now and we'll create booklets for you as we have for the subcommittees in the past. You want a booklet. Online of the booklet?

Commissioner Gordon Gray: I'll take a booklet.

Ms. van der Zwaag: Booklet.

Commissioner O'Nan: Well, I'm feeling like I should try and be green. I'll try and go online because I'd hate to see you guys print all that stuff out. It's just huge.

Ms. van der Zwaag: I think what we'll try to do because a lot of it is online, is maybe just look at it and the items that tend to have a greater conversation during the review process...

Commissioner O'Nan: That would be helpful.

Ms. van der Zwaag: ... So, maybe not a lot of the supporting documentation but the core part of the application. We can do that.

Commissioner O'Nan: Ok. That is a great compromise.

Ms. van der Zwaag: Ok.

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Commissioner Gordon Gray: You're going to give us the criteria on how to judge and...

Ms. van der Zwaag: You will certainly get clear information on what to look for and the process and how it works and so forth.

Commissioner Chen: That's the HSRAP?

Ms. van der Zwaag: That is HSRAP. CDBG, all that information comes from Eloiza and my understanding is she had contacted you already...

Chair Stone: We already have a date.

Ms. van der Zwaag: ... and you already have a date and that will be your recommendations will actually be coming back to the HRC next month, in February. Where HSRAP will come March or April. Hopefully, March back to this Committee and – yes.

Chair Stone: Thank you Minka.

VI. TENTATIVE AGENDA FOR NEXT REGULAR MEETING: February 9th, 2016

Chair Stone: Do we have a tentative agenda for our next regular meeting? We already have a couple things as Minka just said; CDBG. We're going to be planning our HRC Council study session. That will be coming – we have a date, don't we? Finally, February 27th.

Commissioner O'Nan: Do we really have a date now?

Chair Stone: Well, we'll see.

Commissioner Gordon Gray: I will want to debrief on the Being Different Together Taking the Conversation.

Chair Stone: Yes, we will need to debrief on that and on our wonderful Immigrants and Allies event as well.

Commissioner O'Nan: And we will need to follow up on the Council's Referral.

Commissioner Savage: How about we implement the buddy system again, with the new Council or attempt to?

Chair Stone: Do you have thoughts on that?

Council Member Kou: I'm so glad that you suggested that because you're saying HSRAP and CDBG. I have no idea what that is and I would really love to know what it is. Also, how do you get funding for the things that you do or is this what...

Ms. van der Zwaag: I can just give a 30-second synopsis on that but I think we can talk offline about that but the buddy system I think is a great idea.

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Council Member Kou: Yes. Thank you.

Ms. van der Zwaag: We've had that in the past.

Council Member Kou: Can I ask why it didn't work? How did it not work?

Commissioner O'Nan: Council Members didn't respond.

Commissioner Chen: The Council Member did not respond.

Ms. van der Zwaag: Busy.

Commissioner Savage: It's more of a time commitment than anything else.

Ms. van der Zwaag: I mean busy in a very truthful way for the level of work to be on Council and a Council Committee. I think it was not a lack of desire for the topics of the HRC but just time management.

Commissioner Gordon Gray: You want to try and resurrect it? Is that what you're saying?

Commissioner Savage: Yes and just try to catch coffee with whoever you're paired with and establish a rapport so, you feel comfortable contacting them and they do you.

Chair Stone: I think that is a great idea. I loved it. I really enjoyed it. Ok.

Council Member Kou: I just think that also makes the Council Members know everybody here; the Commissioners. So, that's a good idea.

Chair Stone: No other suggestions...

Ms. van der Zwaag: Did you want another mental health speaker? Do you feel like with the other agenda items next month that we should take a break on that? There are already five topics but I just wanted to have clarity so, there's not a disappointment next time.

Chair Stone: I think that's probably best.

Vice Chair Stinger: Could I give an open leg to you? If you start your report and there's somebody who you think might be helpful in the city to help us, you invite that person?

Chair Stone: That's a good idea. Ok, with that, good first meeting of the year. Thank you, everybody. We're adjourned.

VII. ADJOURNMENT

Meeting adjourned at 8:57 p.m.