



1016 Laurel Street
San Carlos, CA 94070-3919

A G E N D A

**SEQUOIA HEALTHCARE DISTRICT
SPECIAL BOARD OF DIRECTORS MEETING
12:00 PM, Wednesday, January 7, 2026
San Mateo County Dental Society
939 Laurel Street, Suite #C, San Carlos, CA 94070**

This meeting will be held in person at 939 Laurel Street with access available via Zoom teleconference. To join the meeting from your cellphone dial [\(669\) 900-9128](tel:6699009128) and enter meeting ID: [837 5452 9528](https://us02web.zoom.us/j/83754529528) or join from a computer to <https://us02web.zoom.us/j/83754529528>. Additional information regarding the meeting can be located at our website: www.seghd.org

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|--------|--|-------------|
| | 1. Call To Order And Roll Call | 12:00-12:10 |
| | 2. Public Comment On Non-Agenda Items* | |
| | 3. Old Business | |
| ACTION | a. Approve Grant Request From Second Harvest for \$850,000- Tarryl Jackson | 12:10-12:20 |
| ACTION | b. Approve \$100,000 Grant Request From Ability Path For Art-Based Interventional Therapist To Improve Health Outcomes For People With Developmental Disabilities- Bryan Neider | 12:20-12:30 |
| | 4. New Business | |
| | a. Update From Lifemoves On SHD Support Of Licensed Vocational Nurse (LVN) Services At The Navigation Center- Janelle Nunez | 12:30-12:40 |
| | b. Board Discussion; Proposed Amendments To Board Policies and Procedures - Ms. Kurtzman | 12:40-1:00 |
| | c. Presentation On Plan To Invest Up To \$4M For Urgent Needs- Ms. Kurtzman | 1:00-1:15 |
| | d. Update On Strategic Planning Progress- Kathryn Hamel, JGA | 1:15-1:30 |
| ACTION | e. Director Requests For Future Agenda Items Per Board Policy 8.3- President Martinez | |
| ACTION | 5. Adjourn To Closed Session For The Purpose Of:
Government Code Sections 54957 and 54957.6 for the following purposes: PUBLIC EMPLOYEE PERFORMANCE EVALUATION (54957) PROCESS: Title: Chief Executive Officer of Sequoia Healthcare District. CONFERENCE WITH LABOR NEGOTIATOR (54957.6) Agency Designated Representative: Ivan Martinez, Board President & Rosanne Foust, Board Member And Outside Consultant Donna Vaillancourt Of RPMG. Unrepresented Employee: Chief Executive Officer, Sequoia Healthcare District. | 1:30--- |
| ACTION | 6. Reconvene To Open Session: Announce Any Reportable Action Taken In Closed Session. | |
| ACTION | 7. Adjourn
The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District is Scheduled For 12:00 PM, Wednesday, February 4, 2026, San Mateo County Dental Society 939 Laurel Street, Suite #C, San Carlos, CA 94070 | |

Ivan Martinez - Board President

*Public comment will be taken for each agenda item prior to the board's consideration on that item.

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 1016 Laurel Street., San Carlos, CA, during normal business hours. Please telephone 650-421-2155 ext 201 to arrange an appointment.

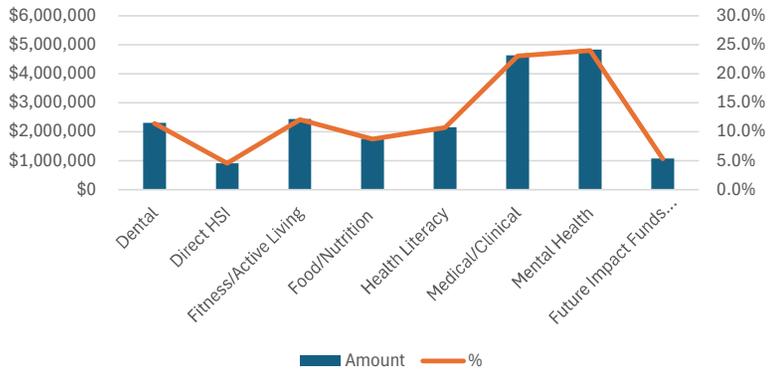
If you are an individual with a disability and need accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155 ext 201.

**Sequoia Healthcare District
Proposed Grant Additions Effect**

**Board Approved
FY '25 - '26 @
12/31/25**

Major Initiatives	Amount	%
Dental	\$2,304,965	11.4%
Direct HSI	\$918,110	4.6%
Fitness/Active Living	\$2,435,155	12.1%
Food/Nutrition	\$1,762,300	8.8%
Health Literacy	\$2,158,335	10.7%
Medical/Clinical	\$4,646,336	23.1%
Mental Health	\$4,834,967	24.0%
Future Impact Funds (FIF)	\$1,071,625	5.3%
	<u>\$20,131,793</u>	

FY'26 Approved Grants @ 12/31/25



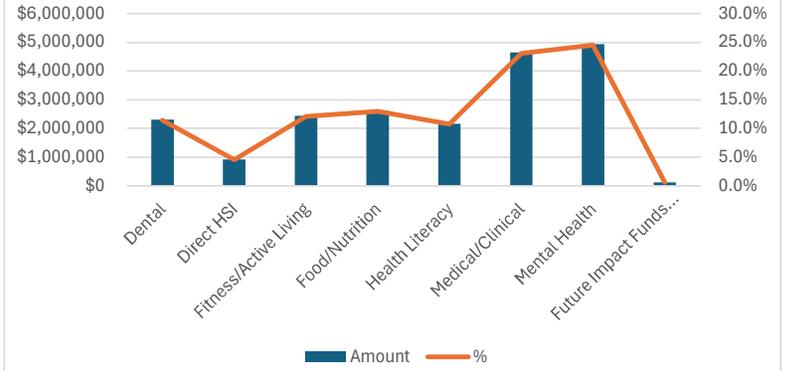
Proposed Additions

2nd Harvest	Ability Path
\$850,000	
	\$100,000
<u>(\$850,000)</u>	<u>(\$100,000)</u>
\$0	\$0

Proposed Additions Effect

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Future Impact Funds (FIF)	\$121,625	0.6%
	<u>\$20,131,793</u>	

FY'26 Grant Proposed Additions Effect



MEMO

To: Sequoia Healthcare District Board of Directors

From: Pamela Kurtzman, CEO

Date: 1/7/2026

RE: Clarification and Justification of Second Harvest \$850,000 Funding Request

Purpose

This memo responds to the Board's two outstanding questions regarding Second Harvest's \$850,000 funding request and explains why the request remains appropriate and necessary for Sequoia Healthcare District (SHD) residents.

1. District Residents Served in ZIP Code 94403

Second Harvest initially cited service levels in ZIP code 94403, which SHD covers only partially. Using available census tract and parcel data, staff estimate that approximately **20% of 94403 residents, about 9,000 people, are SHD residents**. This estimate accounts for boundary limitations and acknowledges known census undercounts, particularly among immigrant households and shared residences.

While not all SHD residents in 94403 receive food assistance, Second Harvest clients are not limited to distribution sites within district boundaries; residents may access food at locations outside SHD based on convenience, work location, or transportation. As a result, service counts tied strictly to ZIP-based distribution sites understate actual SHD utilization.

After reviewing the updated estimates, Second Harvest recalculated its assumptions and now estimates that **12–15% of clients served in 94403 are SHD residents**. Even with this adjustment, Second Harvest maintains that the **\$850,000 request is justified** based on total service volume, operational costs, and rising demand.

2. Other Funding Sources Supporting Second Harvest

Second Harvest has pursued and secured a diversified funding base:

- **Peninsula Healthcare District:**
 - \$100,000 total (CY 2024–2025)
 - \$140,000 total (CY 2026–2027)

- **San Mateo County:**
 - \$2 million annually through Measure K
 - Additional request related to CalFresh disruptions was not funded
 - Second Harvest plans to request increased Measure K support in the upcoming budget cycle
- **Foundations:**
 - Pending \$500,000 request to the Koret Foundation (two-year general operating grant)
 - Active cultivation of Bank of America, Goldman, and Wells Fargo foundations

In FY25, approximately 94% of Second Harvest funding came from community and philanthropic sources, with only 6% from government funding, underscoring both broad donor support and reliance on local public partners such as SHD.

3. Why the \$850,000 Grant Is Needed

SHD's food purchase allocation, approximately \$1.55 million, covers only the cost of food. It does not cover the operational infrastructure required to deliver food safely and consistently to residents.

Second Harvest estimates \$8.5 million in total food assistance costs within SHD in FY26, including:

- Warehousing, refrigeration, and food safety systems
- Truck fleet operations delivering over 3 million pounds of food quarterly
- Staff supporting 57 partners and 100+ distribution sites
- Technology and client support, including the Food Locator Tool, multilingual hotline, and CalFresh enrollment assistance
- Nutrition education and client resource coordination

Because Second Harvest does not charge partners for food, delivery, or services, these costs are not reflected in the food purchase budget but are essential to service delivery.

- SHD funds the food.
- The \$850,000 grant funds the infrastructure that gets the food to SHD residents.

4. Rising Demand and Increased Risk

Demand for food assistance in SHD has grown rapidly:

- Monthly clients increased **50%** in two years (from ~30,800 to ~46,100)
- Pounds of food distributed increased **29%**
- ZIP codes 94403 and 94063 now represent **62% of SHD clients**

Looking ahead, demand is expected to rise further due to federal policy changes affecting CalFresh and Medi-Cal:

- Expanded work requirements may cause **up to 67,000 people in San Mateo and Santa Clara counties to lose CalFresh benefits**
- Even eligible households face increased administrative barriers that may result in benefit loss
- Reduced health coverage and rising costs will further strain household food security

Food purchase funding alone is insufficient to meet this level of need without sustained operational capacity.

Conclusion

The requested \$850,000 grant helps ensure that SHD's investment in food purchases translates into reliable, safe, and equitable access to food for district residents. Combined with community donations that support operational infrastructure, this funding allows Second Harvest to meet current demand and prepare for anticipated increases driven by economic and policy changes.



STATEMENT OF NEED

The past weeks have been deeply unsettling for many of our neighbors. The government shutdown uncertainty of whether November CalFresh (SNAP) benefits would be paid left hundreds of thousands of families in Silicon Valley unsure whether they would be able to put food on the table. While we were relieved to see CalFresh program benefits restored, **the confusion, anxiety and fear people experienced while waiting left more people seeking charitable food assistance.**

At Second Harvest, we felt the urgency of that crisis through an extraordinary surge in outreach: **traffic to our online Food Locator jumped nearly 300%, calls to our Food Connection hotline more than doubled, and many of our partner organizations saw significant increases in attendance at their grocery distributions.** Each of these indicators reflects the same reality: families are working hard to stay afloat, and even short disruptions in public benefits can have outsized consequences.

While the reopening of the government offers some short-term stability, the pressure facing families is far from over. **Rising costs of groceries and healthcare costs,** combined with **the devastating cuts to SNAP and Medicaid in HR1** (also known as the Big Beautiful Bill) will have a real impact on our most vulnerable neighbors. Our two counties estimate that the first wave of **new work requirements under HR1 will impact 67,000 of the 168,000 people** who rely on SNAP. We know that these kinds of changes will push more people into food insecurity.

GRANT REQUEST & PROGRAM DESCRIPTION

We respectfully request grant support in the amount of **\$850,000** to sustain partnerships with nearly 60 service providers who will be supplied with food to distribute to low-income residents of the Sequoia Healthcare District. Our partners include community centers, public Pre-K-12 schools, senior centers, and housing facilities in Atherton, Belmont, Foster City, Menlo Park, Redwood City, San Carlos and San Mateo.

In FY26, we expect to distribute **approximately 12 million pounds of nutritious food** – including fresh fruits and vegetables, high-quality protein/dairy and healthy whole grains – free of cost to an **average of about 46,000 clients** per month via collaboration with our **57 partner agencies** in the above-mentioned cities at **more than 100 sites** through walk-up and farmers market style distributions and through home deliveries to homebound seniors and adults. Of the clients served, 16% will be seniors and 39% will be children.



We have budgeted **\$1.55 million in food purchase expenses** for our food assistance programs in SHD for FY26. The district has generously awarded Second Harvest a total of \$700K in grant funding toward this food purchase expense this fiscal year (\$200K Food Assistance grant and \$500K EIC grant).

Our key partners include:

- Cañada College
- LifeMoves Navigation Center
- Salvation Army – Redwood City
- Samaritan House
- San Mateo County Event Center
- Society of St. Vincent de Paul
- St. Anthony's Padua Dining Room
- St. Francis Center
- Verbo Family Services

We utilize a client-choice model, where clients can select from a thoughtfully curated mix of foods that reflect diverse cultural traditions, choosing the items and quantities that fit their families' needs. **Clients can receive food assistance on a weekly, bi-weekly, or monthly basis**, depending on the capacity of each partner, either through distribution programs at a service site or through home deliveries.

In addition to providing equitable access to adequate nutritious foods, we operate an **online interactive [food locator tool](#)** as well as a multilingual toll-free hotline to connect people who are hungry with food in their neighborhoods. This program also offers assistance for eligible clients with applications to CalFresh (or SNAP), in addition to maintaining a culturally diverse collection of wholesome recipes, cooking videos, and educational resources through Second Harvest's online Nutrition Center. Our integrated program model enables the low-income children, families and seniors we serve to maintain good health, fostering greater stability in their lives as they deal with the impact of current economic challenges.

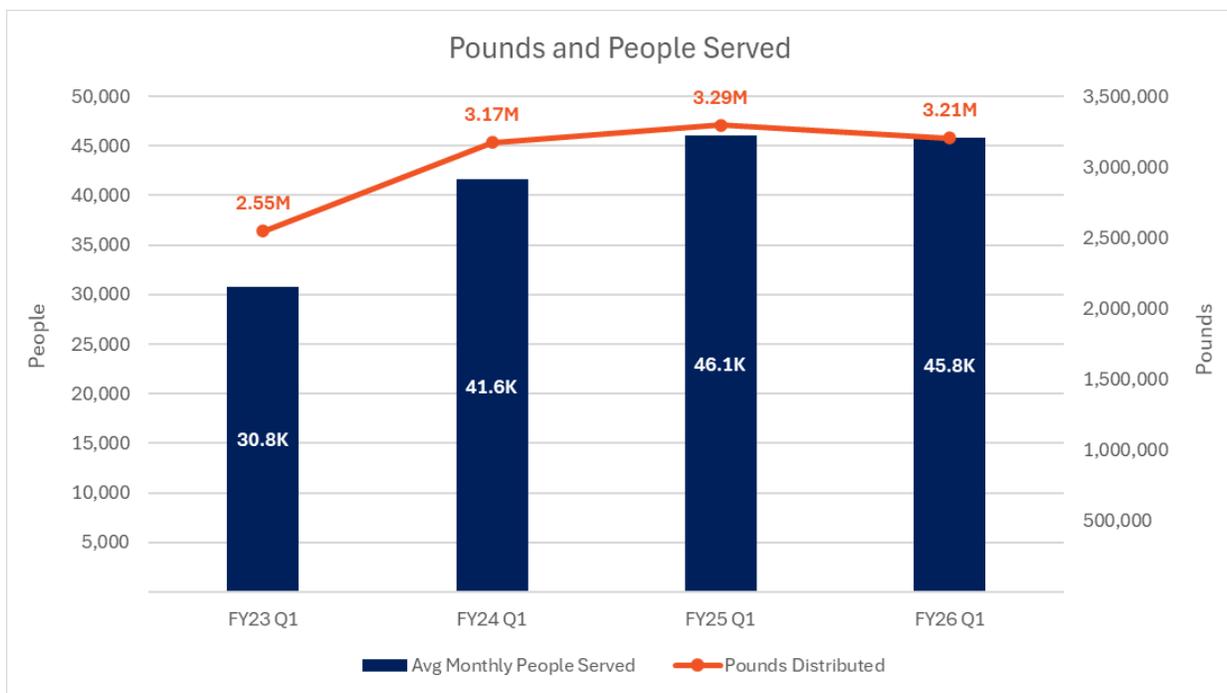
Food insecurity has remained at record high levels for the past several years in Silicon Valley. Despite the wealth in our area, a cost-of-living crisis is leaving many of our neighbors — even those who are working — unable to pay rent and still put food on the table. With the escalating cost of rent, groceries, fuel and utilities, we expect to continue meeting the dramatically increased need for food assistance in the near future. The HR1 federal cuts to safety net programs SNAP and Medicare were very alarming



as they will greatly impact the people we serve and exacerbate the need for food assistance.

According to the graph below, **in Sequoia Healthcare District, the number of people served and pounds distributed grew significantly** from Q1 of FY23 (July 1 – September 30, 2022) to Q1 of FY25 (July 1 - September 30, 2024). During this timeframe, we went from serving 30,800 clients per month to 46,100 clients per month (a nearly 50% increase) and went from distributing 2.55M pounds to 3.29M pounds of nutritious food (a 29% increase).

In Q1 of FY26 (July 1 – September 30, 2025), we continued to serve **nearly 46,000 clients** per month and distributed **3.21M pounds of nutritious food**. As we prepare for major SNAP changes in 2026, our data analysts hypothesize that we will see another increase in demand, although it is hard to predict what the total increase will be.





The following table shows the number and percentage of people we are currently serving by ZIP code within SHD:

ZIP (CITY)	Average Number of Clients Served in FY26 Q1	Percentage of Clients to Total
94028 (PORTOLA VALLEY)	0	0%
94002 (BELMONT)	1,061	2.3%
94025 (MENLO PARK)	4,315	9.4%
94027 (ATHERTON)	921	2%
94061 (REDWOOD CITY)	6,777	14.8%
94062 (REDWOOD CITY)	1,629	3.6%
94063 (REDWOOD CITY)	12,326	26.9%
94065 (REDWOOD CITY)	582	1.3%
94070 (SAN CARLOS)	875	1.9%
94403 (SAN MATEO)	16,433	35.8%
94404 (FOSTER CITY)	924	2%
TOTAL IN SHD	45,843	100%

Between Q1 of FY25 (July 1 – September 30, 2024) and Q1 of FY26 (July 1 - September 30, 2025), the following zip codes within SHD saw **significant increases** in the number of clients served:

ZIP (CITY)	FY25 Q1	FY26 Q1	% Change	Key Partners in ZIP
94061 (Redwood City)	6,300	6,777	8%	Caminar, Cañada College, John F. Kennedy Middle School, Rocketship Redwood City Prep, SVDP St. Pius
94062 (Redwood City)	780	1,629	109%	Kainos Home and Training Center, SVDP Our Lady of Mt. Carmel, SVDP St. Matthias
94403 (San Mateo)	15,916	16,433	3%	Hillsdale United Methodist Church, Samaritan House @ King Center, San Mateo County Event Center
94404 (Foster City)	862	924	7%	Foster City Library



OUR RESPONSE

Second Harvest is taking several steps to support our community during this volatile period:

- **Increasing the amount of food we provide to partners** so they're able to serve more neighbors seeking food assistance for the first time or needing to come for food more frequently.
- **Strengthening high-value food offerings.** Confident in the ongoing generosity of our community, **we're increasing our food budget by ~20% through January** so we're able to provide milk at every distribution (rather than every other) and add eggs to our offering.
- **Working deeply with our nearly 400 partner organizations** to understand on-the-ground conditions and ensure we are supporting them as effectively as possible.

This moment has demonstrated both the importance of CalFresh and the vital role the charitable food system plays when public benefits don't go far enough.

In addition to asking for additional financial assistance from our funders, we have formed **a Rapid Response Team** that is small enough to move quickly, but broad enough to ensure we have the most germane expertise at the table. They are developing a plan and systems that enable **monitoring shifts in need driven by external forces** (the shutdown, HR1, ICE fears, etc.) in "real time." This will include quantitative and qualitative data that can be used to help ensure we are getting the right quantity of food to sites and can quickly make changes to meet fluctuations in need.

Core Members

- Programs: partner and client insights
- Food Sourcing: product availability and procurement
- Supply Chain: logistics readiness
- Advocacy: policy tracking and interpretation
- Data & Analytics: demand indicators and monitoring tools

Rotating / Ad Hoc Participants

- Food Connection: early indicators of demand shift
- Finance: modeling fiscal exposure or adjustments



- Volunteer Experience: activation and capacity readiness
- IT: systems or data capture support
- People & Culture: only as needed (e.g., staffing or safety implications)

Our response to this situation is the food bank's top priority at this moment. We do not want to provide too much additional food to sites that would lead to unnecessary waste or overwhelm these sites. We continue to monitor the amount of food that these sites need. Program team members are assigned to a partner site; partners can use a QR code to let us know if they are seeing more or fewer people, needing more or less food to distribute, etc. In addition to food distribution efforts, Second Harvest is also one of the biggest connectors to CalFresh outside of the two counties of Santa Clara and San Mateo.

We are serving our 400+ partners at scale equitably and can scale up in a crisis. In Sequoia Healthcare District specifically, we are working with 57 partners to distribute nutritious food to an average 46,000 clients per month. Of these partners, four are current Food & Nutrition grantees of SHD: Peninsula Volunteers, San Carlos Service Club, Society of St. Vincent de Paul, and St. Anthony's Padua Dining Room. However, we cannot replace special items that these nonprofits are specifically requesting. We look at providing items that can be used across all cultures.

WHY WE ARE BEST QUALIFIED TO RESPOND TO THE NEED IN SHD

Second Harvest of Silicon Valley is the **ONLY** food bank within the geographic boundaries of SHD, as well as our service area of Santa Clara and San Mateo counties. Second Harvest uses several evidence-based and research-based practices to determine the community need for food assistance and to implement the learnings from these findings to distribute a variety of nutritious foods that will provide good nutrition which is essential for our clients' good health. **Our nutrition policy and nutrition education program*** are designed to help our clients make nutritious choices for themselves and their families, while aligning with the latest nutritional science.

*<https://www.shfb.org/impact/our-work/nutrition-education/>

Our healthy food distribution and provision of other integrated resources provided by our partners better the health of our clients and helps children, families, and seniors cope with their challenges due to inflation and increased food, fuel, and housing costs. With well-established programs and **nearly 1,000 food distribution sites**, excellent partnerships with 400 nonprofits including churches, soup kitchens, pantries, shelters, community centers, Pre-K-12 schools, colleges, medical clinics, senior centers, affordable housing



complexes and dedicated staff and volunteers, we are able to achieve and sustain continued success in providing food to anyone who needs it.

Rather than paying retail prices, Second Harvest works with the California Association of Food Banks, major retailers, government assistance programs, growers, distributors, and other food banks to source nutritious food.

We serve an astonishing **1 in 6 people** in Santa Clara and San Mateo counties. A typical Second Harvest client who visits our food distributions weekly receives an estimated **\$200 worth of free groceries every month**. In addition, we helped eligible clients secure an average of **\$286 in CalFresh benefits per month** last year. This assistance frees up dollars our clients need to cover other critical expenses such as rent, fuel and healthcare. Yet we routinely hear from our clients how tenuous their situations are. Findings from a July 2025 survey of our client households indicate:

- **Nearly 55%** of respondents have **less than \$100 in savings**.
- More than 70% of respondents are more worried about being able to pay their bills compared to a year ago.
- **Nearly 85%** of respondents report the **cost of nutritious food makes it hard** for them and/or their households to stay healthy.
- 70% of respondents report that someone in their household has pre-diabetes, diabetes, high blood pressure or a heart condition.

We warehouse foods, including those needing refrigeration and freezing, and transport them through **our fleet of 30 trucks** to our network of 400+ partner agencies, as needed, so these agencies do not need duplicated infrastructure for food distribution to clients.

Unlike most other food banks around the country, **we do not charge our partners a fee to receive food from us**. While this increases the amount of money we need to raise annually, we see it as another way to support our community.

Many of our partners are small nonprofits with limited budgets and fundraising capabilities. With **FREE** food, they can focus their time and resources on their areas of expertise.



With our large-capacity operation, we can purchase bulk food and receive sizable food donations that smaller nonprofits cannot manage. We then sort and distribute this food, providing a large variety of healthy foods in smaller quantities that our partners can use effectively.

Our partner agencies **receive 50-80% of the food** they distribute to their low-income clients **from us, AT NO COST**. Second Harvest does not charge for food, delivery, nutrition education or food safety training services.

We also connect our partner agencies with grocery retailers close to them so they can receive surplus donated food which is rescued as part of our **Food Rescue Program**, where we partner with ethnic grocery stores and other retail stores to divert high-quality food from landfills and other destinations and connect clients with culturally preferred foods.

If needed, we will provide additional infrastructure support that partners may need to distribute food.

We are working with 57 partners within SHD (including PreK-12 schools, community centers, colleges, and churches) at 100+ program sites in the SHD's specific zip codes to implement our goals of addressing food insecurity in the district.

Our healthy food distribution and provision of other integrated resources provided by our partners will better the health and help children, families, and seniors, who will benefit **AT NO COST TO THEM**.

Second Harvest and its network of partners will provide fresh produce, high-quality protein and dairy, and whole grains to ensure variety and enough food for clients to build healthy, nutritious meals.

THANK YOU

We are immensely grateful for Sequoia Healthcare District's extremely generous support and continued amazing partnership with Second Harvest of Silicon Valley.

With your trust and timely support, which is crucial now more than ever, we have been able to serve the increased community need for food assistance in SHD's service areas.



SECOND HARVEST
of SILICON VALLEY

Sequoia Healthcare District Emergency Grant Proposal

Together, by expanding access to nutritious groceries—especially fresh produce—and pairing it with practical nutrition education, we are partnering to drive improved health outcomes across the community—now and over the long term.

We truly appreciate this valuable opportunity to submit our grant request.

Thank you for your kind consideration of our request!



Arts and Health Outcomes for Individuals with Developmental Disabilities

Prepared for: Sequoia Health Care District

Prepared by: AbilityPath

Funding Request: \$100,000

Date: December 3, 2025

Executive Summary

A growing body of empirical research demonstrates that arts-based interventions produce significant, measurable positive health outcomes for individuals with developmental disabilities. This brief synthesizes findings from peer-reviewed research, showing that creative arts programming is not merely enrichment but an evidence-based health intervention that improves mental health, social functioning, cognitive abilities, and overall quality of life.

Key Findings:

- Arts participation reduces anxiety and depression symptoms by 20-40%
- Creative interventions improve social skills and reduce isolation
- Arts-based programs enhance self-esteem and self-efficacy
- Artistic expression provides nonverbal communication pathways for individuals with language challenges
- Regular arts engagement correlates with improved life satisfaction and reduced healthcare utilization

Mental Health and Emotional Well-Being

Depression and Anxiety Reduction

Research Evidence: Clinical studies have consistently demonstrated that participation in creative arts activities leads to significant reductions in depression and anxiety symptoms among individuals with intellectual and developmental disabilities.

- A 2019 study published in *Arts & Health* found that participants in structured arts programs showed a 32% reduction in self-reported anxiety symptoms over 12 weeks compared to control groups
- Research in the *Journal of Applied Research in Intellectual Disabilities* (2021) documented significant decreases in depression scores following participation in visual arts therapy interventions
- A longitudinal study by the National Organization on Disability (2020) found that individuals with developmental disabilities who engaged in regular creative activities reported 25% lower rates of depressive symptoms than those without arts access

Mechanisms:

- Creative expression provides healthy outlets for processing difficult emotions
- Arts activities trigger the release of dopamine and endorphins, improving mood
- Structured creative time reduces rumination and anxiety-provoking thoughts
- Artistic achievement offers concrete evidence of competence and capability

Emotional Regulation and Coping

Research Evidence: Arts-based interventions have proven particularly effective in developing emotional regulation skills—a critical challenge for many individuals with developmental disabilities.

- Studies in *Music Therapy Perspectives* (2020) showed that regular music engagement improved emotional regulation scores by 28% among participants with autism spectrum disorder
- Research from the University of Florida's Center for Arts in Medicine (2018) demonstrated that visual arts interventions enhanced coping skills and reduced behavioral incidents by 35% in residential settings
- A 2022 systematic review in *Disability and Rehabilitation* found that drama therapy significantly improved emotional expression and reduced emotional dysregulation episodes

Mechanisms:

- Arts provide structured, safe contexts for exploring and expressing feelings
- Creative processes teach planning, patience, and frustration tolerance
- Artistic metaphors allow exploration of difficult topics at a comfortable distance
- Group arts activities normalize emotional experiences through shared creation

Social Connection and Community Integration

Reducing Isolation and Loneliness

Research Evidence: Social isolation represents a critical health risk for individuals with developmental disabilities. Creative arts programming creates natural contexts for social connection and community belonging.

- A 2021 study in *Research in Developmental Disabilities* found that arts program participants reported 42% increases in perceived social support and friendship networks
- Research by the National Endowment for the Arts (2019) documented that adults with disabilities who participated in arts activities had 38% more social connections than non-participants
- A longitudinal study in *Journal of Intellectual Disability Research* (2020) showed that sustained arts program participation correlated with decreased loneliness scores and increased community engagement

Mechanisms:

- Collaborative art projects create shared purpose and natural interaction opportunities
- Arts spaces become identity-affirming communities where disability is normalized
- Public exhibitions and performances position participants as contributors, not just recipients
- Creative partnerships bridge disability and non-disability communities

Communication and Social Skills

Research Evidence: Arts-based interventions have demonstrated effectiveness in developing communication skills, including for individuals with limited verbal abilities.

- Studies in *Augmentative and Alternative Communication* (2020) showed that visual arts projects enhanced communicative intent and nonverbal expression by 35%
- Research on drama therapy interventions (*British Journal of Learning Disabilities*, 2019) found significant improvements in social reciprocity, turn-taking, and perspective-taking skills

- A 2021 study documented that music therapy groups improved social engagement scores by 40% among minimally verbal participants with autism

Mechanisms:

- Arts provide nonverbal communication channels for those with language challenges
- Creative collaboration requires negotiation, compromise, and perspective-taking
- Performance and exhibition contexts motivate communication skill development
- Artistic identity provides conversational entry points and social capital

Cognitive Function and Skill Development

Executive Function and Problem-Solving

Research Evidence: Creative activities engage multiple cognitive systems simultaneously, promoting neuroplasticity and skill development across domains.

- Research in *Frontiers in Psychology* (2020) demonstrated that visual arts training improved executive function scores by 23% among adults with intellectual disabilities.
- A study in *Psychology of Aesthetics, Creativity, and the Arts* (2019) found that regular engagement in creative problem-solving activities enhanced cognitive flexibility and planning abilities.
- Neuroimaging studies (2021) showed increased prefrontal cortex activation during and after arts activities, suggesting enhanced executive function.

Mechanisms:

- Artistic creation requires planning, sequencing, and goal-directed behavior.
- Creative problem-solving transfers to other life domains
- Multi-step art projects build working memory and organizational skills
- Mastery experiences enhance cognitive self-efficacy

Fine Motor Skills and Sensory Integration

Research Evidence: Arts activities provide natural contexts for developing fine motor control and sensory processing—areas of significant challenge for many individuals with developmental disabilities.

- Occupational therapy research (2020) documented 30% improvements in fine motor precision following 12-week visual arts interventions
- Studies in *Sensory Integration and Processing* (2019) showed that arts-based sensory activities reduced sensory defensiveness and improved regulation
- Research with individuals with cerebral palsy (2021) found that adapted arts activities improved hand-eye coordination and bilateral integration

Mechanisms:

- Drawing, painting, and sculpture develop hand strength and precision
- Musical instruments enhance finger dexterity and coordination
- Sensory art materials provide controlled exposure for desensitization
- Adaptive tools and techniques ensure accessibility while building skills

Self-Esteem and Identity Development

Self-Efficacy and Competence

Research Evidence: One of the most consistent findings across arts intervention research is significant improvement in self-esteem and self-efficacy—critical protective factors for mental health.

- A meta-analysis in *Journal of Positive Psychology* (2021) found that arts programs produced average self-esteem increases of 0.47 standard deviations across 23 studies
- Research with transition-age youth with disabilities (2020) showed that arts program participants reported 45% higher self-efficacy scores than comparison groups
- A longitudinal study (2019) documented sustained self-esteem gains that persisted 18 months after program participation

Mechanisms:

- Artistic creation provides concrete evidence of ability and achievement
- Mastery experiences build belief in one's capacity to learn and grow
- Public recognition of artistic work challenges internalized stigma
- Creative identity provides positive self-concept beyond disability labels

Identity Beyond Disability

Research Evidence: Arts participation supports development of multifaceted identity that extends beyond disability diagnosis—critical for psychological well-being and life satisfaction.

- Qualitative research in *Disability & Society* (2020) documented that arts program participants increasingly self-identified as "artists" rather than solely by disability labels
- Studies of self-advocacy organizations (2019) found that arts-engaged individuals demonstrated stronger disability pride and positive identity

- Research on stigma internalization (2021) showed that creative identity served as a protective factor against the psychological impacts

Mechanisms:

- Artistic identity provides a valued social role and community membership
- Creative work allows self-definition through expression rather than limitation
- Arts communities often value neurodiversity as a creative asset
- Public artistic recognition challenges deficit-focused narratives

Vocational and Economic Outcomes

Employment and Economic Participation

Research Evidence: While often overlooked, arts programming demonstrates measurable vocational benefits, particularly in the growing creative economy.

- A longitudinal study by the National Disability Rights Network (2020) found that individuals with arts training were 35% more likely to obtain competitive employment
- Research on supported employment (2019) showed that digital arts skills training led to job placements in graphic design, social media, and content creation
- Economic analyses (2021) documented that arts-based social enterprises generated sustainable income for participants while producing marketable products

Transferable Skills Developed:

- Digital literacy and technology competence
- Project management and deadline adherence
- Professional communication and collaboration

- Portfolio development and self-promotion
- Customer service and stakeholder engagement

Creative Economy Opportunities

Research Evidence: The expanding digital creative economy offers particular promise for individuals with disabilities, given increasing remote work options and growing demand for digital content.

- Labor market analyses (2021) project 23% growth in creative sector jobs over the next decade
- Case studies of successful artists with developmental disabilities demonstrate viable career pathways in illustration, animation, graphic design, and digital media
- Research on disability employment (2020) found that self-employment in creative fields provided flexibility, accommodating disability-related needs

Promising Pathways:

- Social media content creation and management
- Graphic design and digital illustration
- Photography and videography
- Animation and motion graphics
- Product design and craft-based enterprises

Physical Health and Healthcare Utilization

Stress Reduction and Immune Function

Research Evidence: Arts engagement produces measurable physiological benefits beyond psychological improvements.

- Studies measuring cortisol levels (2019) found that arts activities reduced stress hormone levels by 25% within a single session.

- Research on immune function (2020) showed that regular creative engagement correlated with improved immune markers and reduced inflammation.
- Cardiovascular studies (2021) documented lower blood pressure and heart rate among arts program participants.

Healthcare Cost Reduction

Research Evidence: Emerging research suggests that arts-based health interventions may reduce healthcare utilization and associated costs.

- A health economics study (2020) found that individuals participating in community arts programs had 20% fewer emergency department visits over two years.
- Research on preventive interventions (2021) calculated that arts programming produced an average return on investment of \$2.50 in reduced healthcare costs for every \$1 invested.
- Longitudinal analyses showed that sustained arts engagement correlated with decreased psychiatric medication use and fewer hospitalizations.

Quality of Life and Life Satisfaction

Overall Well-Being

Research Evidence: Perhaps most importantly, arts participation consistently correlates with improved overall quality of life—the ultimate measure of health intervention effectiveness.

- A comprehensive quality of life study (2020) found that arts program participants scored 38% higher on life satisfaction measures than matched controls.

- Research using standardized quality-of-life instruments (2019) documented significant improvements across multiple domains: emotional, social, material, and physical well-being.
- Long-term follow-up studies (2021) showed that quality-of-life gains persisted years after initial program participation.

Family and Caregiver Impact

Research Evidence: Arts programming benefits extend beyond individual participants to family members and caregivers.

- Research published in the *Journal of Intellectual Disability Research* (2020) found that caregivers of arts program participants reported a 30% reduction in caregiver stress.
- Studies of family quality of life (2019) documented improvements in family functioning, optimism, and advocacy engagement.
- Economic analyses calculated significant cost savings from reduced caregiver burden and improved family well-being.

Program Design Factors for Maximum Impact

Research has identified key program characteristics associated with the strongest outcomes:

Evidence-Based Design Elements:

Duration and Intensity:

- Programs of 10+ weeks show significantly stronger effects than shorter interventions
- Minimum of 2-3 hours weekly contact time for measurable outcomes
- Sustained participation over months and years produces compounding benefits

Instructional Quality:

- Trained instructors with both arts expertise and disability competence
- Individualized adaptation to diverse abilities and learning styles
- Balance of skill instruction and creative exploration

Social Context:

- Group settings that promote peer interaction and collaboration
- Inclusive environments that welcome diverse abilities
- Opportunities for public sharing and community recognition

Choice and Agency:

- Participant choice in art forms and project content
- Self-directed learning balanced with structured instruction
- Emphasis on creative expression over technical perfection

Integration with Other Services:

- Coordination with therapeutic, educational, and vocational programs
- Family engagement and communication
- Pathways to continued arts participation beyond formal programming

Conclusion: Arts as Evidence-Based Health Intervention

The research evidence is clear and compelling: creative arts programming is not a luxury or peripheral activity for individuals with developmental disabilities—it is an evidence-based health intervention with documented outcomes across multiple domains.

Demonstrated Benefits:

- ✓ Reduced depression and anxiety (20-40% improvement)
- ✓ Enhanced social connection and reduced isolation (38-42% improvement)

- ✓ Improved self-esteem and self-efficacy (45% improvement)
- ✓ Development of vocational skills and employment pathways (35% increased employment)
- ✓ Reduced healthcare utilization (20% fewer ED visits)
- ✓ Enhanced overall quality of life (38% improvement)

Return on Investment: Research suggests that arts programming produces \$2.50 in reduced healthcare and social service costs for every \$1 invested, making it not only humanistically compelling but fiscally responsible.

Alignment with Health District Priorities: Arts-based interventions address multiple public health priorities simultaneously: mental health, chronic disease prevention, health equity, and community well-being. For underserved populations like individuals with developmental disabilities, the arts provide accessible, culturally appropriate, and effective pathways to improved health outcomes.

The Evidence-Based Case: When the Sequoia Health Care District invests in AbilityPath's Creative Arts Program, it supports a proven health intervention backed by decades of research showing significant, measurable, and lasting improvements in participants' health and well-being.

Selected References

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Note: This research brief synthesizes findings from peer-reviewed research, government reports, and systematic reviews.

Agenda Item 4a
Board of Directors meeting
January 7, 2026



LifeMoves x Sequoia Healthcare District

2025 Grant Update

Overview

- **Share impact of SHD's investment in on-site LVN support**
- **Highlight outcomes for older adults with complex medical needs**
- **Illustrate system-level impact through real client success stories**



San Mateo County Navigation Center

Nav Center Snapshot

- 240 private, non-congregate units
- Housing First, dignity-centered model
- On-site medical & dental care



Why the LVN role matters...

- High prevalence of chronic illness and mobility limitations
- Seniors navigating fragmented medical systems
- Increased risk of emergency room utilization without intervention
- LVN serves as a critical connector between healthcare and housing stability



Evolving Role of the LVN

From Direct Care to Care Coordination

Intake triage for new arrivals

Referrals to on-site medical and dental clinics

Appointment scheduling & follow-up

Medication education and adherence support

Durable medical equipment coordination

Medical & mental health bed referrals





Grant Goal #1

Serve 250 clients through LVN services at the Navigation Center within the grant term.

2025 Update

- CY25 to date (Jan 2025 - dec 29, 2025)
 - **106 clients served**

In the Next Six Months

- 58 - 100 unique clients served by the LVN at the Nav Center
-

Grant Goal #2

Improve access to permanent housing placements for our senior clients.

Creating Stable Options for Older Adults

Continued efforts to secure:

- Subsidized senior housing
 - Skilled Nursing Facilities (SNFs)
 - Board & care homes
 - Home-sharing options
-

Success
STORIES

OLIVIA & LUA V



Family-Centered Stability

- Arrived August 2023 with diabetes, CHF, and mobility challenges
- Connected to new Primary Care Physicians
- Medically stabilized through coordinated care
- Daughter enrolled as IHSS worker

Outcome:

- Moved into one-bedroom apartment in August 2025
- Still stably housed today
- Daughter gained supplemental income supporting her family

KATALINA M



Building Trust, Creating Independence

- Arrived May 2023
- Developmental delays; non-English speaking
- Required extended trust-building with Case Management & LVN
- Successfully re-established primary care
- Diagnosed and connected to IHSS support

Outcome:

- Housed in affordable, supportive living environment
- Ongoing daily assistance and stability

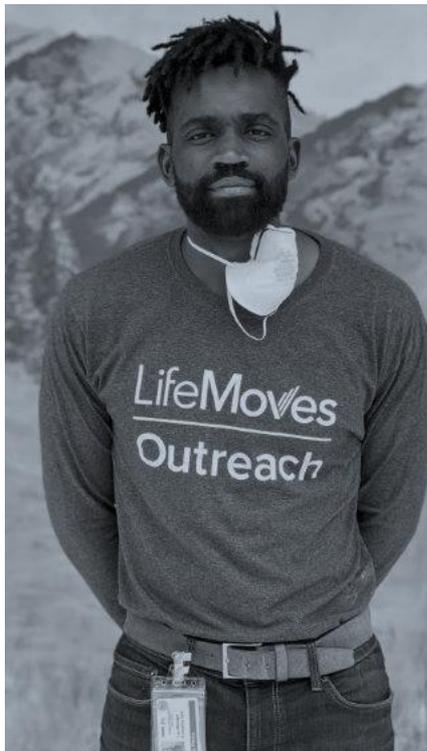


Looking Ahead

Sustaining Impact Together

- Continued refinement of LVN coordination model
- Ongoing pursuit of senior housing pathways
- Expansion of best practices to additional sites
- Commitment to dignity-centered, person-led care

Thank you!



Thank You for Your Leadership & Partnership

We are honored to partner with the Sequoia Healthcare District. Your leadership and investment allow us to deliver compassionate, coordinated care that improves both health outcomes and housing stability for our neighbors.

Memo

To: Sequoia Healthcare District Board of Directors

From: Pamela Kurtzman, CEO

Date: January 7, 2026

Re: Funding Foundations

In accordance to District policy 23.1, funding to foundations is prohibited:

23.1 “Under the law, Sequoia Healthcare District may provide assistance to health care programs, services, facilities, and activities at any location within or without the District for the benefit of the District and the people served by the District and to any 501(c)(3) nonprofit organization (**excluding foundations**) and clinics functioning in the community in order to provide for adequate health services to communities served by the District. (California Health and Safety Code Sections 32121(j) and 32126.5)”.

Sequoia Healthcare District’s current policy on funding foundations fails to explain why they are excluded, making the policy unclear and difficult to defend or administer. As the District continues to invest public funds to improve community health outcomes, it is important to articulate the rationale that guides our giving, including the need to establish a clear and consistent policy governing funding to nonprofit foundations.

Under U.S. tax law, a nonprofit foundation is “an organization organized and operated exclusively for charitable purposes and recognized as tax-exempt under Section 501(c)(3) of the Internal Revenue Code by the Internal Revenue Service”.

All foundations are nonprofits, but not all nonprofits are foundations. Many nonprofits (including our nonprofit partners) are operating charities that directly deliver services, whereas foundations are often funders, grantmakers, or conveners.

Key characteristics:

- No private ownership or profit distribution- any surplus must be reinvested to advance the mission.
- Public-benefit purpose- activities must serve recognized charitable, educational, scientific, or similar purposes.
- Governed by a board- directors have fiduciary duties of care, loyalty, and obedience to the mission.
- Tax-exempt status- exempt from federal income tax; donations may be tax-deductible for donors.

Two main types of nonprofit foundations

1. Private Foundations

- Typically funded by a single donor, family, or corporation
- Primarily make grants to other nonprofits or individuals
- Subject to additional IRS rules (e.g., minimum annual payout, excise taxes)

2. Public Foundations (often called Public Charities)

- Receive broad public support (many donors or government sources)
- May operate programs directly and/or make grants
- Fewer regulatory restrictions than private foundations

Given that foundations vary widely in structure and function, the Board should determine under what conditions, if any, it is appropriate to fund a foundation. If the Board does choose to fund certain foundations, it must establish guidelines to ensure accountability for public dollars and provide transparency and consistency for applicants, staff, and the Board when evaluating funding requests.

It may be appropriate for the District to fund foundations that support direct services and clearly defined programmatic activities that align with the District's mission and strategic priorities, and not to subsidize foundation operations, administrative overhead unrelated to service delivery, or pass-through grantmaking. However, this opens the door for any number of foundations to apply, which could lead to legal, governance, and practical challenges, without explicit and consistent guidelines.

If the board chooses to fund foundations that meet certain criteria, I suggest the below policy framework that encompasses clear eligibility criteria and language

drafted to align with District fiduciary duties, audit standards, and public-fund stewardship expectations. This structure creates a clear distinction between direct services and foundation pass-through or operations.

Potential Policy Criteria: Funding to Nonprofit Foundations

1. Guiding Principle

District funds are public funds and must be used solely for direct, measurable community health benefit, with clear accountability, transparency, and auditability. Funding to nonprofit foundations is permitted only when funds directly support service delivery aligned with the District’s mission and strategic priorities.

2. Eligible Uses of District Funds

District funding may be awarded to a nonprofit foundation only for the following purposes:

- 1) Direct services provided to community members (e.g., clinical care, preventive services, outreach, education, navigation, or other health-related services)
- 2) Programmatic costs directly tied to service delivery, including:
 - a) Personnel (non-foundation staff) delivering services
 - b) Program supplies and materials
 - c) Participant support costs
 - d) Data collection and reporting directly related to funded services
 - e) Time-limited pilot or demonstration projects with defined outcomes, deliverables, and evaluation metrics
- 3) Programs where the foundation:
 - a) Is the direct operator of the services, or
 - b) Exercises clear programmatic control and accountability for service delivery outcomes
 - c) All eligible uses must be clearly described, budgeted, and measurable.

3. Ineligible Uses of District Funds:

District funding shall not be used for the following:

Foundation operations, including but not limited to:

- 1) General administrative overhead
- 2) Executive leadership costs unrelated to service delivery
- 3) Fundraising, development, marketing, or donor relations
- 4) Pass-through or re-granting of District funds to other entities or individuals
- 5) Redistribution of funds without direct service provision by the foundation
- 6) Endowments, reserves, or unrestricted funds
- 7) Activities not directly tied to measurable health outcomes or District priorities

4. Accountability and Oversight Requirements

To be eligible for District funding, foundations must:

- 1) Demonstrate direct control and responsibility for the funded services
- 2) Maintain separate accounting for District funds
- 3) Comply with all audit, reporting, and record-retention requirements
- 4) Agree to use-of-funds restrictions and District monitoring provisions
- 5) Acknowledge that District funds are public funds subject to audit and public disclosure

Summary

It may make sense for Sequoia Healthcare District to fund public foundations that provide direct services with measurable community benefit. A formal policy will clarify that District funds are intended to support direct services and clearly defined programmatic activities that align with the District's mission and strategic priorities, and not to subsidize foundation operations, administrative overhead unrelated to service delivery, or pass-through grantmaking. The above framework is defensible for Sequoia Healthcare District in the following ways:

- Reinforces fiduciary duty and stewardship of public funds
- Aligns with single-audit and public-agency audit expectations
- Establishes clear eligibility boundaries to prevent mission drift
- Protects the District from funding indirect or non-measurable activities
- Creates enforceable contract remedies (monitoring + repayment)

Suggested next steps:

1. The Board discuss and decide whether to fund any type of foundation and under what conditions.
2. That the Board develop or adopt the above policy that establishes clear and consistent eligibility criteria and guidelines governing funding to nonprofit foundations.

POLICIES AND PROCEDURES SEQUOIA HEALTHCARE DISTRICT

Restated August 5, 2020

February 6, 2019 Amended Policy 1.1 and 1.2 and Added Policy 1.3 Mission, Vision and Values

August 5, 2020 Amended Policy 15.2 Director Healthcare Benefits

August 5, 2020 Added Policy 23.6 State Requirement Grants Policy on District Website

August 5, 2020 Added Policy 24.6 State Requirement District Website Content August

5, 2020 Added Policy 27.1 State Requirement AB1234 Ethics Training

August 5, 2020 Added Policy

27.2 State Requirement AB 1825, AB 1661, AB2053 and SB396 Harassment Training

June 24, 2022 -- Added 15.9, 24.7 and 24.8; Amended 23.1

POLICY NO. 1 MISSION, VISION AND VALUES

POLICY NO. 2 BASIS OF AUTHORITY; ROLE OF DIRECTORS

POLICY NO. 3 TERM OF OFFICE

POLICY NO. 4 OFFICERS OF THE DISTRICT

**POLICY NO. 5 COMMITTEES OF THE BOARD; PUBLIC INFORMATION LIAISON;
AUDITORS**

POLICY NO. 6 BOARD MEETINGS: LOCATION, TIME, DATE, AND QUORUM

POLICY NO. 7 ATTENDANCE AT MEETINGS

POLICY NO. 8 AGENDA

POLICY NO. 9 TOPICS FOR DISCUSSION AT BOARD MEETINGS

POLICY NO. 10 CONDUCT OF MEETINGS

POLICY NO. 11 MINUTES

POLICY NO. 12 CONFLICT OF INTEREST, ETHICS AND HARASSMENT

POLICY NO. 13 APPOINTMENTS TO THE DISTRICT BOARD

POLICY NO. 14 CONDUCT RELATED TO ELECTIONS

POLICY NO. 15 REMUNERATION AND REIMBURSEMENT

**POLICY NO. 16 MEMBERSHIP IN ASSOCIATIONS; TRAINING & EDUCATIONAL
CONFERENCES**

**POLICY NO. 17 AUTHORITY AND RESPONSIBILITY OF THE CHIEF EXECUTIVE OFFICER;
CONTRACTS AND BIDDING**

POLICY NO. 18 COMPENSATION OF THE CHIEF EXECUTIVE OFFICER

POLICY NO. 19 PUBLIC RECORD REQUESTS

POLICY NO. 20 REVIEW OF ADMINISTRATIVE DECISIONS

**POLICY NO. 21 DEFINITIONS OF, AMENDMENTS TO, AND SUSPENSION OF POLICIES &
PROCEDURES**

POLICY NO. 22 AMORTIZATION OF CAPITAL ASSETS; INVESTMENTS

**POLICY NO. 23 REQUESTS FOR PUBLIC FUNDS, COMMUNITY GRANTS AND
SPONSORSHIPS**

POLICY NO. 24 SOCIAL MEDIA POLICY NO. 25 RESERVES

POLICY NO. 26 USE OF DISTRICT EMAIL ACCOUNTS

POLICY NO. 27 TRAINING

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These policies and procedures are adopted pursuant to the Ralph M. Brown Act and Section 32104 of the California Health and Safety Code, which provides as follows: “The board of directors shall provide for the time and place of holding its regular meetings and the manner of calling the same, and shall establish rules for its proceedings and may adopt such rules and regulations not inconsistent with law as may be necessary for the exercise of the powers conferred and the performance of the duties imposed upon the board.”

[/DATA/Board/Misc/Board Policies and Procedures 6-24-2022.docx](#)

POLICY NO. 1 MISSION, VISION AND VALUES

1.1 Sequoia Healthcare District's **Mission Statement:** ~~To improve the health of District residents by enhancing access to care and promoting wellness through responsible stewardship of District taxpayer dollars.~~ **To enhance the well-being of District residents through investment in health access, innovation, and collaboration** (amended effective **February 64, 201926**)

1.2 Sequoia Healthcare District's **Vision Statement:** ~~All District residents experience optimal physical and mental health at every stage of life.~~ **A Leader in creating a healthier community.** (amended effective **February 64, 201926**)

1.3 Sequoia Healthcare District's **Core Values:** **Compassion, Action, Respect, Equity, Stewardship (CARES).** (amended effective **February 6, 2019**).

POLICY NO. 2 BASIS OF AUTHORITY; ROLE OF DIRECTORS

2.1 The Board of Directors is the governing body of the District. Apart from his or her normal function as a part of this governing body, a Director has no individual authority. Directors do not have authority to commit the District to any policy, act, or expenditure, unless the Board of Directors takes specific action to grant such authority as to a given matter.

2.2 Directors do not represent any fractional segment of the community, but are, rather, a part of the body that represents and acts for the community as a whole.

2.3 The primary responsibility of the Board of Directors is the formulation and evaluation of policy. Directors are responsible for monitoring the District's progress in attaining its goals and objectives, while pursuing its mission. Routine matters concerning the operational aspects of the District are to be delegated to the Chief Executive Officer of the District.

2.4 Individual Directors shall not instruct District staff, District legal counsel, or District consultants, advisors, vendors, or contractors, but shall work through the Board President or the Board as a whole. However, the chairperson of any Board Ad Hoc committee shall be authorized to work with District staff and receive information and support from District staff with respect to matters within the Ad Hoc committee's jurisdiction.

2.5 Directors have a fiduciary duty to act in good faith and for the benefit of the District.

2.6 When requesting information from staff or making public records requests, Directors are encouraged to identify their specific issue of concern rather than making broad requests that require significant amounts of staff time and hinder staff's ability to devote the time necessary to the business of running the District. Any request by an individual Director for substantive information and/or research from District staff or advisors (other than a request for existing records), the response to which will require the use of material District staff time or resources, shall be submitted in writing (which includes email) through the Board President, who shall decide whether or not it is in the District's best interests to expend District resources in such a fashion and, for approved requests, shall advise staff regarding the appropriate level of resources to be devoted to the matter. If an individual Director's request is denied by the Board President, the request shall, if the individual Director wishes, be placed on the agenda of the next meeting of the Board (for which an agenda has not yet been posted). **When the Board President is the requesting Director, any request for substantive information and/or research requiring the use of material District staff time or resources shall be submitted in writing to the Board Vice President, who shall fulfill the same role described above for purposes of determining**

whether the request is in the District's best interests and advising staff regarding the appropriate level of resources to be devoted to the matter. If the request is denied by the Board Vice President, the Board President may request that the matter be placed on the agenda of the next Board meeting (for which an agenda has not yet been posted) for consideration by the full Board. If a majority of the Directors approve the request for information and/or research, the Chief Executive Officer shall respond to the individual Director's request for substantive information and/or research. Requests for existing District records shall be governed by the Public Records Act. (effective ~~March 6~~ February 4, 2018²⁶)

2.7 Directors make a significant commitment to their Board service, normally 10-20 hours per month. Directors are expected to become and stay current on District affairs and projects. Directors are encouraged to serve on District Ad Hoc committees, represent the District at community events, visit the facilities of grant recipients, attend inter-governmental meetings at which health care issues are discussed and decided, become familiar with District financial reports, and carefully review all materials in advance of Board meetings. Official representation of the District at community events and visits to facilities should be coordinated through the Chief Executive Officer to ensure compliance with the Brown Act.

POLICY NO. 3 TERM OF OFFICE

3.1 The term of office of an elected Director begins at noon on the first Friday in December pursuant to California Elections Code Section 10554. The oath of office of an elected Director is taken and filed at the time the Director, as a candidate, files his or her declaration of candidacy.

3.2 The term of office of an appointed Director begins effective upon appointment and upon taking the oath of office. The Director shall be sworn in by an official authorized to administer the oath of office.

3.3 Officials authorized by law to administer the oath of office include every county officer and the officer's deputies (Government Code §24057), every executive and judicial officer and every member of the legislature (Government Code §1225), and the elections official (Elections Code §10265). Executive officers include persons who fill offices created by or under the authority of the Local Healthcare District Law. (Government Code §1001).

POLICY NO. 4 OFFICERS OF THE DISTRICT

4.1 The District officers shall be President, Vice President, and Secretary/Treasurer.

4.2 The President shall conduct the meetings of the Board and lead the Board and the District in fulfilling the District's mission. The President shall appoint Ad Hoc committees and shall appoint individual Board members to specific tasks.

4.3 The Vice President shall conduct the meetings of the Board in the absence of the President and shall assist the President in leading the Board and the District.

4.4 The Secretary/Treasurer shall execute those documents required by law of the secretary or treasurer with respect to the minutes and other records of the District. The Secretary/ Treasurer shall be the Board's liaison with the District's auditors and financial consultants and shall be available to staff as necessary with respect to such matters.

4.5 The term of office for each District officer shall be two years; provided, however, that if an officer leaves office mid-term for any reason, his or her replacement shall serve the balance of the original two-year term. The replacement of an officer, for any reason, shall be determined by a vote of the Directors at the next Board meeting.

**POLICY NO. 5 COMMITTEES OF THE BOARD; PUBLIC INFORMATION LIAISON;
AUDITORS**

5.1 There shall be no standing committees of the Board.

5.2 The President of the Board shall appoint such Ad Hoc committees as may be deemed necessary or advisable by the President or by the Board. The duties of an Ad Hoc committee shall be outlined at the time of appointment, and the committee shall be deemed dissolved when its final report has been made.

5.3 The Chief Executive Officer shall serve as the Public Information Liaison to promote effective communications with the local community consistent with the mission of the District, as set by the Board.

5.4 For purposes of fiduciary oversight, the District may contract for audit services with the same or different firms every three years as determined by the Board.

5.5 The due date for completion of the District's annual audit shall be the December 31st of the fiscal year that is the subject of the audit.

POLICY NO. 6 BOARD MEETINGS: LOCATION, TIME, DATE, AND QUORUM

6.1 It is the policy of Sequoia Healthcare District and its Board of Directors that all meetings shall be conducted in accordance with the Ralph M. Brown Act, Government Code 54950 et seq. and such additional requirements as are set forth in Policies and Procedures Nos. 6, 7, 8, 9, and 10.

6.2 The Board of Directors encourages public participation at its meetings. To facilitate communication, the Board will ensure that agendas are posted on the District's website in addition to other legal requirements. Each agenda shall include a time for public comment on non-agenda items as well as comment on each agenda item when called.

6.3 Meetings of the Board of Directors shall be held at the District's office located at ~~525 Veterans Boulevard, Redwood City, CA 94063~~ **1016 Laurel St, San Carlos, CA 94070** except as otherwise set forth in Government Code Section 54954(b) or (e) and Section 54953(b)(3) or successor provision. If any Director is attending a meeting by teleconference, the teleconference location shall be accessible to the public, which shall be provided an opportunity to address the Board directly. If a meeting includes any Director's attendance by teleconference, at least a majority of the Directors shall participate in the meeting from locations within the boundaries of the District, although it is not required that the majority all be at the same location within the District.

6.4 Section 32106 of the California Health and Safety Code provides that "A majority of the members of the board shall constitute a quorum for the transaction of business." The definition in policy 21.3 shall apply to this provision.

6.5 Regular meetings of the Board shall be scheduled for ~~4:30~~ 12 p.m. and shall begin at that time or as soon thereafter as a quorum is present.

6.6 The regular meetings of the Board shall be held on the first Wednesday of even-numbered months, i.e., February, April, June, August, October, and December.

6.7 The biannual organizational meeting of the Board shall be the Board's regular meeting in February or an earlier meeting, if called. At that meeting officers shall be elected, and the District Chief Executive Officer shall report on the state of the District report.

6.8 The fiscal year budget (July 1 – June 30) will be presented no later than the June meeting.

6.9 Emergency meetings of the Board may be called by the Board President or by a majority of the Directors at a time and for the purpose(s) specified in the call of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities. Emergency meetings of the Board may be called by the Board President or by a majority of the Board at a time and for the purpose(s) specified in the call in the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities. An emergency situation is “a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body” or “a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity that poses peril so immediate and significant that requiring a legislative body to provide one-hour notice before holding an emergency meeting...may endanger the public health, safety, or both, as determined by a majority of the members of the legislative body.” The provisions of the Ralph M. Brown Act applicable to emergency meetings shall be followed.

6.10 Additional special meetings or study sessions can be called by the President of the Board as necessary to conduct business of the District.

6.11 Regular and special meetings (including adjourned regular and adjourned special meetings) may be adjourned to a future date and time. If, after a meeting has been convened, the number of Directors present drops below the number required for a quorum, no further action may be taken except that less than a quorum of the Board shall adjourn the meeting to a future date and time or to the next regular meeting. If no Directors are present, the clerk of the Board shall adjourn the meeting to a future date and time and shall give notice of the adjournment in the same manner as for special meetings. The

subsequent meeting is known as an “adjourned regular meeting” or “adjourned special meeting.” A notice of the adjournment, including the future date and time of the adjourned meeting, shall be conspicuously posted on or near the door of the place where the meeting was held within 24 hours after the time of the adjournment. If the date of the adjourned meeting is within five (5) days of the original meeting, no new agenda need be posted (so long as the adjourned meeting is limited to the original agenda). If the date of the adjourned meeting is more than five (5) days from the original meeting, a new agenda must be prepared and posted.

6.12 District staff shall insure that appropriate information, including Board packets, is available for the audience at meetings of the Board of Directors and that physical facilities for meetings are functional and appropriate. Board packets shall be posted on the District’s web site at same time as the packets are sent to the Directors.

POLICY NO. 7 ATTENDANCE AT MEETINGS

7.1 Directors shall attend all regular and special meetings of the Board unless there is good cause for absence. Good cause for absence includes, but is not necessarily limited to, illness, accident, vacation, business or family commitments or other unavoidable personal matters. It is recognized that the timing of business and family commitments, since they involve additional people and outside factors, cannot always be controlled. However, to the extent reasonable, Directors are expected to make good faith efforts to schedule vacation, business, and personal commitments at times that will not conflict with the schedule of regular Board meetings.

7.2 Section 32100.2 of the California Health and Safety Code provides as follows: “Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board.”

7.3 As set forth in the Brown Act in Government Code Section 54953, Directors may attend a meeting by teleconference.

POLICY NO. 8 AGENDA

8.1 The District's Chief Executive Officer, in consultation with the President of the Board of Directors, shall develop the agenda for each meeting of the Board of Directors. The ultimate authority for determining the agenda shall rest with the Board President.

8.2 Any Director or member of the public may request that a matter directly related to District business be placed on the agenda of a regular meeting of the Board of Directors. The request must be in writing and submitted to the Chief Executive Officer and Board President, together with supporting documents and information, if any, at least two weeks prior to the date of the meeting. It shall be up to the discretion of the Board President, as set forth in Policy No. 8.1, whether to place the requested item on the agenda.

8.3 Each regular meeting agenda shall include an item for discussion of future agenda topics. During the discussion, a Director may request that one item be placed on the agenda of a future meeting so long as the item is within the subject matter jurisdiction of the District and the item complies with Policy No. 9. The Board members shall not engage in a substantive discussion of the item being proposed. If the request is supported by at least one other Director, the item shall be placed on the agenda for the next regular Board meeting. If a Director makes a request under this Policy No. 8.3 and the request is not supported, the Director shall not make a request for the same or substantially similar item for a period of one year.

8.4 The agenda for each Board meeting shall be posted as required by the Brown Act, which requires, among other things, that the agenda be posted "in a location that is freely accessible to members of the public." (California Government Code Sections 54954.2(a) and 54956) For Sequoia Healthcare District, that shall mean that the agenda shall be posted in the following location(s): outside the front entrance to the District's Offices at ~~525 Veterans Avenue Redwood City~~ **1016 Laurel St., San Carlos, California** and on the District's website.

8.5 For any meeting in which teleconferencing is to be used, the Brown Act also requires the District to "post agendas at all teleconference locations." (California Government Code

Section 54953(b)(3) If the teleconference location is a private home, the agenda shall be posted on the front door, if that is freely accessible to the public, and otherwise at the point where the private driveway to the home meets the nearest public street. If the teleconference location is in a hospital, hotel, or other commercial establishment, the agenda shall be posted where notices of meetings or other events are commonly posted, if there is such a place, and otherwise in a location on the premises where the public commonly gathers or passes and where the notice can be read. If the teleconference location is elsewhere, the agenda shall be posted in the location most accessible to the public. The notice and agenda of the meeting shall identify each teleconference location and the agenda shall be posted at all teleconference locations for the required length of time (at least 72 hours before a regular meeting, at least 24 hours before a special meeting, and as otherwise required for an emergency meeting).

POLICY NO. 9 TOPICS FOR DISCUSSION AT BOARD MEETINGS

9.1 For regular meetings, “No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of a legislative body or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Section 54954.3. In addition, on their own initiative or in response to questions posed by the public, a member of a legislative body or its staff may ask a question for clarification, make a brief announcements, or make a brief report on his or her own activities.” California Government Code Section 54954.2(a).

9.2 However, the Board may take action on items of business not appearing on the posted agenda if (1) a majority of the Directors (meaning a majority of the directors present [in person or otherwise] and voting aye or no, except as may otherwise be required by law) determines that an emergency exists as defined in the Brown Act, (2) if at least two-thirds of the Directors present at the meeting (or, if fewer than two-thirds of the Board is present, all if the Directors present) determine that there is a need to take immediate action and that need came to the attention of the District after the agenda was posted, or (3) the item was posted for a prior meeting of the Board occurring no more than five calendar days earlier and the item was continued to the present meeting. California Government Code Section 54954.2(b).

9.3 For special meetings, “No other business [other than the business listed in the call and notice of the special meeting] shall be considered...by the legislative body.” California Government Code Section 54956.

9.4 “Every agenda for regular meetings shall provide an opportunity for members of the public to directly address the legislative body on any item of interest to the public, before or during the legislative body’s consideration of the item, that is within the subject matter jurisdiction of the legislative body, provided that no action shall be taken on any item not appearing on the agenda [except that the Board may adopt reasonable regulations such as limiting the total amount of time allocated for public testimony on particular issues and for each individual speaker].” (Italics added.) California Government Code Section 54954.3.

9.5 “Every notice for a special meeting shall provide an opportunity for members of the public to directly address the legislative body concerning any item that has been described in the notice for the meeting before or during consideration of that item.” (Italics added.) California Government Code Section 54954.3.

9.6 Proposed resolutions, regulations, and policies shall be brought before the Board for discussion and action.

9.7 Proposed contracts shall be brought before the Board as set forth in Policy No. 17.

9.8 Each agenda for a regular and special meeting shall include an item for public comment on non-agenda items. Board members may offer such public comment as well as members of the public. Because such matters have not been noticed to the public, Board members may not engage in a substantive discussion of matters raised during public comment. However, the Board may direct staff to follow up on or verify information provided during public comment.

9.9 Actions within the scope of the authority of the Chief Executive Officer are not required to be brought before the Board.

POLICY NO. 10 CONDUCT OF MEETINGS

10.1 The Board prefers a flexible form of meeting under the procedures set forth in this policy and not under the formalized rules of Robert's Rules of Order. However, if procedural questions arise that are not covered by these Policies and Procedures they will be resolved by legal counsel at the meeting. A majority of the Board can overrule legal counsel's recommendation.

10.2 Any Director may make a motion to suspend the rules. This motion is debatable and requires a two-thirds vote of the members present to pass. The effect of the motion is to allow the Board to suspend a particular rule in the Policies and Procedures for a particular purpose. The motion shall specify which rule is to be suspended and for what purpose.

10.3 The President of the Board of Directors shall preside at all Board meetings at which he or she is present. The President shall have the same rights as the other Board members in voting, introducing or seconding motions and resolutions, and participating in discussions.

10.4 In the absence of the President, the Vice President of the Board of Directors shall perform the President's duties and have the President's rights. If both the President and Vice President are absent, the Secretary/Treasurer shall perform the President's duties and have the President's rights.

10.5 The President shall call the meeting to order at the time set on the agenda or as soon thereafter as a quorum is present. The meeting may continue only so long as a quorum is present.

10.6 The minutes from the prior meeting(s) shall be offered for approval as part of the Consent Calendar. Any Board member wishing to offer an amendment or correction to the minutes shall request that the minutes and financials be removed from the Consent Calendar for discussion and separate voting. If any correction is offered, the suggested correction shall be discussed and the voted upon by the Board. Corrections approved by a

majority of the Directors shall be made to the minutes. Following discussion and voting on any correction, the President shall ask if there are any further corrections and, if none, shall state that the minutes are approved as corrected.

10.7 Ordinarily, items on the agenda will be considered in the order set forth in the agenda. However, the President may alter the order of items on the agenda, as the President deems necessary for the good of the meeting.

10.8 When necessary in order to complete consideration of the entire agenda in a timely fashion and to allow all interested persons an opportunity to speak, the President may limit the total time to be devoted to an item on the agenda and may limit the time allowed for each person to speak on such item. Public comment on non-agenda items may be limited to three minutes per speaker. The Board President shall announce any applicable time limits at the start of the meeting or when the particular item is introduced.

10.9 If a Director believes procedures are not being followed or are not adequate, he or she may raise a point of order, not requiring a second. The President shall rule on the point of order. If the ruling is not satisfactory to the Director who raised the point of order, the President shall put the question to the Board and the ruling shall be approved or disapproved by a majority of the Directors

10.10 Any Director desiring to speak shall address the President and, upon recognition by the President, may address the subject under discussion.

10.11 Any Director, including the President, may make or second a motion. If a motion is made by one Director and seconded by another Director, the President shall restate the motion if necessary for clarity and then call for discussion. After full discussion, including any public comment on the motion, the President shall call for the vote.

10.12 If the public in attendance has had an opportunity to comment on a motion, and each Director has had an opportunity to comment, then any Director may move to bring the question to a vote immediately. This motion to call the question is not debatable. If the

motion to call the question is seconded by another Director and approved by a majority of the Directors, then the main motion is voted upon without further discussion. If the motion to call the question is not seconded or does not pass, discussion on the main motion may resume.

10.13 After a motion has been made and seconded, a secondary motion concerning the main motion may be made and considered as follows:

Motion to Amend. A main motion may be amended before it is voted on, either by the consent of the Directors who moved and seconded or by a new motion and second.

Motion to Postpone. A main motion may be postponed to a certain time, by a motion to postpone, which is then seconded and approved by a majority of the Directors.

Motion to Table. A main motion may be indefinitely tabled before it is voted upon, by motion made to table, which is then seconded and approved by a majority of the Directors.

Motion to Refer to Committee. A main motion may be referred to a Board Ad Hoc committee for further study and recommendation, by a motion to refer to committee, which is then seconded and approved by a vote of the Directors.

10.14 Any Director who voted in favor of a motion that passed may make a motion to reconsider. Any other Director may second the motion to reconsider (regardless of how or whether the seconding Director voted on the original motion). However, a motion to reconsider may be made only at the same meeting at which the original motion was voted upon. A motion to reconsider requires approval by a majority of the Directors. If the motion to reconsider passes, the effect is that the original motion is back on the floor and must be considered again by the Board.

10.15 No action may be taken by secret ballot. (Government Code Section 54953(c))

10.16 All votes taken during a teleconferenced meeting shall be by roll call. (Government Code Section 54953(b)(2)).

10.17 Votes taken on resolutions shall be by roll call.

10.18 Directors shall at all times during Board meetings conduct themselves with courtesy and respect to each other, to staff, and to members of the public.

10.19 Directors are free to question and discuss items on the agenda. Comments on an agenda item should be confined to that item and should be concise and avoid repetition.

10.20 Individual Directors have the right to disagree with ideas and opinions.

10.21 Directors shall observe all applicable conflict of interest rules (see Policy No. 12). In the event that the District is contemplating entering into a contract to which Government Code Section 1090 may apply, no such action shall be taken until it has been determined that the proposed action does not violate Section 1090.

10.22 A majority vote is a vote of more than 50%. Thus, for example, a 3-2 vote produces a majority, but a 2-2 vote does not. If only a quorum (three Directors) is in attendance, an item can be approved by a vote of 2 – 1 or 2 – 0 unless there is a statutory requirement for a 2/3 or 4/5 vote of the entire Board, as, for example, under California Government Code Sections 53790 and 53792 (which require a 4/5 vote of all Directors to expend public funds in excess of budget limitations to “meet a national or local emergency created by war, military, naval, or air attack, or sabotage, or to provide for adequate national or local defense”) or under California Government Code Section 54954.2(b)(2) (which is described in policy 9.2). An abstention does not count as a vote for or against.

10.23 The President shall take appropriate actions to preserve order and decorum during Board meetings. The President may direct security to remove any person or persons who persist in making repeated personal or slanderous remarks or otherwise disrupting the meeting after being asked by the President to cease such behavior. In the event security is not available, the President may call the police for assistance or suspend the meeting.

10.24 “In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, [the presiding officer]...may order the room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the legislative body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.” California Government Code Section 54957.9.

10.25 If approved by a majority vote of the Directors, the Board may terminate any meeting at any place in the agenda to any time and place specified in the order of adjournment when, in the opinion of the majority, adjournment is advisable. Examples of situations where adjournment might be appropriate include prolonged power failure, natural disaster, unexpected absence or sudden illness of persons necessary to consideration of an agenda item, extreme lateness of the hour, or other significant, unanticipated impediments to the continuation of the meeting.

10.26 The President may declare a short recess during any meeting.

10.27 Upon motion made, seconded, and approved by majority vote of the Board, the President shall adjourn the meeting.

POLICY NO. 11 MINUTES

11.1 The clerk of the Board of Directors shall prepare and keep minutes of all regular and special meetings of the Board.

11.2 The Secretary-Treasurer of the Board of Directors shall sign the minutes after their approval by the Board.

11.3 Copies of the draft minutes of the previous regular meeting and any meeting(s) held since the previous regular meeting of the Board shall be distributed to Directors as part of the information packet for the next regular meeting of the Board, at which time the Board shall consider approving the minutes as presented or with modifications. Once approved by the Board, the minutes shall be kept in the District's official files.

11.4 An audio tape recording of regular and special meetings of the Board of Directors shall be made for the purpose of preparing the written minutes. The tape recording shall be kept for one year after the date of the recorded meeting, after which time the tape recording shall be erased.

11.5 Motions and resolutions shall be recorded in the minutes as having passed or failed. Individual votes for and against and abstentions shall be recorded unless the action was unanimous. All resolutions adopted by the Board shall be numbered consecutively, starting new at the beginning of each calendar year.

11.6 Minutes shall be kept in action format. The following information shall be included in each meeting's minutes:

- Date, place and type (regular or special) of meeting.
- Directors present and absent by name.
- Call to order (including time).
- Names and addresses (if given) of public commentators, and topic commented on.

- Vote to approve minutes.
- Time and name of late arriving Directors.
- Time and name of early departing Directors.
- Names of Directors absent during any agenda item upon which action was taken.
- Board directives to staff.
- Information described in Policy No. 11.5.
- Statement of motions made.
- Names of Directors making and seconding motions.
- Action taken on each motion.
- Time of adjournment.

11.7 Unapproved minutes are “preliminary drafts...that are not retained by the public agency in the ordinary course of business.” (Government Code Section 6254) Releasing copies of unapproved draft minutes could create confusion and misunderstanding because the Directors have not had an opportunity to review and, if necessary, correct the draft. Therefore, minutes shall not be released until they have been approved by the Board; provided, however, that draft minutes, clearly identified as a draft on each page, shall be put on the District’s website as part of the Director’s packets as set forth in Policy No. 6.10.

POLICY NO. 12 CONFLICT OF INTEREST, ETHICS AND HARASSMENT

12.1 All Directors and employees shall be held to the highest ethical standards and shall not have conflicts of interest when making decisions, except when permitted or required by law. There are three basic sources of rules about conflicts of interest: The Political Reform Act (California Government Code Sections 87100 et seq.) and California Government Code Section 1090, both of which address financial conflicts of interest, and the common law prohibition against conflicts of interest which focuses on the impartiality of the decision-maker on any basis.

12.2 Government Code Section 87100 provides that “No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest.”

12.3 California Government Code Section 1090 provides that “Members of the Legislature, state, county, district, judicial district, and city officers or employees shall not be financially interested in any contract made by them in their official capacity, or by anybody or board of which they are members.”

12.4 The common law conflict of interest rule has been stated in various ways by the courts, including, “A public officer is impliedly bound to exercise the powers conferred on him with disinterested skill, zeal, and diligence and primarily for the benefit of the public.” *Noble v. City of Palo Alto* (1928) 89 Cal.App. 47, 51. Also, “Public officers are obligated...[by virtue of their office], to discharge their responsibilities with integrity and fidelity.” *Terry v. Bender* (1956) 143 Cal.App.2d 198.

12.5 Cal. Const., Art. XII, § 7 provides that “A transportation company may not grant free passes or discounts to anyone holding an office in this state; and the acceptance of a pass or discount by a public officer, other than a Public Utilities Commissioner, shall work a forfeiture of that office.” The California Attorney General has interpreted this prohibition to apply to elected and nonelected public officers but not to employees, to apply to domestic, foreign, and interstate carriers and to transportation received both inside and outside of

California, and to apply whether the pass or discount was provided in connection with personal or public business. However, the Attorney General has ruled that with respect to airline upgrades, discounts, etc. granted to a person as a member of a larger group unrelated to his official status or the function of his or her office, the constitutional prohibition does not apply.

12.6 The Political Reform Act requires each Director to file a Form 700 Statement of Economic Interests upon assuming office, annually while in office, and upon leaving office. The Form 700 shall be completed and filed in compliance with the District's Conflict of Interest Code and applicable state law. In signing the Form 700, a Director is certifying under penalty of perjury that the information is true and correct. It is the responsibility of each Director to review each schedule and its instructions carefully and to complete the Form 700 accurately and comprehensively. Any Director needing assistance may consult the Fair Political Practices Commission ("FPPC") Technical Advice Office. According to the FPPC, it is inappropriate for District staff members or District counsel to answer substantive questions regarding completion of the Form 700.

12.7 The Board of Directors first adopted a Conflict of Interest Code in 1986 and the most recent version was adopted August 6, 2014. The Conflict of Interest Code designates the employees, consultants, and others who must file an annual statement of economic interest. Statements are filed with the County Clerk of San Mateo County and are available for inspection at that office.

12.8 Additional ethical standards and procedures for District employees are set forth in the Employee Handbook.

12.9 Decisions by the Board and District employees shall be consistent with the Vision Statement and Mission Statement, and the strategic plan adopted by the District.

POLICY NO. 13 APPOINTMENTS TO THE DISTRICT BOARD

13.1 When the Board is notified of a vacancy or upcoming vacancy on the District Board, the Board shall determine at a regular or special meeting whether to fill the vacancy by election or appointment. Policy Nos. 13.2 through 13.7 shall apply if the Board decides to fill the vacancy by appointment.

13.2 The person appointed shall be a registered voter residing in the District (required by law) and be experienced in healthcare and/or in local community matters and be committed to and have an understanding of the mission, vision, values, and corporate purpose of the District.

13.3 The District shall advertise and fill the vacancy according to the procedures set forth in applicable law (currently Health and Safety Code Section 32100 and Government Code Section 1780).

13.4 Notice of the vacancy shall be posted for at least 10 days in at least three conspicuous places in the District, including in the District's offices. The notice of vacancy shall also be posted on the District's website and published in one or more daily newspapers circulated in the District.

13.5 The Board shall appoint an Ad Hoc committee of two Board members to interview all applicants and bring a recommendation to the full Board for consideration. Board members (including members of the Ad Hoc committee) and the Chief Executive Officer of the District may submit to the Ad Hoc committee names of persons to be considered for the vacancy, and the Ad Hoc committee shall contact any such persons and invite them to apply.

13.6 Persons interested in the position shall submit a resume, a statement explaining their interest in the position, and an acknowledgement that they will be subject to the District's conflict of interest policy and will be required to file Statements of Economic Interests.

13.7 Per State Law, the Board shall appoint a replacement within 60 days after the later of the date on which the Board is notified of the vacancy or the date on which the vacancy becomes effective. If necessary, the Board shall call a special meeting to make the appointment within the 60-day deadline.

POLICY NO. 14 CONDUCT RELATED TO ELECTIONS

14.1 Sequoia Healthcare District has a five-member Board of Directors. Members must run for election and are elected by the residents of the District. Board members are expected to attend six regular Board meetings, occasional special meetings and usually participate on one or more ad hoc committee as assigned by the Board President. Board members do not receive cash for their service; however, the District does pay health insurance benefits through CalPERS of up to \$1,500 a month for member and family minus 10% to be paid by the member.

14.2 The term of an elected director is four years and there is no limit to the number of terms. Two positions are elected in November in the years evenly divisible by four and three positions are elected in November of the intervening even-numbered years.

14.3 Prospective Board members must be at least 18 years of age and must be District residents.

14.4 The candidate filing period for Statewide General Elections is set by law. All candidates running for office must file a Form 700 Statement of Economic Interest. Candidates must file their Form 700 at the Registration & Elections Division, Office of the Chief Elections Officer & Assessor-County Clerk-Recorder, 40 Tower Road in San Mateo by the deadline for all candidate documents.

14.5 The cost of the candidate's policy statement is to be paid for by the candidate and is eligible for reimbursement by the District if elected.

14.6 Interested parties can learn more at San Mateo County's website Shapethefuture.org.

14.7 By law, the District may not use public funds or resources to advocate for or against any ballot measure or candidate. Using public funds or resources in such a manner would

be inherently unjust to the rights of taxpayers with differing views and further would create the possibility of incumbents taking advantage of their position to stay in office.

14.8 It is permissible, however, to use public funds for the dissemination of impartial educational information, to make a fair presentation of the facts to aid voters in making an informed judgment.

14.9 It is also permissible for the Board to go on record at a public meeting in favor of or opposed to a particular ballot measure. Any such action shall first be approved by two-thirds of the Directors present.

14.10 Directors shall not use any District resources, for example, photocopiers or paper supplies, or make any requests of staff to produce or disseminate any partisan campaign material to be used in support of or in opposition to any candidate for public office or any ballot measure.

14.11 During public meetings of the Board, individual Directors have a fiduciary duty to concentrate their attention on the meeting. They shall not hand out partisan campaign material supporting or opposing any candidate for public office or any ballot measure while the public Board meeting is in progress.

POLICY NO. 15 REMUNERATION AND REIMBURSEMENT

15.1 Directors shall receive no fee for attending meetings of the District Board of Directors.

15.2 The District offers to pay a portion of the CalPERS premiums for health care insurance for all participating Directors who choose to enroll in CalPERS. As restated in Resolution 2019-02, dated October 2, 2019, the District will pay a portion of premiums for CALPERS health care coverage for Directors and their dependents, to a maximum of \$1,500 per month, while Directors are on the District Board, and requires Directors to reimburse the District for 10% of their premium, in addition to covering the cost of coverage over the \$1,500 per month limit. Such payments shall cease effective at the end of the month the Director leaves the Board. (Amended October 2, 2019)

15.3 The District shall reimburse Directors for actual necessary traveling and incidental expenses incurred in the performance of official duties as Directors, subject to the requirements of these Policies and Procedures and the law.

15.4 The following types of occurrences qualify for reimbursement if attended in the performance of official duties as Directors of the board and if prior approval is obtained as set forth in Policy 16.2:

- Training workshops, seminars, and conferences.
- Educational workshops, seminars, and conferences.
- Meetings of or sponsored by ACHD (the Association of California Health Care Districts), by CSDA (the California Special Districts Association), and by other state or national organizations relevant to the purposes of the District.
- Meetings of local governmental entities and bodies and Ad Hoc committees thereof.
- Meetings of local nonprofit organizations.
- Meetings of community or civic groups or organizations.
- Meetings of advisory groups and Ad Hoc committees organized or conducted by District staff.
- Meetings with District consultants, advisors, and other professionals.

- Any other activity approved by the Board in advance of attendance, whether the request for attendance was initiated by the Board or by a Director.

15.5 Subject to Policies 15.7 and 15.8, reimbursement for travel, meals, lodging, and other expenses shall be made in accordance with Section 7.05 of the District's Employee Handbook, except as otherwise provided in Policy 16. (An excerpt of Section 7.05 is attached at the end of these policies.) The provisions of Policy 16.6 shall not be deemed to create any exception to this Policy 15.5.

15.6 Subject to Policy 15.5, if there is no Internal Revenue Service rate established for an expense and if such expense is not reimbursable under Policy 15.5, such expense shall not be reimbursed unless the District board approved such expense in a public meeting before the expense was incurred.

15.7 No expense shall be reimbursed except pursuant to an expense report meeting the requirements of this Policy and submitted by the Director to (and received by) District staff, within four weeks after the final date of the occurrence in connection with which the expense was incurred. The expense report shall document that the expenses meet the requirements of Policies 15 and 16 and shall include receipts for all expenses for which reimbursement is being requested.

15.8 No reimbursement shall be paid unless, at the next regular meeting of the board following the occurrence for which the expense report was submitted, the Director submitting the expense report makes a brief report on the occurrence attended. If the Director is not in attendance at such next regular board meeting, a written report submitted by the Director and read aloud by staff or another Director shall suffice as the required brief report.

15.9 Reimbursement Reports (Govt. Code §53065.5) In compliance with California government code §53065.5, the District will create an annual report disclosing each

reimbursement to officials and employees for an “individual charge” of \$100 or more (e.g., one meal, one day’s lodging, transportation, a registration fee) that will be published and made available for public inspection at least annually by a date determined by the district. (effective June 24, 2022)

POLICY NO. 16 MEMBERSHIP IN ASSOCIATIONS; TRAINING & EDUCATIONAL CONFERENCES

16.1 The Board of Directors shall hold membership in such national, state, and local associations as are applicable to the functions of the District and deemed appropriate by the Board and shall approve, either as part of the budget or otherwise, the payment of any membership fees or dues for these organizations.

16.2 Directors are encouraged to attend educational or professional conferences, seminars, workshops, sessions, and meetings (“Professional Events”), including those of the organizations described in Policy No. 16.1, if such attendance will further the purposes of the District. If any Director wishes the District to pay, or to reimburse the Director, for the costs of attending a Professional Event (tuition, travel, lodging, and meals), the Director shall obtain the approval of the President of the Board of Directors before incurring the costs. The President shall approve the request if the President believes that attendance is appropriate based on the criteria set forth in this Policy No. 16.

16.3 Junkets (defined as a tour or journey for pleasure at public expense) will not be permitted.

16.4 Staff shall assist Directors, as they request, in making arrangements to attend a Professional Event approved by the President of the Board. All reimbursement requests and all bills for such Professional Events shall be submitted to staff, together with validated receipts.

16.5 Directors shall use all reasonable efforts to minimize the costs of tuition, transportation, meals, and lodging related to attending a Professional Event approved by the President of the Board by doing the following:

- Making reservations sufficiently in advance, when possible, to obtain discounted tuition, airfares, and hotel rates.
- Utilizing accommodations recommended by the event sponsor in order to obtain discounted rates or accommodations in the mid-range of quality and cost.

- Traveling with other Directors, where feasible and economically beneficial.
- Using shuttles, rather than taxis, where available and safe.

16.6 A Director shall not attend a conference or training event for which there is an expense to the District, if the event occurs after the Director has announced his or her pending resignation or after an election in which it was determined that the Director will not retain his or her seat on the Board.

16.7 Upon returning from a Professional Event for which there was an expense to the District, a Director shall make a report during the next regular meeting of the Board, in compliance with policy 15.8, explaining the purposes and nature of the Professional Event and how the District benefited by the Director's attendance at the Professional Event.

**POLICY NO. 17 AUTHORITY AND, RESPONSIBILITY OF THE CHIEF EXECUTIVE OFFICER;
CONTRACTS AND BIDDING**

17.1 Comments or inquiries concerning the District from residents, property owners, staff, consultants, and advisors of the District shall be referred to the Chief Executive Officer. Safety concerns or hazards relative to the District shall also be referred to the Chief Executive Officer.

17.2 Contracts that do not require public bidding shall be let upon the authorization set forth below.

Amount of Contract In the approved budget

\$1 - \$24,999	Chief Executive Officer may authorize
\$25,000-up	Chief Executive Officer may authorize with President’s approval

Amount of Contract Not in the approved budget

\$1 - \$5,000	Chief Executive Officer may authorize
Over \$5,000	Requires approval of the Board

17.3 Contracts that require public bidding shall be taken to the full Board for discussion and action.

17.4 The District shall comply with the requirements of California Health and Safety Code Section 32132, which sets forth the bidding requirements applicable to Sequoia Healthcare District. The general rule is that “the board of directors shall let any contract involving an expenditure of more than twenty-five thousand dollars (\$25,000) for labor, materials and supplies to be furnished, sold, or leased to the district, or any contract involving an expenditure of more than twenty-five thousand dollars (\$25,000) for work to be done, to the lowest responsible bidder” except that competitive bidding rules do not apply to “medical or surgical equipment or supplies, to professional services, or to electronic

data processing and telecommunications goods and services” and do not apply to “change orders that do not materially change the scope of the work...and if each individual change order does not total more than 5 percent of the contract.”

17.5 As clarified in numerous decisions by various courts, the professional services to which the bidding rules do not apply include those of persons who are highly and technically skilled in their science or profession; persons with a peculiar skill or ability, such as attorney at law, architect, engineer, or artist; and persons whose work requires taste, skill, and technical learning and ability of a rare kind.

POLICY NO. 18 COMPENSATION OF THE CHIEF EXECUTIVE OFFICER

18.1 The Chief Executive Officer of Sequoia Healthcare District (the “District”) is the principal representative of District, and the person responsible for the efficient operation of the District. Therefore, it is the desire of the District to provide a fair yet reasonable and not excessive compensation for the Chief Executive Officer.

18.2 The annual process for determining compensation is as follows: The District full board shall evaluate the Chief Executive Officer on his/her performance, and ask for his/her input on matters of performance and compensation.

18.3 A Compensation Ad Hoc Committee, appointed by the Board President will research and obtain information to make a recommendation to the full board for the compensation (salary and benefits) of the Chief Executive Officer based on a review of comparability data. For example, the Compensation Ad Hoc committee will secure data that documents compensation levels and benefits for similarly qualified individuals in comparable positions at similar organizations. This data may include the following:

- Salary and benefit compensation studies by independent sources;
- Written job offers for positions at similar organizations;
- Documented telephone calls about similar positions at both nonprofit and for-profit organizations; and
- Information obtained from the IRS Form 990 filings of similar organizations.

18.4 To approve the compensation for the Chief Executive Officer the board must document how it reached its decisions, including the data on which it relied, in minutes of the meeting during which the compensation was approved. Documentation will include:

- a) A description of the compensation and benefits and the date it was approved;
- b) The members of the board who were present during the discussion about compensation and benefits, and the results of the vote;
- c) A description of the comparability data relied upon and how the data was obtained; and
- d) Any actions taken (such as abstaining from discussion and vote) with respect to consideration of the compensation by anyone who is otherwise a member of the

board but who had a conflict of interest with respect to the decision on the compensation and benefits.

18.5 No member of the Compensation Ad Hoc committee will be a staff member, the relative of a staff member, or have any relationship with staff that could present a conflict of interest.

POLICY NO. 19 PUBLIC RECORDS REQUESTS

19.1 Requests for public records shall be subject to the California Public Records Act (California Government Code Sections 6250 et seq.) and shall be handled according to the provisions of that act.

19.2 The District may charge a reasonable fee for copying records provided by the requesting party. The charge shall be \$0.15 per page for normal size pages and shall be adjusted for odd sized pages or copies that require special handling. The Chief Executive Officer or designee may waive the charge for incidental copies, not exceeding 10 pages, that require minimal handling. There shall be no charge for copies of documents provided as part of a public meeting.

19.3 If the request is expected to involve a significant amount of copies and effort, District staff may make an estimate of the cost. District staff may then ask the requesting party to confirm that the proposed charge and delivery time are acceptable and to signify acceptance in a reasonable manner (written approval, email, etc.). District staff may require a deposit of the estimated cost before making copies. Once the requesting party has agreed to the estimated cost and delivery date, District staff will have the copies made and will deliver the copies when full payment is received.

19.4 If a person requests to inspect certain documents, District staff will provide such an opportunity within a reasonable period of time after the request. The document inspection may, at District staff's discretion, be conducted under the supervision of a District employee. No documents may be removed, copied or tampered with in any way, without the District staff's permission. All copying requests will follow the procedures outlined in policies 19.1, 19.2 and 19.3.

19.5 The District shall issue an email address, using the District's domain name, to all employees and Directors.

- a) Employees are required to use their District email account for all District-related communications.

- b) Directors are encouraged to use their District email account for District-related communications. Email communications on a Director's personal or business account that relate to District business are subject to disclosure under the Public Records act. Directors who do not utilize their District email account shall make their personal and/or business email accounts available for review by the District's legal counsel when necessary to comply with a request under the Public Records Act.

POLICY NO. 20 REVIEW OF ADMINISTRATIVE DECISIONS

20.1 Section 1094.6 of the California Code of Civil Procedure shall govern any appeal of an administrative decision of the Board of Directors pursuant to Section 1094.5 of the California Code of Civil Procedure.

POLICY NO. 21 DEFINITIONS OF, AMENDMENTS TO, AND SUSPENSION OF POLICIES & PROCEDURES

21.1 By motion made, seconded, and approved by a majority of the Directors, the Board may amend or temporarily suspend these policies and procedures in whole or in part.

21.2 The word “majority” in policies 2, 6, 9, 10, 21 and 24 shall mean a majority of the Directors present at the meeting and voting aye or no. “Present at the meeting” shall include all Directors present in person and all Directors legally present by telephone or other allowed method.

21.3 For purposes of policy 6, the word “majority” shall be deemed to mean a “majority” of the Directors then in office, except as may otherwise be required by law.”

POLICY NO. 22 AMORTIZATION OF CAPITAL ASSETS; INVESTMENTS

22.1 Capital assets of \$5,000 or more shall be depreciated on the straight-line basis over the asset's estimated useful life or the lease term as follows:

Major Land and Building Improvements	15-20 years
Equipment and Furniture	3 – 5 years
Leasehold Improvements	Life of Lease
Improvements to Common Areas	3 – 5 years

22.2 The District's investments shall conform to all applicable law and regulation. As allowed by the same, the following policies shall apply:

1. U.S. Treasuries
2. U.S. Agencies – Federal Home Loan Bank, Federal Home Loan Mortgage Corp., Federal National Mortgage Association, Student Loan Marketing Association, Government National Mortgage Association and Federal Farm Credit Bank
3. Bankers Acceptances – Up to 40% of District's surplus money can be invested in Bankers Acceptances
4. Certificates of Deposit – Up to 30% of District's surplus money can be invested in Certificates of Deposit
5. Asset-Backed Securities – Exposure not to exceed 20% of portfolio; issuers must be rated 'AA' or better by Moody's or S&P
6. Commercial Paper – Exposure not to exceed 15% of portfolio and issuers' Short-term rating must be at least A1/P1
7. Medium Term Notes (Corporate Bonds) – Exposure limited to 30% of portfolio; issuers must be rated 'A' or better by Moody's or S&P; companies must be within the United States
8. Municipals – California only

General

A. 20% maximum exposure per issuer (except U.S. Treasuries and Governments)

B. 30% maximum per industry (except U.S. Treasuries, Governments and LAIF)

C. Weighted average portfolio maturity of 5 years or less*

D. 40% of portfolio can have a maturity (average life) of greater than 5 years*

E. Benchmark - Local Agency Investment Fund (LAIF)

* Adopted 8/7/00

POLICY NO. 23 REQUESTS FOR PUBLIC FUNDS, COMMUNITY GRANTS AND SPONSORSHIP

23.1 Under the law, Sequoia Healthcare District may provide assistance to health care programs, services, facilities, and activities at any location within or without the District for the benefit of the District and the people served by the District and to any 501(c)(3) nonprofit organization (**excluding foundations**) and clinics functioning in the community in order to provide for adequate health services to communities served by the District. (California Health and Safety Code Sections 32121(j) and 32126.5)

23.2 A community's health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being.

23.3 As allowed by the District's financial condition, the District shall have a Community Grants program to address identified community healthcare needs as envisioned by the Mission Statement and the strategic plan. In conjunction with setting the District's annual budget each year, the District shall determine whether to fund the Community Grants program for that budget year and, if so, in what amount. District staff shall administer the program with the District Board of Directors making the final decision regarding grant recipients. The Board President shall appoint an ad hoc Community Grants Committee to review grant applications and make recommendations to the Board. The Grants Committee shall include two Board members, District staff, and community members who shall serve without compensation. Information regarding the availability of the Community Grants and the application process shall be posted on the District's website and publicized appropriately so that eligible programs may make timely applications.

Requests for emergency or interim funding that fall outside the normal Community Grants application cycle may be presented to the Board after review by the Board President and Chief Executive Officer.

23.4 Requests for major program funding (in excess of \$100,000) and capital investments shall be made directly to the Board and presented in an open meeting. Such requests will

be evaluated for consistency with the District's Mission Statement and strategic plan and by community needs. Funding requests for programs that are located or offer services outside of District boundaries must be able to demonstrate how services to District residents will be documented. Grants normally will be memorialized with a Memorandum of Understanding.

Funding may be made in phases and may be subject to such conditions as the Board may impose.

Grants for the acquisition, leasing or substantial improvement of real property or other facilities shall be secured so that, if the facility is sold or leased to others for purposes that are not consistent with the original grant, the District may recover its funds for reinvestment in other programs or facilities.

23.5 The Sequoia Healthcare District will not sponsor fundraising events but may sponsor ~~health education~~ events **or activities that provide a community benefit (i.e. health screenings, health education)** up to ~~\$2,500~~ **\$3,500** per event but not to exceed ~~\$10,000~~ **\$15,000** in any fiscal year. The staff/Board may purchase tickets to fundraising events or other community events as long as no more than ~~\$300~~ **\$600** is spent per event and the total for event attendance does not exceed ~~\$35,000~~ **\$35,000** per year (*amended 2/4/2026*).

The CEO will be required to report on any events sponsored or attended as part of the CEO report each Board Meeting including who attended representing the District and the purpose of the event.

23.6 Effective January 1, 2020, Sequoia Healthcare District will adopt annual policies and guidelines for grant funding in compliance with Health & Safety Code Section 32139 and post such policies and guideline on the District website. (Added August 5, 2020)

POLICY 24: SOCIAL MEDIA POLICY

24.1 The District maintains certain social media sites, including a website, a Facebook page, and a Twitter account (“social media”). Additional social media, including blogs, may be created from time to time. All District social media shall be clearly designated to indicate that it is maintained by the District.

24.2 Each of the social media maintained by the District is the sole property of the District. The Chief Executive Officer shall have the authority to create, maintain, operate, preserve, or discontinue such social media, subject to express direction from a majority of the Board of Directors.

24.3 No information or content shall be posted to or removed from the District’s social media unless approved by the Chief Executive Officer or designated staff; provided, that specific content shall be posted to or removed from the District’s social media if directed by the Board of Directors at a public meeting. All content shall be for the benefit of the District and for the purpose of providing information regarding District activities, programs, and issues. The District’s social media shall not be used to further the candidacy or political views of any Director, candidate, or employee. All content shall be respectful and maintain the privacy of employees and recipients of services provided by the District or its grantees.

24.4 No content shall be posted to the District’s social media by or on behalf of any individual Director except a statement from the Board President on behalf of the District when approved by the Board in accordance with this policy.

24.5 No Director or employee shall maintain or operate a private social media site that purports to be an official District social media.

24.6 Effective January 1, 2020, in compliance with California AB2019, the Sequoia

Healthcare District will include specified information, on the District’s Internet Web site for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies. The District shall establish and maintain an Internet Web site that lists contact information for the District, and (1) The adopted budget, (2) A list of current board members, (3) Information regarding public meetings required pursuant to Section 32106 or the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code), (4) A municipal service review or special study conducted by a local agency formation commission pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (Division 3 (commencing with Section 56000) of Title 5 of the Government Code), if any. (5) Recipients of grant funding or assistance provided by the district, if any, (6) Audits of the district’s accounts and records pursuant to Section 26909 of the Government Code or Section 32133 of this code, (7) Annual financial reports to the Controller, submitted pursuant to Section 53890 of the Government Code, (8) The district’s policy for providing assistance or grant funding described in policy 23.6, and (9) Any other information the board deems relevant. *(Added August 5, 2020)*

24.7 Website ADA Compliance (Govt. Code §§6270.6 and 53087.8) In compliance with Federal and state laws that require government websites work with accessibility assistance systems (e.g., screen readers, magnifiers), the District will ensure that their websites meet accessibility standards and check their websites regularly with ADA checker software. *(effective June 24, 2022)*

24.8 Computer Systems Transparency (Govt. Code §6270.5) In compliance with California government code §6270.5, the Sequoia Healthcare District will identify all computer systems and software used that collects information about the public, make the list available upon request in the district office, post the list in a “prominent” location on the website and update the list annually. *(effective June 24, 2022)*

POLICY 25: RESERVES

Sequoia Healthcare District will maintain financial reserves. This policy sets forth the purposes and uses of the reserve funds.

25.1 Reserve funds may be used for any legal purpose by Board vote including but not limited to overhead, grants, investments, and property.

25.2 The District will maintain a reserve fund of at least \$5 million. If emergency needs reduce the reserves below \$5 million, they will be replaced with revenue from any and all sources including tax revenue in order to return the reserve to the minimum level as soon as reasonably possible.

25.3 Reserve funds exceeding \$5 million may be used from time to time as approved by the Board at any meeting. Reserves used over the \$5 million level may or may not be replaced as determined by the Board.

25.4 All reserve funds will be invested in accordance with California law and Sequoia Healthcare District Investment Policy 22 with at least \$2.5 million in US treasuries to provide reasonable liquidity for emergencies or budgeted deficits.

25.6 Reserve funds may be used to fund overhead without replacement, in order to facilitate using 100% of tax revenue each year for grants, unless the reserves fall below \$5 million.

POLICY NO. 26: USE OF DISTRICT EMAIL ACCOUNTS

A. The District shall issue an official email address, using the District's domain name, to all Directors and employees. The District shall provide technical support to enable Directors and employees to access their official email accounts from mobile devices and home computers.

B. Employees are required to use their official email account for all District-related communications.

C. Communications from District employees to Directors regarding District business and meeting agendas shall utilize the Directors' official email accounts. A Director may request, in writing, that such communications be sent to a different email account.

D. Directors are encouraged to use their official email accounts for District-related communications. Email communications on a Director's personal or business account that relate to District business are subject to disclosure under the Public Records Act. Directors who do not utilize their official email account shall make their personal and/or business email accounts available for review by the District's legal counsel when necessary to comply with a request under the Public Records Act.

E. In order to avoid inadvertent violations of the Brown Act, Directors and employees should exercise caution when using the "reply all" email function. Directors may not communicate with more than one other Director on a topic via email, except for trivial or scheduling matters. Comments or questions in a "reply all" response may constitute a serial meeting under the Brown Act.

POLICY NO. 27 TRAINING

27.1 California law (AB 1234, Chapter 700, Stats. of 2005) requires all Directors complete an ethics training course within six months of assuming office and complete the course every two- years thereafter. Several training options are available including training conducted by commercial organizations, nonprofits, or an agency's own legal counsel. An online training program has been established by the California Fair Political Practices Commission that allows local officials to satisfy the requirements of AB 1234 on a cost-free basis. The course can be accessed via the following link <http://localethics.fppc.ca.gov/login.aspx>. When the training is completed, the Director must print the Certification of Completion and provide it to the Office Manager to be uploaded to the District Website and retained in the office files. (added August 5, 2020)

27.2 Effective January 1, 2020, California laws AB 1825, AB 1661, AB2053 and SB396 require all elected officials and staff to complete Sexual Harassment training every two years that includes what constitutes sexual harassment and discrimination in the workplace, how to recognize and avoid harassment, what procedures to follow if you witness harassment or are harassed yourself, the potential consequences - including personal liability - of harassment, what constitutes abusive conduct in the workplace, and orientation, gender identity & gender expression. When the training is completed, the elected official and staff members must print the Certification of Completion and provide it to the Office Manager to be uploaded to the District Website and retained in the office files. (added August 5, 2020).

As reference to Policy 15.5, the following excerpt is from the District’s Employee Handbook, adopted 12/2/09 and restated 6/24/22.

7.05 Expense Reimbursement

This policy establishes standards for Sequoia Healthcare District (“District”) Employees who incur expenses during the course of business activities on behalf of or at the request of District. The purpose of this policy is to provide uniform standards for those employees who incur, authorize and approve business travel, out-of-pocket and entertainment expenses. The policy also defines the documentation necessary to support reimbursement for business travel, out-of-pocket and entertainment expenses.

Employees will be reimbursed for mileage **outside routine local travel for meetings or events** at the rate allowed by the Internal Revenue Service. Meals will be reimbursed upon presentation of valid receipts. Personal cell phones used in the course of District business upon presentation of a valid invoice will be reimbursed up to \$75/month.

Employees are to exercise good judgment in incurring business travel and entertainment expenses. Reimbursement will be made for authorized business expenses that are reasonable, necessary and appropriately documented.

A. Business Travel Expenses and Automobile Reimbursement

Business travel expenses are **ordinary**, reasonable and necessary expenses that an employee incurs while traveling away from ~~home~~ **the District office** on District business or related activities ~~approved by~~ **authorized in advance by the District CEO**.

Routine local travel, including travel within a twenty (20) mile radius of the District office for meetings, site visits, trainings, or events, is considered part of an employee’s regular work responsibilities and is not eligible for reimbursement, including personal automobile mileage.

This Section A applies to basic expenses associated with travel on District business **outside a twenty (20) mile radius of the District office**. Section B contains separate requirements related to business entertainment expenses.

- 1) Hotel Accommodations - Employees should use hotels that balance the needs for convenience, safety, and lower cost. Employees may not stay at luxury hotels such as Ritz Carlton, Four Seasons or utilize similarly expensive lodging unless it is a designated conference hotel. Employees will not be reimbursed for bottled water, in-room movies or mini-bar expenses.
- 2) Airfare - Employees must travel coach/economy class at the most economical rate available to reasonably accommodate business schedules.

Use of the long-term parking lots and/or off airport parking is encouraged to reduce overall travel costs.

- 3) Mileage/Ground Transportation - When it is more practical to use a personal automobile when traveling on business, reimbursement will be made at the currently established IRS rate per mile for the actual miles necessary to conduct the relevant business.

Other ground transportation (e.g. taxi, bus, subway, rail, etc.) will be reimbursed if it relates to District business.

Other costs associated with ground transportation such as parking and bridge tolls will be reimbursed.

- 4) Rental Cars - Luxury and premium cars are not reimbursable.
- 5) Meals - District will reimburse reasonable meal expenses incurred by employees traveling out-of-town on District business. Such meals should not exceed \$20 for breakfast, \$30 for lunch and \$40 for dinner.
- 6) Telephone Calls/Faxes/Mail Service While Traveling - Necessary business related telephone calls, faxes or mail service and business use of personal cell phone, home phone or faxes will be reimbursed with appropriate documentation.

Personal calls while traveling, such as reasonable calls to home, family members, **baby sitters**, etc., are allowable business expenses.

*****Regarding phone calls, is this outdated?***

***** Regarding babysitters, without clearer guidelines, this reimbursement policy as written has the potential for abuse, which could expose the District to legal and practical challenges that could be difficult to defend.***

- 7) Spouse Travel - No reimbursement is allowed for travel expenses, (including, but not limited to, airfare, hotel, meals, transportation, tips, etc.) paid or incurred by an employee with respect to a spouse, dependent or other individual accompanying an employee on a business trip.

B. Business Entertainment Expenses (including meals and gifts)

Business entertainment expenses are those expenses incurred by the employee while (i) conducting/discussing District business and (ii) meeting with other District employees (including subordinates) and/or other persons who directly (or through another entity) do business with or support the District.

- 1) Business Meals - Business entertainment and meal expenses are the same as outlined in 5) Meals above.

District will only reimburse meal expenses involving District-only participants when a significant amount of the discussion/purpose of the meal is business related – whether the meeting takes place in a restaurant or the office.

Employees are reminded that they represent the District while on company business and that alcohol use, if any, must be responsible and in conjunction with a meal.

- 2) Business Gifts - Modest business gifts to non-employees (including board members and sponsors) will be reimbursed with the approval of the District's CEO or Board President and appropriate documentation.
- 3) Gifts to Employees - Generally, District will not reimburse an employee for gifts (including flowers) to subordinates, peers, or supervisors, including events such as a birthday, holiday (e.g., Christmas), wedding, special days (i.e., secretary day), birth of child or other life event.

With the CEO's or Board President prior approval, an employee may expense a gift to a District employee or board member for exceptional performance, as a thank you for a

special effort, as a going away gift, or as an acknowledgement for completing a degree or training program. In addition, an employee may expense flowers or another appropriate and reasonable gift sent to a subordinate, peer, supervisor, or board member in the event of the death of an employee or immediate family member, the hospitalization of the employee or employee family member or other family crisis.

C. Expense Reporting and Documentation Requirements for the Paper Process

Expense reports must be completed in accordance with the requirements of this policy.

- 1) Expense Reporting Signature and Approvals - Expense reports must be signed by the employee and approved by the employee's supervisor or the Board President. By signing the expense reports, employees and the individual approving reports are representing and confirming that the expense report complies with these standards.
- 2) Forms to be Used - Employees must use the current District expense report form(s) for reimbursement of out-of-pocket expenses, the current District mileage and associated reimbursement form for reimbursement of mileage.
- 3) Attachments to Forms - When preparing expense reports, receipts should be attached.
- 4) Substantiation of Expenses - Generally, a receipt should be provided in support of out of pocket expense items. Exceptions to this general requirement include bridge tolls, highway tolls, modest bus or subway fares, and tips to baggage handlers in hotels, airports. A receipt should accompany all District credit card purchases.

D. District Credit Cards

Employees must follow the above requirements for allowable charges to District credit cards.

- 1) Credit Card Statement Approvals – Credit card statements must be signed by the employee and approved by the CEO or CFO. The Board President approves the CEO statements and the CEO approves the CFO’s statements. By signing the statement, employees and the individual approving reports are representing and confirming that the expense report complies with District policy for valid, allowable expenses.

- 2) Attachment and explanation of receipts - When you submit your credit card statement for payment, all receipts should be attached. If you are missing bridge tolls, highway tolls, bus or subway fares, and tips to drivers, servers, baggage handlers, etc. you will need to attach an explanation of the charge. In addition, you must specify which budget line item the charge should be billed against (i.e. office supplies, grants administration, etc.)



FOR YOUR HEALTH

Protecting Community Health Amid Federal Funding Reductions

Abstract

The One Big Beautiful Bill (OB BB) will significantly cut federal funding for Medicaid, public health, and nutrition programs, putting local health access and equity at risk in San Mateo County. To protect essential services and prevent downstream health and economic impacts, this proposal recommends a six-month, \$4 million bridge investment (October 2025-March 2026) across four urgent areas—primary care and dental capacity, food security, behavioral health, and support for seniors and people with disabilities. Acting now will help stabilize local safety nets, preserve access for vulnerable residents, and uphold Sequoia Healthcare District’s mission and mandate.

Pamela Kurtzman
October 2025

1. EXECUTIVE SUMMARY

The One Big Beautiful Bill (OB BB) enacts sweeping federal cuts to Medicaid, public health, and nutrition programs, threatening health access and equity in San Mateo County. Local impacts include potential loss of up to \$120 million annually in Medi-Cal reimbursements, SNAP benefits, and affordable healthcare subsidies. This will result in reducing access to critical and preventive health services for undocumented, uninsured, disabled, senior, and low-/middle-income residents that fall through eligibility gaps.

- FQHCs (e.g., Ravenswood) will be barred from serving undocumented patients.
- Non-federally funded clinics (Samaritan House, Sonrisas) are already near capacity and will likely become overwhelmed.
- Planned Parenthood defunded; Redwood City Clinic Impacted
- Food insecurity affects ~50,000 residents and will worsen sharply.
- Undocumented residents (8-10%) of the District will lose nearly all federal safety-net support.

To preserve access to care and sustain critical health access points, this plan identifies four urgent community health priorities, recommended for their potential health consequences and downstream cost mitigation, where the District can immediately begin funding rapid expansions. Rather than waiting for the next strategic plan in February 2026, this proposal assumes a “bridge” funding period from October 1, 2025, through March 2026 to allow quick deployment of resources. These priorities are based on local data, input from nonprofit and county leaders, and the anticipated effects of funding cuts under the One Big Beautiful Bill (OB BB)

1. **Clinic and primary care, dental capacity** (safety-net)-largest downstream cost-avoidance; prevents avoidable ED usage— \$1.0M-1.5M
2. **Food security and nutrition**; direct, fast impact on health and chronic disease control— \$1.0M
3. **Behavioral health and Substance Use Response**; prevents crises and law-enforcement/ED costs— \$1M
4. **Seniors and people with disabilities support**; high-risk population; smaller initial program can be scaled quickly— \$500k

Total estimated investments over next 6 months: \$3.5M-4.0M million (approx.)

Goal: Maintain essential health access, reduce preventable illness, and stabilize local safety nets during federal retrenchment.

2. BACKGROUND

The OBBB significantly reduces or eliminates funding for **Medicaid, preventive health programs, and nutrition assistance**, cutting an estimated **\$120 million annually** in support to San Mateo County. Impacts include:

- **Coverage Losses:** 1) An estimated 18,239 residents with disabilities will experience a reduction or elimination of their Medi-Cal benefit due to the new Federal work requirements and eligibility restrictions (proposed HR1 changes); 2) People who have relied on Covered California and Federal subsidies under the ACA will have their premiums increase by up to 600%; 3) Loss of Medi-Cal coverage for ~40,000 undocumented residents.
- **Nutrition Gaps:** About 50,050 people in San Mateo County are food insecure (~6.6% of population). 12,378 total CalFresh recipients age 18-54 will lose their SNAP benefit based on current HR 1 changes. These cuts to SNAP and school meal reimbursements will increase food insecurity for thousands of children and seniors and working families.
- **Safety-Net Pressure:** Federally Qualified Health Centers (FQHC's) such as Ravenswood and County Health clinics will no longer be permitted to provide health services to undocumented community members. Other local community clinics that do not rely on Federal funding, such as Sonrisas and Samaritan House will be tasked to do significantly more, but are already operating near capacity and will face higher uncompensated care costs and workforce challenges.
- **Equity Concerns:** Undocumented persons who make up an estimated 8-10% of the District's population, are excluded from most federal relief programs, yet remain integral to the workforce and community fabric.

These changes are likely to substantially reduce access to care, increase food insecurity, overwhelm the capacity of our non-profit health centers, and drive up hospital emergency use unless mitigated through local action.

3. RECOMMENDED INVESTMENTS

Sequoia Healthcare District is well positioned to invest approximately **\$4 million** across the four most potentially impacted areas to help stabilize local safety-net health and nutrition infrastructure, prevent deterioration in community health outcomes caused by federal cuts; and position the District for sustainable investment strategies in its 2026-2029 Strategic Plan.

Investment Area	Purpose / Rationale	Proposed Actions	Why it's urgent/ what it protects
Primary Care and Safety-Net Clinics	<p>Offset loss of Medi-Cal coverage; maintain primary care, dental, and preventive care access</p> <p>Help offset loss of benefits due to HR1 changes and elimination of subsidies under Covered California</p>	<p>Increase funding to existing free and sliding-scale clinics (e.g. Samaritan House, Ravenswood, Planned Parenthood) to increase capacity to handle more patients; hire more staff (primary care, pediatrics, chronic disease, OB/GYN)</p> <p>Fund outreach via trusted messengers (promotoras/ community navigators, etc) so people know about eligibility and free/low-cost services. Support transportation.</p>	<p>Cuts in Medicaid and preventive services will force more people into emergency care if they can't access primary care. Undocumented and uninsured are often excluded from formal coverage but rely on these clinics. Strengthening this safety net prevents worse health outcomes and higher long-term costs.</p>
Nutrition and Food Security	<p>Counteract SNAP and school meal cuts</p> <p>Boost food security & nutrition assistance for "gap" populations</p>	<p>Expand funding for food banks, school-based food programs, mobile food pantries, and food pharmacies.</p> <p>Expand outreach to ensure CalFresh / SNAP eligible people are enrolled; also establish local aid for those ineligible for federal aid but still financially insecure.</p> <p>Support College District and community colleges' emergency food programs (food boxes, grocery cards) since many students and working families are affected.</p>	<p>Improve nutrition for 5,000+ families; reduce chronic disease burden.</p> <p>With OBBB weakening federal food assistance, food insecurity will increase especially among low-income families, working poor, seniors. Nutrition is foundational to health (chronic disease, immunity, child development). The "gap" group is especially at risk.</p>
Behavioral Health and Substance Use Response	<p>Strengthen Behavioral Health, Mental Health, and Substance Use Disorder Services</p>	<p>Increase funding for community-based trauma-informed counseling and addiction services.</p> <p>Embed behavioral health navigators in schools and clinics.</p> <p>Support crisis intervention, peer support, telehealth for mental health/social support.</p> <p>Expand substance use disorder services (harm reduction, clinics, outreach) especially in neighborhoods</p>	<p>Health stressors (financial, food, housing) will exacerbate mental health and substance use crises.</p> <p>Undocumented and uninsured often have fewer resources/ higher barriers. Without support, crisis calls and emergency use will spike.</p>

		with high needs with limited access	
Seniors and People with Disabilities	Increase funds for home-based care, medication, transport, and preventive supports. Establish or expand local programs for assistance with medications, durable medical equipment, and other costs not covered due to insurance gaps.	Provide services such as home-based care, mobile health, telehealth, transportation, and caregiver support, targeted to seniors and people with mobility or disability challenges and who may not qualify for full public assistance or whose benefits have been reduced.	Seniors and disabled persons are high risk: more vulnerable to serious disease, more likely to suffer complications if preventive services are cut. They also face cost barriers even when insured; gaps in coverage hit them harder.

3. GOALS AND TARGET OUTCOMES

Goals

- Help maintain uninterrupted access to essential health services, including dental and preventive care for all residents.
- Reduce preventable hospitalizations and food insecurity.
- Strengthen behavioral health and crisis-response capacity.
- Assure seniors and people with disabilities have the support they need to access health services, nutritious food, and necessary transportation

Target Outcomes (by March 2026)

- Preserve or expand access for approximately 20,000+ uninsured/underinsured residents
- Reduce food insecurity among District residents by 10%
- Expand behavioral health access for 1,000+ residents
- Help stabilize key safety-net clinics facing revenue disruption

5. BUDGET OVERVIEW

Total proposed bridge investment: About \$4 million

- Primary source: SHD reserves and discretionary funds
- Potential cost-sharing: San Mateo County General Fund, Prop 1 behavioral health funds, hospital community benefit allocations, and local philanthropy (SVCF, Sobrato, Sand Hill, Stanford).

Investment Area	Proposed SHD Funding	What this buys (sample)	Potential Partners
Community Health Safety Nets and Reproductive Health Services	\$1M-\$1.5 million	Bridge/expansion grants to 3-5 high-volume safety-net sites (Ravenswood FQHC, Samaritan House Free Clinic, Sonrisas Dental, Planned Parenthood) to hire additional clinicians, front-desk staff, extend hours, buy	Local health systems, Stanford, Kaiser, Dental Society, SVCF and other

		supplies, and fund outreach/ transportation vouchers. 1-2 mobile clinic operations in North Fair Oaks and/or where necessary	philanthropic partners
Nutrition & Food Security	\$1 million	Operational support to Second Harvest and smaller local food banks to increase purchased food supply (not just donations). Program implementation, distribution, and admin costs (partner stipends, mobile pantry logistics, outreach)	County, Second Harvest, School Districts, Nonprofits, philanthropy
Behavioral Health & Substance Use Response	\$1 million	Rapid hiring/contracting of 8-12 clinicians / peers (licensed therapists, peers, SUD counselors), tele-behavioral health capacity, crisis/ outreach teams in 3 high-need neighborhoods, and school-based behavioral navigators Telehealth platform licenses, training, and community outreach	County Behavioral Health, HPSM Community Partners, philanthropy,
Seniors and People with Disabilities	\$500k	Short-term home support subsidies (medication copay assistance, limited in-home support hours, transportation for medical appointments, telehealth kits), caregiver respite stipends, and targeted vaccine/preventive screening outreach for seniors/disabled who lose coverage or face gaps. Critical durable medical equipment voucher fund (walkers, canes, small devices).	Ombudsman, AbilityPath, Legal Aid, Peninsula Volunteers, philanthropic partners
Total: \$4 million			

6. IMPLEMENTATION AND OVERSIGHT

To ensure timely action between now and March 1, 2026, Sequoia Healthcare District (SHD) and its partners should focus on the following immediate actions (Fall/Winter 2025):

- Deploy funds to the highest-impact community clinics and food security programs now, ensuring ramp-up is in place by early 2026—before the most significant effects of federal cuts take hold.
- Expand partnerships with lead agencies—including local clinics, county departments, and nonprofit organizations—to coordinate implementation. Where possible, leverage philanthropic grants and matching funds to maximize impact.

Timeline

- Immediate (0-6 months): Launch bridge funding and service expansions by March 2025.
- Short-Term (6-18 months): Integrate these actions into SHD’s 2026-2029 Strategic Plan.

- Long-Term (2-3 years): Track outcomes; scale proven models.

Oversight

- Governance by SHD Board and Finance Committee
- Quarterly progress reporting on indicators. Specific metrics still need developed, a next step to this proposal.

Indicator	Expected Impact
Residents served (develop others)	≥ 20,000 individuals benefiting from SHD-funded access points
Avoidable ER visits	3-5% reduction countywide
Food insecurity	10% decline
Behavioral health access	+1,000 residents
Safety-net clinic stability	3 clinics retained in full operation

8. CONCLUSION

Federal cutbacks under the One Big Beautiful Bill (OB BB) threaten to undo decades of progress in healthcare access and health equity. Many undocumented adults are expected to lose full-scope Medi-Cal coverage and be limited to emergency services only. Others—particularly the “gap population” who earn too much to qualify for public subsidies but too little to afford basic needs—may face unaffordable premiums, loss of dental, mental health, and preventive care, higher out-of-pocket costs, delays in treatment, and greater unmet health needs. These impacts will also increase uncompensated care burdens on local clinics and hospitals.

The scale of the potential cuts is significant: estimates project **\$30-\$40 billion** in federal reductions to Medi-Cal over time. While not all effects will occur immediately, major changes such as new work requirements, premium increases, and eligibility restrictions are expected between **2026 and 2028**. The economic ripple effects will be far-reaching—leading to job losses, state budget strain, and heightened pressure on local healthcare providers.

Through this proposal, Sequoia Healthcare District can take decisive, immediate, and locally grounded action to protect the well-being of its residents—insured and uninsured, documented and undocumented alike. Strategic investment now will help preserve the local health infrastructure, prevent higher downstream costs, and advance the District’s mission to ensure that every person in our community has access to the resources they need to live a healthy and secure life.

Appendices:

Assumptions, Limitations, and Next Steps

Assumptions

- This proposal is based on current data and interpretations of pending federal changes, which may evolve over time.
- Funding needs are preliminary estimates and will likely vary across the four proposed priority areas.
- Other needs will likely emerge, not accounted for here.

Limitations

- Local programs (ACE, county clinics) could step in; nonprofits and legal aid may help people retain coverage; strong political opposition could slow or modify state proposals; some people currently enrolled would be “grandfathered” in; emergency and pregnancy services likely preserved; outreach/help navigating changes could reduce losses due to administrative hurdles.
- These figures represent rapid, six-month “bridge” estimates. Long-term sustainability will require annualized budgeting and stable revenue sources (e.g., state/federal matches, Medi-Cal adjustments).
- FQHC and site-level budgets vary widely; local partners will need to submit site-specific funding requests for approval.
- Data gaps exist in this proposal that are still unknown, including:
 - The number of low- and middle-income families in San Mateo County who will lose eligibility for Medi-Cal or other public assistance programs and may struggle to afford premiums or basic living costs.
 - The number and extent of ACA members likely to be impacted.
 - Broader factors such as job loss or other economic shifts not yet modeled.
 - Any major public health emergency or disease outbreak could further intensify local needs.

Next Steps

- Continue to engage top clinic and community partners (e.g., Second Harvest, Ravenswood, Samaritan House, County Behavioral Health, Ombudsman)
- Develop key performance metrics and longer-term milestones to measure impact.
- Prepare a one-page Board report mapping the proposed \$4.M bridge funding to the broader strategic plan and FY25-26 budget.
- Hire grants Data & Evaluation Officer/Health Data Analyst to collect health data, develop dashboards, and performance metrics.

References:

1. San Mateo County Health 2023 Community Health Needs Assessment:
https://www.smcalthtogetherbetter.org/content/sites/sanmateo/Reports/SMC_CHNA_2023.pdf
2. Community Health Improvement Plan for San Mateo County 2024-2026: [chrome-extension://efaidnbmnnnibpcajpcgglefindmkaj/https://www.smchealth.org/sites/main/files/file-attachments/chip_for_san_mateo_county_2024-2026_final.pdf](https://efaidnbmnnnibpcajpcgglefindmkaj/https://www.smchealth.org/sites/main/files/file-attachments/chip_for_san_mateo_county_2024-2026_final.pdf)
3. [California Budget & Policy Center](#)- Stricter Eligibility, Renewals, and Administrative Barriers
4. [California State Association of Counties](#)- Cuts to Medi-Cal (California's Medicaid)
5. [California Budget & Policy Center](#)- Immigrants & State Coverage Programs
6. [San Diego Post](#)- Cost Increases & Premiums / Co-payments
7. [California Budget & Policy Center](#)-Uninsured Rate & Health Equity Consequences
8. [San Diego Post](#)-Service Reductions, Access Barriers: reference
9. One on one and group discussions with the following individuals:
 - Mike Callagy, County Manager
 - Collen Chawla, Chief, San Mateo County Health
 - Tamarra Jones- Director of SMC Public Health, Policy, and Planning
 - Bart Charlow, retired CEO Samaritan House
 - Peter Shih, Senior Manager of Delivery System Planning, San Mateo County
 - Amy Gerstein, John Gardner Center for Youth and Their Communities
 - Laura Bent, CEO Samaritan House
 - Luisa Buada, retired CEO, Ravenswood Health Network
 - Dr. Laura Dalton, Clinical Director, Planned Parenthood Mar Monte
 - Angie Ibarra, Founder and Director Levantar!
 - Tracey Fecher, Executive Director, Sonrisas Dental Health
 - Jack Mahoney, Senior Director, Community Action, Silicon Valley Community Foundation

Agenda Item 4d - Update On Strategic Planning Progress by Kathryn Hamel of Jacob Greene and Associates

There are no documents for this agenda item.