Sequoia Healthcare District

555 Veterans Boulevard
Suite 150
Redwood City, CA 94063

A G E N D A

SEQUOIA HEALTHCARE DISTRICT
BOARD OF DIRECTORS STUDY SESSION MEETING
12:00 PM, Wednesday, September 23, 2026
555 Veterans Boulevard, Suite 150, Redwood City CA 94063

This meeting will be held in person. Additional information regarding the meeting can be located at our website: https://www.seqhd.org/

1. **Call To Order And Roll Call**

2. **Public Comment On Non-Agenda Items***

3. **New Business**
   ACTION ITEM:
   a. Decide whether to reschedule October 7, 2026 Board Meeting 12.00 – 12.05
   b. Study Session on the strategy for SHD Grants Program 12:05 - 3:00
   Mitch Bailey, Facilitator

4. ***ACTION ITEM:***
   Adjourn: The Next Special Meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 12:00PM, Wednesday, November 4, San Mateo 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, 555 Veterans Boulevard, Suite 150, Redwood City, 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.

Agenda item 3.b
Board of Directors Study Session
September 23, 2026

BOARD REPORT

TO: Sequoia Healthcare District Board of Directors

FROM: Pamela Kurtzman, CEO

DATE: September 23, 2026

BOARD STUDY SESSION: SHD GRANTS PROGRAM ALIGNMENT STRATEGY

Purpose
The purpose of this study session is to (1) review pending changes to the District's grant-making model, (2) get Board direction on the codification of funding priorities, and (3) get policy direction from the Board to ensure funding priorities align with the District's mission, vision, and Strategic Plan. The revised approach is intended to create a more focused, consistent, transparent, and outcomes-driven system for investing District taxpayer dollars in community health.

Grantmaking remains at the core of the District's work. Community-based organizations provide much of the direct program development, implementation, and service delivery throughout the District, while SHD serves as a funding catalyst, convener, and champion of strategies that improve health outcomes. This model allows the District to leverage the expertise and infrastructure of community partners while maintaining a lean organization.

The FY28 redesign is intended to strengthen the connection between community need, District priorities, funding decisions, measurable results, and lasting impacts.

Starting With Mission and Strategy
The redesigned grantmaking framework is grounded by the District's mission and vision and assures alignment with the District's Strategic Plan. The revised framework creates a clearer line of sight from Mission → Strategic Plan → Community Need → Funding Priorities → Consistent Decisions → Measurable Impact.

For FY28, this means making the District's purpose more visible in individual funding decisions. Grant investments must respond to demonstrated community need, advance access to crucial clinical services, use public resources consistently and responsibly, and produce outcomes that can be understood and evaluated by the District.

The grants strategy is informed by an ongoing environmental scan and utilizes a variety of current data. Staff are continually assessing changing health and social conditions, public policy and funding developments, feedback from grantee organizations, and conversations

with local leaders. These sources help identify emerging gaps, changing demand, organizational capacity challenges, and opportunities for greater coordination.

Several consistent themes have emerged from the data and community discussions over the last several months. Community need is growing at the same time that many health and safety-net resources face financial uncertainty. Residents continue to encounter barriers that prevent them from accessing needed services. Community organizations are increasingly emphasizing collaboration and resource sharing, while also reporting workforce and organizational sustainability challenges. Feedback has also identified opportunities for targeted infrastructure investments that can strengthen collective impact. (For additional reference, attached is a summary of five grantee discussion sessions held over the summer with more than 50 participants.)

These conditions reinforce the need for the District's grant program to be both **focused and responsive;** one that clearly defines what SHD funds while retaining sufficient flexibility to respond to changing community conditions.

Proposed FY28 Grant-making Model
This revised model moves to one SHD grant program with three predictable funding cycles each year and one common process for evaluating, awarding, and measuring grants.

Rather than operating separate or differently structured grant programs, applicants will utilize the same grantmaking framework regardless of funding cycle or investment priority. Each cycle will use the same eligibility requirements, application structure, review criteria, decision process, grant agreement expectations, and reporting standards.

Three structured cycles will provide organizations with predictable opportunities to seek funding throughout the year without creating a continuously rolling grant process. Annual portfolio guardrails, including available budget, the mix of funding priorities, organizational capacity, and emerging community needs would help guide allocation decisions across the full grant year.

Funding Focus
The revised model affirms **Access to Care as the primary lens** for SHD grantmaking, supported by three investment priorities:

- **Access to Care** (70% of portfolio) – Clinical, behavioral health, and dental services that expand or preserve residents' access to needed care.
- **Food Insecurity** (10% of portfolio) – Food access, nutrition, and related interventions where food insecurity directly affects health, stability, or access to care.
- **Prevention + Systemic Conditions** (20% of portfolio) – Prevention, navigation, transportation, and other upstream or systemic approaches that prevent poor health outcomes or remove barriers to accessing services.

Eligible community organizations will be those whose proposed work serves District residents and aligns with at least one of these priorities. This structure is intended to provide clarity about the District's funding role while recognizing that health access is influenced by more than clinical care alone.

Creating a Consistent and Predictable Review Process

Under the revised model, every applicant will move through the same basic process:

- published guidance and eligibility requirements;
- initial screening for eligibility and strategic alignment;
- a common application with defined outcomes;
- scoring using a standard rubric;
- staff and committee recommendation followed by Board action;
- a grant agreement establishing scope, payment, and reporting expectations; and
- ongoing measurement of progress and outcomes.

A common ten-criteria review framework will assess applications across four areas:

- **Strategic Fit:** alignment and health access
- **Program Strength**: merit, impact, and innovation
- **Measurement and Readiness:** outcomes, capacity, budget, and sustainability
- **System Value:** collaboration and innovation

Published criteria, consistent reviewer orientation, conflict-of-interest requirements, and documented scoring are intended to make funding recommendations more transparent, equitable, and defensible.

Community member grant reviewers – representing a cross-section of the District – will be selected based on relevant healthcare, nonprofit and/or grantmaking experience and their ability to complete assigned review responsibilities. The model also seeks meaningful District and community perspective, including voices connected to populations served by the District, along with two Board members. All reviewers will receive common orientation and use the same rubric and structured review process.

Strengthening Accountability and Measuring Impact

A central objective of the redesign is to make measurement part of the grant from the beginning rather than something added after an award is made.

Applicants will identify the need being addressed, target population, proposed activities, and intended outcome when applying. Grant agreements will then establish the funded scope, milestones, and reporting requirements. Subsequent reporting will address reach, progress, outcomes, expenditures, and barriers encountered. This information will ultimately feed a recurring Board-level dashboard showing portfolio performance, impact, emerging gaps, and decisions requiring attention.

Rather than collecting a large amount of data that do not inform decisions, the proposed approach focuses on a small number of repeatable questions:

- Who was served? Residents reached, priority populations, and geography.
- What changed? Access gained, barriers reduced, and relevant health or behavioral outcomes.
- Was the investment efficient? Cost per client, budget-to-actual performance, and leveraged funding.
- What should SHD do next? Renew, scale, adjust, exit, or address an identified gap.

Staff is planning for a grantee evaluation framework to identify which organizations and programs are delivering the strongest results relative to the District's priorities and investment. The framework will consider demonstrated outcomes, reach, cost effectiveness, organizational capacity, sustainability, collaboration, and the extent to which an investment addresses a priority community need or service gap. Over the next several months, this will allow the District to distinguish between programs that warrant continued or increased investment and those that should be adjusted, consolidated, or phased out.

This evaluation will also support a more focused grant portfolio. The District currently funds 79 nonprofit organizations delivering approximately 100 programs. As part of the FY28 transition, the District anticipates as many as one-third of those funded organizations/ programs may be phased out based on the refined focus and redesigned process. To be clear, the objective is not simply to fund fewer organizations, but to concentrate District resources in the investments demonstrating the greatest impact and strategic value, reduce fragmentation, and strengthen accountability for results. The evaluation framework will provide an objective and transparent basis for making these portfolio decisions.

The intent is to ensure that grant reporting informs future allocation decisions rather than functioning solely as a compliance exercise. Over time, the District should be able to use this information to make clearer decisions about where to renew, increase, consolidate, redesign, or conclude investments based on demonstrated results and changing community needs.

Board Direction Requested

This study session is intended to establish/affirm policy direction rather than finalize every operational detail of the FY28 grant program. Staff is seeking Board feedback and general alignment on three fundamental design choices:

1. **Focus Area:** A single SHD grant program centered on Access to Care, Food Insecurity, and Prevention + Systemic Conditions.
2. **Three Structured Cycles:** Three predictable funding opportunities each year using the same application process, evaluation rubric, decision standards, and annual portfolio guardrails.

3. **An Impact and Accountability Loop:** Standard outcome expectations and recurring Board reporting that allow grant performance and community-level learning to inform renewal, scaling, adjustment, future priorities, and allocation decisions. Further, there is alignment with the District's mission, vision, and Strategic Plan.

With Board direction on these three policy elements, staff will finalize the operational details necessary to implement the FY28 grantmaking model, including eligibility requirements, cycle timing, application materials, reviewer procedures, scoring methodology, reporting standards, and Board dashboard format.

The overall objective is a grantmaking system that is consistent, fair, transparent, efficient, and impact-driven, while remaining responsive to changing community health needs.

ALIGNING COMMUNITY INVESTMENTS WITH DESIRED HEALTH OUTCOMES

SHD Board of Directors Study Session

September 23, 2026

Study Session Goals

ALIGN
Establish Board direction on the proposed FY28 grantmaking model and ensure the approach reflects the District's mission, priorities, and stewardship responsibilities.

STRENGTHEN
Create a more focused, consistent, transparent, and outcomes-driven grantmaking process that supports effective investment in community health.

CONNECT
Strengthen the connection between community need → District priorities → funding decisions → measurable health outcomes, while leveraging the expertise and capacity of community partners.

Grantmaking Is The Core of SHD's Work

Community-based Organizations (CBOs) provide the overwhelming program development, implementation and evaluation work.

SHD is a funding catalyst, convener of health-related issues, initiator and champion of community strategies that drive meaningful health outcomes.

This approach allows the District to rely on CBO expertise and resources, and to maximize community investment and maintain a lean organization.

funding priorities → consistent decisions → measurable impact

The Grant Strategy Starts with SHD's Mission & Vision

The FY28 redesign should make the District's purpose visible in every funding decision.

MISSION

Improve the health of District residents by enhancing access to care and promoting wellness through responsible stewardship of District taxpayer dollars.

VISION

All District residents experience optimal physical and mental health at every stage of life.

WHAT THIS MEANS FOR FY28

The new grantmaking model should prioritize access, respond to demonstrated community need, steward public dollars consistently, and make health outcomes easier to see.

Mission → community need → funding priorities → consistent decisions → measurable impact

The Grant Strategy Aligns With The District's Strategic Plan

1

Advance Health Access Districtwide

- **1.1** Strengthen Stakeholder Collaboration and Community Engagement
- **1.2** Identify and Address Gaps in Health Access
- **1.3** Develop and Implement Innovative Solutions
- **1.4** Strengthen Coordination of Services

2

Strengthen Data, Metrics, and Accountability of Outcomes

- **2.1** Build Internal Capacity for Data and Evaluation
- **2.2** Implement a Centralized Data Tracking and Reporting System
- **2.3** Enhance accountability, transparency, and continuous improvement through defining and monitoring KPIs

4

Invest Strategically and Responsibly

- **4.1** Establish a Transparent and Purposeful Investment Framework
- **4.2** Strengthen Collaboration with Funders and Partners
- **4.3** Maintain Fiscal Resilience and Risk Preparedness
- **4.4** Ensure Accountability and Measure Return on Investment

Mission → strategic plan → community need → funding priorities → consistent decisions → measurable impact

How SHD Identifies Community Need

The FY28 model is informed by an ongoing environmental scan and feedback loop — not a single source of information.

1

ENVIRONMENTAL SCANNING

Regular review of evolving needs, challenges, opportunities and realities affecting District residents.

2

PUBLIC + POLICY LANDSCAPE

Local and regional developments that may affect healthcare access, food assistance, safety-net services and community resources.

3

GRANTEE ORGANIZATIONS

Focused discussions with community-based organizations about demand, access barriers, workforce capacity, sustainability and collaboration.

4

CITY LEADERS

Conversations about recurring local needs, including access to resources and information, transportation and the “missing middle.”

The information gathered is used for planning, resource allocation, realignment and gap identification.

What the Community Feedback Is Telling Us

Recurring themes reinforce the need for a grant program that is focused, responsive and outcomes-driven.

GROWING NEED + FINANCIAL UNCERTAINTY	Community need is increasing while funding and safety-net resources face uncertainty.
ACCESS BARRIERS	Residents continue to face barriers that prevent them from reaching needed services.
COLLABORATION + COORDINATION	Organizations see greater need for coordination, partnership and resource sharing.
CAPACITY + SUSTAINABILITY	Workforce capacity and organizational sustainability are growing concerns.
STRATEGIC INFRASTRUCTURE	Targeted infrastructure investment can strengthen collective impact.

This feedback supports the FY28 direction: define what SHD funds, create predictable access, use one review standard, and measure impact.

In the Headlines

REDWOOD CITY PULSE

Aging population will further stress in-home support network

New numbers point to coming crisis in Santa Clara, San Mateo counties

July 22, 2025

SAN MATEO DAILY JOURNAL

2 of 3 Planned Parenthood clinics in San Mateo County close

Closures followed Medicaid cuts and restrictions in the federal policy bill

July 26, 2025

THE ALMANAC

Theft by the state': San Mateo County leaders warn of cuts without funding fix

The county and local workers warned that the unresolved VLF mechanism could force deep cuts to local services.

August 13, 2026

SAN MATEO DAILY JOURNAL

San Mateo County leaders advocate for $157 million in vehicle license fee funding

The story reports that health, housing, public safety and nonprofit leaders warned that jobs, programs and services are at risk.

Apr. 8, 2026

In the Headlines

SAN MATEO DAILY JOURNAL

San Mateo County braces for Medi-Cal and food stamp cuts

"Thousands could soon be ineligible for food stamps and up to 30% of patients kicked off Medi-Cal, county says"
Jan. 28, 2026

KQED

Alameda Health System to Lay Off Hundreds in January After Massive Federal Cuts

KQED reported that AHS planned to lay off 296 workers and expected to lose more than $100 million annually by 2030 because of H.R. 1.
Dec. 24, 2025

SAN FRANCISCO CHRONICLE

Planned Parenthood closes 5 Northern California clinics, citing Trump budget cuts

Closures included South San Francisco and San Mateo.
July 24, 2025

SFGATE

SF youth clinic to close after Trump bill causes $306M cuts from city budget

The Michael Baxter Youth Clinic was slated for closure amid a $306 million, two-year loss to San Francisco associated with federal Medicaid cuts.
May 26, 2026

County VLF Shortfall

State budget provided some VLF funding, but not all owed and no permanent fix.

$134.2M

County shortfall this year

603

County positions at risk

$1B+

At stake by 2030

Potential Impact on Safety Net Services

292

Positions at risk
($49.9M)

191

Health department positions at risk

99

Human Services Positions at risk

Sequoia Healthcare District
FOR YOUR HEALTH

FY28 Grant Strategy

Designing one grantmaking system that is consistent, fair, transparent and efficient.

THE QUESTIONS

What should one consistent, fair, transparent & efficient grantmaking process look like?

What — and who — should SHD fund?

IMPLEMENTATION: FY28 GRANT YEAR

Sequoia Healthcare District
FOR YOUR HEALTH

The FY28 Answer

One grant program. Three predictable cycles. One line of sight from funding to measurable impact.

1

ONE GRANT PORTFOLIO

A single SHD grant program centered on health access and the conditions that shape health

2

THREE CYCLES

Three structured opportunities each year — with the same rules, rubric and decision process

3

MEASURABLE IMPACT

Outcome expectations begin with the application; reporting feeds Board dashboards, renewal and future allocation decisions

The story is simple: define what SHD funds → use one process to choose it → measure what changed

What — and Who — Does SHD Grant?

One grant program with a primary Access to Care lens and three investment priorities.

ONE GRANT PORTFOLIO

Access to Care is the primary lens.

1. ACCESS TO CARE

Clinical • behavioral • dental

Fund organizations and programs that expand or preserve access to needed care.

2. FOOD INSECURITY

Food access • nutrition • related barriers

Fund work where food insecurity directly affects health, stability or access.

3. PREVENTION + SYSTEMIC CONDITIONS

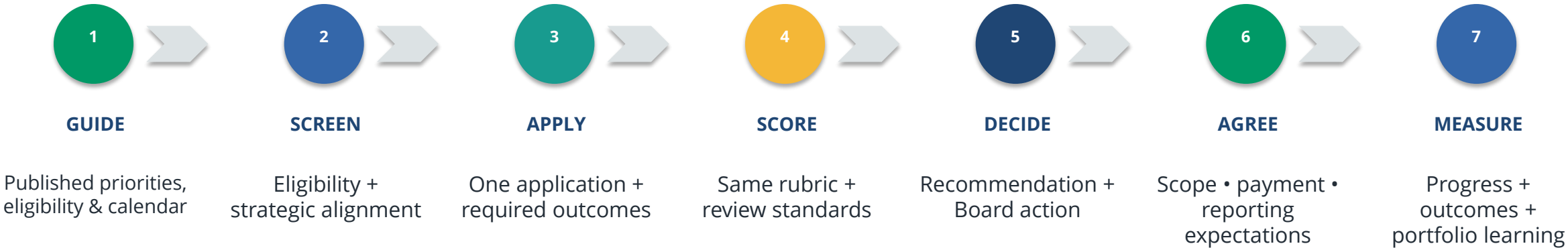
Prevention • navigation • transportation • other conditions shaping access

Fund upstream approaches that prevent poor outcomes or remove systemic barriers to health.

WHO: Eligible community organizations whose proposed work serves District residents and aligns with one of these priorities

What Does One Consistent Grantmaking Process Look Like?

Every applicant enters the same backbone — regardless of cycle or funding priority.



CONSISTENT
same backbone

FAIR
same criteria

TRANSPARENT
published expectations

EFFICIENT
repeatable workflow

Three Cycles — Same Process, Three Entry Points

The calendar changes. The standard does not.

CYCLE 1

Early-year awards

Screen → Apply → Score → Decide

CYCLE 2

Mid-year awards

Screen → Apply → Score → Decide

CYCLE 3

Late-year / emerging needs

Screen → Apply → Score → Decide

ANNUAL PORTFOLIO GUARDRAILS

- **Budget**
- **Priority mix**
- **Capacity**
- **Emerging needs**

Three cycles improve access without creating an always-open, rolling process.

How Do We Keep Decisions Fair & Transparent?

A common 10-criteria rubric turns policy priorities into a repeatable review standard.

STRATEGIC FIT

- Alignment
- Health Access

PROGRAM STRENGTH

- Merit
- Impact
- Innovation

MEASUREMENT + READINESS

- Outcomes
- Capacity
- Budget
- Sustainability

SYSTEM VALUE

- Collaboration

Published criteria + reviewer orientation + conflict-of-interest rules + documented scoring = a more defensible recommendation.

Who Reviews the Grants?

Qualified community perspective, applied through one common standard.

1

QUALIFIED

Healthcare, nonprofit and/or grant experience; ability to complete assigned review rounds.

2

REPRESENTATIVE

District and community perspective, including voices connected to priority populations.

3

CONSISTENT

Common orientation, same rubric, structured discussion and documented recommendations.

NON-NEGOTIABLE GUARDRAILS

conflict-of-interest disclosure / recusal • reviewer expectations • same standard across all cycles and priorities

Reporting Is Part of the Grant — Not an Afterthought

The application defines the intended result; reporting tells SHD whether the investment delivered it.

1

APPLICATION

Need • target population • activities • outcome target

2

AGREEMENT

Award • scope • milestones • reporting requirements

3

REPORTING

Reach • progress • outcomes • budget • barriers

4

BOARD DASHBOARD

Portfolio status • impact • gaps • decisions

MEASURABLE IMPACT → informs renewal, scale, exit, future priorities and allocation.

What Will SHD Measure?

Use a small set of repeatable measures that answer four Board-level questions.

WHO WAS SERVED?	Residents • priority populations • geography
WHAT CHANGED?	Access gained • barriers reduced • health / behavior outcomes
WAS IT EFFICIENT?	Cost per client • budget-to-actual • leveraged funding
WHAT DO WE DO NEXT?	Renew • scale • adjust • exit • address a gap

Better reporting is necessary to inform decisions

The FY28 Grantmaking Story

One coherent system from community need to measurable impact.

WHAT / WHO	WHEN	HOW	WHO REVIEWS	WHAT CHANGED
One grant 3 investment priorities	3 structured cycles	One process 10 criteria	Qualified + representative committee	Standard reporting + Board dashboard
CONSISTENT	**FAIR**	**TRANSPARENT**	**EFFICIENT**	**IMPACT-DRIVEN**

Implementation Timeline

One coherent system from community need to measurable impact.

Early Awareness

Begin informing current and prospective grantees that SHD's grantmaking model will change for FY28. Set expectations that more information and guidance will follow.

CONSISTENT

Build the Program

Finalize eligibility, funding priorities, rubric, application, review process, Grant Committee recruitment, reporting requirements, annual funding guardrails, and Fluxx workflow.

FAIR

Formal Announcement + Applicant Support

Officially launch **Cycle 1**. Hold information session(s), provide technical assistance, and open the application process

TRANSPARENT

Cycle 1 Review & Awards

Cycle 1 applications move through staff screening, Grant Committee review, and scoring, Board review and final funding decisions, followed by grant agreements, and grantee onboarding.

EFFICIENT

MEASUREMENT BEGINS

Finalize agreements, outcome measures and reporting expectations. Outcome tracking begins; Board reporting follows as data becomes available.

IMPACT-DRIVEN

Cycle 2 launches in August 2027, followed by Cycle 3 in December 2027

Board Direction Needed

If the Board is aligned on these three design choices, staff can finalize the FY28 operating details.

1 ONE GRANT

Confirm one SHD grant program centered on Access to Care, Food Insecurity, and Prevention + systemic conditions.

2 THREE CYCLES

Confirm three structured grant cycles using the same process, rubric and annual portfolio guardrails.

3 IMPACT LOOP

Confirm standard outcome expectations and recurring Board reporting that informs future decisions.

OUTCOME: clear policy direction to finalize and implement the FY28 grantmaking model