MINUTES OF STUDY SESSION MEETING ON NEW GRANTS FRAMEWORK
BOARD OF DIRECTORS

SEQUOIA HEALTHCARE DISTRICT

September 23, 2026
555 Veterans Boulevard Suite 150
Redwood City, CA 94070

Directors Present	**Directors Excused**	**Also Present**
Director Fong	N/A	Ms. Kurtzman, CEO
Director Foust		Mr. Hudak, Legal Counsel
Director Garcia-Lock		Mr. Bailey, Facilitator
Director Martinez		Ms. Allen, Board Clerk

1. Call to Order and Roll Call

President Martinez called the meeting to order at 12:00PM. Roll call attendance was taken. A quorum was present.

2. Public Comment/Non-Agenda Items

President Martinez asked if there was any public comment on non-agenda items. There was none.

3. New Business

3.a. Decide Whether to Reschedule October 7, 2026 Board Meeting

After considered discussion, the Board agreed to cancel the October 7, 2026 meeting. The next Board Meeting will be on November 4, 2026. The meeting will be held at the San Mateo County Dental Society in San Carlos, CA.

Motion: ***To cancel the October 7, 2026 Board Meeting***
By: Director Foust
Seconded by: Director Martinez
All in favor
Motion Passed

Discussion on the Grants Program

Mr. Bailey, the session facilitator, introduced the discussion and invited Ms. Kurtzman to present the proposed grants framework and its relationship to the District's mission and strategic plan.

A. Mission, Vision, Strategic Plan, and Community Needs
Ms. Kurtzman described the District's role as a strategic funder, convener, and catalyst, working through community-based organizations (CBOs) to provide services and identify

unmet needs. She emphasized the importance of continuously assessing community health needs, policy changes, funding conditions, and gaps in the safety net rather than relying on historical funding patterns. The District gathers information through local data, environmental scanning, discussions with grantees and other partners, and outreach to city leaders. Federal and state policy developments, including H.R. 1, were identified as important factors affecting access to care.

At the June 2026 CEO roundtables, more than 50 CBO representatives identified five recurring themes: growing needs amid financial uncertainty; greater collaboration and resource sharing; barriers to accessing services; workforce and organizational sustainability; and the potential impact of strategic infrastructure investment. Board members encouraged the District to consider effective organizations and approaches both within and beyond its existing grantee pool and to direct limited resources toward measurable, lasting outcomes.

The Board discussed whether maintaining a lean organization remains appropriate as needs increase. Members supported right-sizing staff and organizational capacity to implement the strategic plan, while Ms. Kurtzman emphasized the need to demonstrate a return on public investment. Mr. Mar described ongoing reviews of staffing responsibilities, data needs, and organizational resources.

B. Healthy Schools Initiative (HSI)

While the HSI program has been considered a model by other healthcare districts, particularly the value add of school-based nurses, counselors, and mental health professionals, the needs of the communities have shifted over the years. Following a lengthy and considered discussion, the current HSI program will end June 30, 2027, with the eight participating school districts eligible to apply through the new grants framework on the same basis as other applicants. These changes are a response to the growing challenges and financial pressures facing our local governments, community organizations, and broader economy, which require SHD to reassess traditional approaches, make thoughtful adjustments, and ensure that our resources are being used as effectively and strategically as possible.

No separate school funding allocation was established. The Board discussed equitable treatment of districts, including consideration of state funding relative to approved budgets, and emphasized the need to communicate changes and timelines to school districts by end December 2026. Staff will work with districts on transition, eligibility, and potential operational or funding challenges.

C. Proposed Grants Framework and Funding Priorities

Ms. Kurtzman presented a consolidated grants framework intended to replace separate funding pathways with one portfolio, consistent application and evaluation standards, predictable grant cycles, and stronger impact measurement. Existing grantees, including Caring Community recipients and school districts, would remain eligible to apply but would not automatically receive continued funding. The Board expressed support for the following preliminary priority allocations:

- **Access to Care** (70%): Clinical, behavioral, and dental healthcare and barriers that prevent residents from obtaining care.
- **Food Insecurity** (10%): Food access as a determinant of health and well-being.
- **Prevention and Systemic Conditions** (20%): Upstream prevention, navigation, coordination, systemic barriers, and appropriate workforce and organizational capacity investments. These allocations were considered aspirational; precise definitions, eligible

activities, budget mechanics, and distribution across cycles require further development. Board members discussed whether activities outside these priorities, such as playgrounds, could qualify and asked staff to clarify any narrowly defined exceptions.

The Board emphasized the health and resilience of the community-serving workforce, including burnout, staffing shortages, and provider capacity. Members supported considering capacity-building investments that directly strengthen service delivery, while recognizing that CBOs also bear responsibility for supporting their employees. Transportation and service navigation were discussed as access barriers; staff were asked to assess existing transportation resources, gaps, and opportunities for coordination before proposing new investments.

The Board wants SHD to measure impact of grantee organizations funds on an ongoing basis but should still attempt to identify organizations that perform well, produce results, have strong leadership, and simply need financial support. The Board is supportive of both streams, recognizing different sized organizations and varying degrees of capacity.

D. Grant Cycles, Exceptions, and Review

Although staff initially proposed three annual cycles, the Board favored two structured cycles to reduce administrative burden and provide predictable application opportunities. Grants would generally be for one year and could cross fiscal years depending on the application cycle. The initial proposal contemplated a July 1, 2027–June 30, 2028 funding period; a detailed implementation calendar remains to be finalized. The Board emphasized limiting informal requests outside established cycles.

Members acknowledged that genuine emergencies, such as an unexpected interruption in critical healthcare access, may warrant action outside regular cycles. The District has approximately $5 million designated for urgent access-to-care needs in the FY 2026–27 budget. The Board requested narrowly defined eligibility and approval procedures so exceptions remain rare and do not undermine the competitive process.

The Board stressed that changing grant categories alone would not constitute meaningful reform. Staff were directed to define each of the existing ten review criteria, establish clear eligibility and minimum qualifications, develop weighted and consistently applied scoring, and use the same standards for current and new applicants. The Board requested that staff test a small sample of existing applications against the proposed criteria and report the findings.

The Board supported maintaining a community-based grants review committee with relevant expertise and appropriate geographic representation. Discussion included conflict-of-interest safeguards, possible stipends, and representation across the five Board zones; these questions remain open. Mr. Hudak advised that the committee's future structure may warrant treatment as a standing Board committee subject to Brown Act requirements. He will prepare a policy paper for Board consideration.

E. Data, Evaluation, and Community Impact

The Board called for moving beyond activity counts and grantee-reported outputs to evaluate who was served, what changed, whether investments were efficient, and what should be done next. Members discussed cost-effectiveness and return on investment while acknowledging that the cost per participant varies substantially among services. Evaluation should recognize

both established high-performing organizations and smaller organizations with strong leadership and promising results.

Ms. Kurtzman described plans to add internal data and evaluation capacity and explore independent external evaluation support, including the Gardner Center or another qualified firm. Early external involvement could help establish outcome measures, cost-per-client methods, and an objective evaluation framework. The Board also suggested consulting healthcare partners about appropriate uses of artificial intelligence in data management. Staff will define reporting expectations, collection methods, and how findings will inform future awards.

F. Communications, Implementation, and Next Steps
Board members emphasized clear, timely communication to grantees, school districts, and the community, explaining the redesign as a response to changing needs and the District's strategic priorities. Staff will refine funding definitions and allocations; application and scoring materials; the two-cycle calendar; committee governance; school transition arrangements; workforce and transportation eligibility; emergency funding procedures; and data and evaluation capacity.

Staff were asked to provide a progress report and implementation plan at the November 4, 2026 Board meeting and complete the final grants framework and supporting materials by December 31, 2026. The intent is to implement the redesign for the next feasible grant cycle rather than postpone changes for an additional year. These discussions provided policy direction; unresolved operational details will return to the Board for consideration.

4. Adjourn

Motion: ***To adjourn the meeting at 2.58pm***
By: Director Martinez
Seconded by: Director Garcia-Lock
All in favor
Motion Passed

The next meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 12.00pm, Wednesday, November 4, 2026, at the San Mateo County Dental Society, 939 Laurel Street, Suite C, San Carlos, CA.

Respectfully submitted,
Cama Lock, Secretary