



**A G E N D A**

**SEQUOIA HEALTHCARE DISTRICT  
REGULAR BOARD OF DIRECTORS MEETING**

**12:00 PM, Wednesday, February 4, 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](http://www.seghd.org)

- |                          |   |             |
|--------------------------|---|-------------|
|                          | 1. Call To Order And Roll Call  | 12:00-12:10 |
|                          | 2. Public Comment On Non-Agenda Items*  |             |
| ACTION                   | 3. Consent Calendar - President Martinez  |             |
|                          | a. Approve December 3, 2025 Regular Meeting Minutes   |             |
|                          | b. Approve January 7, 2026 Special Meeting Minutes  |             |
|                          | c. Accept November and December 2025 Financial Statements   |             |
|                          | 4. CEO/Staff Reports: Kurtzman, Bratton, Wasson, Garcia, Mar (3 minutes each)   | 12:10-12:20 |
|                          | 5. Old Business   |             |
|                          | a. Presentation On Plan To Invest Up To \$4M For Urgent Needs- Ms. Kurtzman   | 12:20-12:30 |
|                          | 6. New Business   |             |
|                          | a. Direction To Staff Regarding Annual Review Of Internal Controls- Mr. Hudak   | 12:30-12:40 |
| ACTION                   | b. Review And Approve Biannual Conflict of Interest Code- Mr. Hudak   | 12:40-12:50 |
| ACTION                   | c. Approve Pension Plan New MOU- Mr. Hudak  | 12:50-1:00  |
| ACTION                   | 7. Adjourn To Closed Session For The Purpose Of:  | 1:00-1:45   |
|                          | 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 |             |
| ACTION                   | 8. Reconvene To Open Session: Announce Any Reportable Action Taken In Closed Session  |             |
| ————— 15 MIN BREAK ————— |   |             |
| ACTION                   | 9. a. Board Strategic Planning Session- Jacob Green And Associates  | 2:00-4:00   |
| ACTION                   | b. Director Requests For Future Agenda Items Per Board Policy 8.3<br>- President Martinez   |             |
| ACTION                   | 10. Adjourn   | 4:00        |
|                          | The Next Special Meeting Of The Board Of Directors Of Sequoia Healthcare District is Scheduled For 12:00pm, Wednesday, March 4, 2026, 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, 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.

**MINUTES OF REGULAR MEETING  
BOARD OF DIRECTORS  
SEQUOIA HEALTHCARE DISTRICT  
December 3, 2025  
San Mateo County Dental Society  
939 Laurel Street, Suite C  
San Carlos, CA 94070**

<u>Directors Present</u>	<u>Directors Excused</u>	<u>Also Present</u>
Director Fong Director Foust (arrived during agenda item 5c) Director Lock Director Martinez Director Shefren		Pamela Kurtzman, CEO Mr. Hudak, Legal Counsel Ms. Stamper, Recorder

**1. Call to Order and Roll Call**

President Martinez called the meeting to order at 12:01PM. Roll call attendance was taken. Due to a schedule conflict, Director Foust is anticipated to arrive after 2:00pm. 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. Consent Calendar**

President Martinez asked if there was public comment on this agenda item. There was none.

**Motion:** to approve the October 1 and November 5 minutes, and the September and October financial statements.

**By:** Director Shefren

**Seconded by:** Director Fong

**Vote:** Ayes -- Fong, Lock, Martinez, Shefren

Nos --

Abstain --

Absent -- Foust

**Motion Passed: 4-0-0-1**

**4.a. CEO/Staff Reports**

CEO Kurtzman reported that 1016 Laurel Street TIs are on schedule. The city has a few revisions to the plans but we are still on track to start construction at the beginning of February. She expects construction to take from 3-5 months. She has found temporary office space for staff in the Pettinelli office building at 555 Veterans Blvd in Redwood City.

Dental Clinic: Open House and Ribbon Cutting is scheduled for February 12<sup>th</sup>, and services will commence February 17<sup>th</sup>. Please RSVP to Ms. Kurtzman.

Strategic Planning: Staff is working weekly with Jacob Green & Associates to create workplan tasks which will be presented to the Board in January.

Director Shefren would like to be more involved with Strategic Planning workplan discussions.

Ms. Wasson has been meeting with the school Wellness Coordinators, lead mental health counselors, heads of student services, and Ramsey Khasho, head psychologist at Children's Health Council, to analyze the school-based mental health systems to see what the school districts have in place, define existing challenges, discover gaps in services and identify opportunities to improve outcomes. She is scheduling meetings with superintendents and the heads of student services to discuss the results and ways our dollars can maximize services to students.

Ms. Wasson attended the monthly Community Health Improvement Plan workshop (CHIP) which discusses data gathered regarding areas of need in San Mateo County. Ms. Wasson is representing youth in the mental health discussions and providing strategies to support youth in the future.

Director Shefren would like Ms. Wasson to create a sheet comparing the amount of SHD grant funding vs other funding for school grants and the percentage basis.

Ms. Bratton is in the research phase for implementing a new grant management platform that has a better dashboard and post award data metrics. She has been contacting current platform users for first-hand user experiences regarding the drawbacks and benefits of each platform. Her top contenders are Fluxx and Submittable. She has scheduled follow-up interviews with Unagrants and Blackbaud.

Ms. Bratton will be making changes to the upcoming grant program and grant cycle based on the new Strategic Plan. She will be making changes to the grant information on our website including our new priority funding areas.

Per Mr. Mar, Year to Date through October 31, 2025, SHD:

- Disbursed approximately \$10M in grants including \$1.5M to Ravenswood for TI's,
- Received \$816K in tax revenue.

Our cash balance totaled \$43.4M at 10/31/25.

Mr. Mar presented two sets of funding reports, one with pension effect and one without; discussed forecasts, and cash sources and uses. He noted that the District received the Dignity contributions to the Pension plan, the annual settlement funds and Collab funds in November.

In December 2024 the District opened a Heritage COLLAB account and took custody of managing the restricted Collab Funds.

We are expecting the Actuary Valuation preliminary report in March 2026 and the finalized report in April 2026.

Ms. Garcia announced that she is working on a video series based on nutrition (20 videos), in partnership with Second Harvest Food Bank and Friends of the Veterans Memorial Senior Center with St. Anthonys, Peninsula Volunteers Meals on Wheels program and Caring Cupboard. They have finished filming and have started editing.

Streamline has implemented "Amplify", a mod that will allow additional features on our website.

**5.a. Approve Final Audit Report 2024-25  
Conducted By Richardson And Company, LLP**

Mr. Brian Nash of Richardson and Company LLP conducted an audit of the financial statements for the year ending June 30, 2025. Richardson and Company LLP did not identify any

deficiencies or instances of noncompliance under government accounting standards. The report contains a clean audit opinion with no material findings. The Management Letter contains 1 recommendation that the District ensure all Form 700s are retained and available during the audit.

**Motion:** to approve the FY'25 Audited Financial Statements

**By:** Director Shefren

**Seconded by:** Director Lock

**Vote:** Ayes - Fong, Lock, Martinez, Shefren

Nos --

Abstain --

Absent -- Foust

**Motion Passed: 4-0-0-1**

**5.b. Consider Grant Request (For Approval in January)**  
**From Second Harvest For Up To \$850,000**

Shobana Gubb and Tarryl Jackson of Second Harvest Food Bank (SHFB), presented a request for an \$850K grant to help cover their increasing costs due to cuts to SNAP and Medicaid funding from the HR1 bill.

SHFB has seen the number of SHD residents served and the total pounds of food distributed increase dramatically from first quarter of 2023 to first quarter of 2025. During that time frame, Second Harvest experienced a 50% increase in clients and 29% increase in pounds of food distributed.

SHFB anticipates more community members will be pushed into food insecurity with the enactment of the first wave of new work requirements under HR1.

Ms. Jackson reported that SHFB's total budget for FY26 for food distribution to Sequoia Healthcare District Residents including food purchase, storage, processing and distribution is \$8.5M. In FY26, the District awarded SHFB a \$200K Caring Community grant for food assistance and an EIC emergency food grant of \$500K in July 2025.

**5.c. Consider Grant Request (For approval in January)**  
**From SMC Hospital Foundation For Up To \$450,000**  
**To Reduce Food Insecurity Among Hospital Patients**

Director Lock recused herself and left the meeting. Director Foust joined the board meeting during this agenda item.

John Jurrow of San Mateo County Hospital Foundation (SMCHF) presented a request for \$450K over two years to help reduce food insecurity among San Mateo Medical Center hospital patients. SMCHF is a 501c3 nonprofit that works with the San Mateo Medical Center, which is a safety net hospital in San Mateo County. They help secure emergency housing and home health services, provide groceries, personal and baby items, prescription assistance, accessibility equipment, senior meals and transportation. They currently distribute 1,100 food boxes each week and are experiencing increased demand for food assistance.

In FY2025, they served 276 SHD residents, which is approximately 40% of their patients.

**5.d. Consider \$100,000 Grant Request (For Approval In January)**  
**From Ability Path For Art-Based Interventional Therapist**  
**To Improve Health Outcomes For People With Developmental Disabilities**

Director Lock rejoined the meeting.

Bryan Neider of AbilityPath presented a request for \$100K to re-launch an art therapy program for people with developmental disabilities that closed down due to the Pandemic. He would like to restart the program at all 15 of their sites and expand access to the community at large. The program gives the participants an opportunity for self-expression, self-realization and increased well-being. Art therapy reduces anxiety and depression, improves coping skills, and helps with emotional regulation. The funding would be a onetime request to establish the program, train staff and purchase supplies.

**5.e. Update On Oral Health Learning Collaborative (OHAPAA) Pilot Outcomes**

Agenda item postponed to the January 7<sup>th</sup> Board meeting.

**5.f. Discussion Of Board Member Benefits**

Director Shefren queried whether the current benefits offered Board members should be reevaluated. Currently, Board members are offered the option of joining the District's CalPers health insurance program with the benefit of the District paying up to 90% of up to \$1,500 of the monthly premium. There is no other benefit offered. Mr. Hudak stated than any changes to current compensation would not benefit current Board members during their current term, but would benefit reelected or newly elected board members only.

Mr. Hudak will do some research regarding HR law to determine whether Board Directors are considered employees of the District and therefore entitled to the same benefits as the employees.

Director Foust would like information regarding the possibility of providing in-lieu payments to Directors for health insurance.

Directors discussed whether Board Members should receive compensation for attending meetings, how much per meeting and is there a cap per month or per year? Peninsula Health Care District provides up to \$500 per month to their Board members.

Board President Martinez and CEO Kurtzman will come up with 2-3 options to be discussed at a future meeting.

**5.g. Discussion of District Advocacy Strategy**

Director Shefren would like the Board to advocate to state and federal legislators to continue to support Medicaid and DentiCal for our constituents.

**5.h. Demonstration Of New Grants Financial Tracking Dashboard**

CFO Mar demonstrated how to navigate and understand the data in the Grant Financial tracking dashboard. He created pivot tables based on various criteria.

**5.i. Director Requests for Future Agenda Items per Board Policy 8.3**

Director Lock would like clarification of the Second Harvest data to show the percentage of zip code 94403 that are SHD residents.

Director Martinez would like an update on the 6 month action plan for the Strategic Plan.

Directors would like a calendar evite for all the 2026 Board meetings.

**6. Adjourn**

**Motion:** To adjourn the meeting at 3:23PM

**By:** Director Foust

**Seconded by:** Director Lock

**All in favor**

**Motion Passed**

The next meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 12:00PM, Wednesday, January 7, 2026, at the San Mateo County Dental Society, 939 Laurel Street, Suite C, San Carlos, CA.

Respectfully Submitted,

Cama Lock, Secretary

**MINUTES OF SPECIAL MEETING  
 BOARD OF DIRECTORS  
 SEQUOIA HEALTHCARE DISTRICT  
 January 7, 2026  
 San Mateo County Dental Society  
 939 Laurel Street, Suite C  
 San Carlos, CA 94070**

DRAFT

<p><b><u>Directors Present</u></b>                  Director Fong                  Director Foust                  Director Lock                  Director Martinez                  Director Shefren</p>	<p><b><u>Directors Excused</u></b></p>	<p><b><u>Also Present</u></b>                  Pamela Kurtzman, CEO                  Mr. Hudak, Legal Counsel                  Ms. Stamper, Recorder</p>
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**1. Call to Order and Roll Call**

President Martinez called the meeting to order at 12:03PM. 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.a. Approve Grant Request From Second Harvest for \$850,000**

Leslie Bacho, CEO of Second Harvest Food Bank, presented a request for an \$850K grant to help cover their increasing costs due to cuts to SNAP, reductions in ACA subsidies, and Medicaid funding from the HR1 bill that is expected to impact 67,000 clients.

The number of SHD residents served and the total pounds of food distributed increased dramatically from first quarter of 2023 to first quarter of 2025. During that time frame, Second Harvest has seen a 50% increase in clients and 29% increase in pounds of food distributed. They work with 57 partners agencies at over 100 distribution sites. They are serving 1 of 6 residents, and have increased variety and amount of food provided to help residents with lack of basic staples.

Director Shefren noted that Peninsula Health Care District has contributed \$140,000

**Motion:** to approve the grant request from Second Harvest Food Bank for \$850,000

**By:** Director Shefren

**Seconded by:** Director Foust

**Vote:** Ayes - Fong, Foust, Lock, Martinez, Shefren

Nos --

Abstain --

Absent --

**Motion Passed: 5-0**

**3.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 of AbilityPath presented a request for \$100K to re-launch an art therapy program for people with developmental disabilities that closed down due to the Pandemic. He would

like to restart the program at all 15 of their sites and expand access to the community at large. The program gives the participants an opportunity for self-expression, self-realization and increased well-being. Art therapy reduces anxiety and depression, improves coping skills, and helps with emotional regulation. The funding would be a onetime request to establish the program, train staff and purchase supplies.

**Motion:** to approve the grant request from AbilityPath for \$100,000

**By:** Director Foust

**Seconded by:** Director Shefren

**Vote:** Ayes - Fong, Foust, Lock, Martinez, Shefren

Nos --

Abstain --

Absent --

**Motion Passed: 5-0**

#### **4.a. Update From LifeMoves On SHD Support Of Licensed Vocational Nurse (LVN) Services At The Navigation Center**

Janelle Nunez of Life Moves and Kelly the LVN at the Navigation Center discussed their work with clients at the Maple Street Navigation Center. The Navigation Center is a non-congregate housing site that contains 240 private housing units, with an onsite medical and dental clinic. The staff provides employment and substance use services, and guidance accessing social services and medical systems. Over 65% of their clients are over 60 years old, and many of the clients have chronic illnesses and mobility issues. The onsite LVN helps them connect with primary care services, processing referrals to onsite and offsite medical and dental services, helping with injections, medication education, coordinates access to durable medical equipment, and medical and mental health bed referrals. The LVN has been instrumental in providing 390 medical and dental referrals in 2025. In addition, she has been training LVN's at other sites with best practices.

#### **4.b. Board Discussion; Proposed Amendments To Board Policies and Procedures**

CEO Kurtzman reviewed the redlined version of the Policies and Procedures document (P&P) with the Board and discussed proposed changes for clarification.

The updates to the P&P include:

- Policy 1.1 and 1.2 - update with new Mission and Vision statements developed during strategic planning
- Policy 2.6 - update to role of Directors
- Policy 6.3 - update address for board meeting location
- Policy 8.4 - update address of District on agendas
- Policy 14.1 - include clarification that health benefits are provided by CalPers
- Policy 14.5 - update wording that District covers costs for candidate statements. Director Foust is against the use of public funds for candidate statements.
- Policy 16.7 - update wording stating Director "...may be required to report..."
- Policy 22 - Director Shefren requested that Mr. Hudak and Mr. Mar revise the wording regarding who is responsible for review of investments, when they should report to the Board, and that investments will meet government mandated guidelines.
- Policy 23.1 - clarify language regarding funding foundations and the definition of foundations. Directors would like Mr. Hudak to draft a policy.

Further review of the P&P was tabled for another meeting.

**4.c. Presentation On Plan To Invest Up To \$4M For Urgent Needs and**  
**4.d. Update On Strategic Planning Progress**

Agenda Items 4.c. and 4.d. were tabled and will be presented at the February board meeting.

**4.e. Director Requests for Future Agenda Items per Board Policy 8.3**

President Martinez asked if there were any requests for future agenda items. Director Fong would like a presentation and documentation of any updates to the Brown Act.

**5. Adjourn To Closed Session For The Purposes Of:**

- a. 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.

**Motion:** to adjourn to closed session

**By:** Director Martinez

**Seconded by:** Director Shefren

**Vote:** Ayes - Fong, Foust, Lock, Martinez, Shefren

Nos --

Abstain --

Absent --

**Motion Passed: 5-0**

**6. Reconvene to Open Session:**

There was no reportable action taken in closed session.

**7. Adjourn**

**Motion:** To adjourn the meeting at 3:50PM

**By:** Director Foust

**Seconded by:** Director Lock

**All in favor**

**Motion Passed**

The next meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 12:00PM, Wednesday, February 4, 2026, at the San Mateo County Dental Society, 939 Laurel Street, Suite C, San Carlos, CA.

Respectfully Submitted,

Cama Lock, Secretary

1:11 PM  
01/22/26  
Accrual Basis

**Sequoia Healthcare District**  
**Balance Sheet - by Month**  
As of December 31, 2025

	Dec 31, 25
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10190.1 · Heritage Checking #6398 Total	
10190-1 · Heritage Checking #6398	201,880.41
10191-1 · Heritage Checking Sweep #6398	10,109,530.44
	10,311,410.85
10196.5 · Heritage COLLAB #6455 Total	
10195-5 · Heritage COLLAB Checking #6455	10,000.00
10196-5 · Heritage COLLAB Sweep #6455	1,166,387.06
	1,176,387.06
10200-1 · Wells Fargo Cash	1,088.17
10201-1 · Schwab Cash	376,950.60
10300-1 · Schwab Acct #6621	12,463,279.91
10350-1 · Schwab Acct #2739	28,928,060.61
10490-1 · HFSA funding & deductions	
10491-1 · FSA Savings	30,675.32
10492-1 · FSA Pretax Deductions	-32,477.39
	-1,802.07
<b>Total Checking/Savings</b>	53,255,375.13
<b>Other Current Assets</b>	
10400-3 · Pension - Vanguard	54,282,825.20
10410-3 · Pension - PFG	2,467,369.50
10430-3 · Pension - Vanguard MMF	15,311.31
10440-3 · Pension -PCS	702,431.09
10500-4 · Pension Contribution Rcvble	19,918,979.00
10501-1 · Prepaid Expenses	139,988.32
10503-1 · Unused Grants Recoverable	41,692.28
10550-1 · Interest Receivable	272,732.82
10551-1 · DH Settlement Receivable	6,285,423.34
10555-1 · DH Settlement - Interest Rec.	17,023.02
12010-1 · Lease 525 Veterans - ST	1,252.93
	84,145,028.81
<b>Total Current Assets</b>	137,400,403.94
<b>Fixed Assets</b>	
12100-4 · Land GW	1,766,109.00
12300-4 · 1016 Laurel Bldg GW	3,082,702.56
12310-4 · 525 Veterans Bldg GW	1,249,382.30
12315-4 · 525 Dental TI - GW	2,128,400.59
12360-4 · 1016 Laurel CIP - GW	69,092.59
12400-4 · Equipment GW	16,053.08
12420-4 · Right-of-Use Asset - GW	28,433.43
12500-4 · Accum Depr - GW	-1,387,457.75
12510-4 · Accum Amort -GW	-8,292.99
	-8,292.99

**Sequoia Healthcare District**  
**Balance Sheet - by Month**  
 As of December 31, 2025

	<b>Dec 31, 25</b>
<b>Total Fixed Assets</b>	6,944,422.81
<b>Other Assets</b>	
13000-1 · Suspense	-0.06
19010-1 · Lease Rec 525 Veterans - LT	1,858,651.48
<b>Total Other Assets</b>	1,858,651.42
<b>TOTAL ASSETS</b>	<b>146,203,478.17</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
20001-1 · Accrued Liabilities	17,020.94
21000-1 · Accrued Payroll	37,146.65
22210-4 · Capital Lease - ST	7,007.38
23100-4 · Compensated Balances (PTO) - ST	35,528.16
<b>Total Other Current Liabilities</b>	96,703.13
<b>Total Current Liabilities</b>	96,703.13
<b>Long Term Liabilities</b>	
22000-4 · Pension Contribution Payable	18,926,201.00
23200-4 · Compensated Balances (PTO) - LT	65,095.75
25010-4 · Deferred inflows - pension	992,778.00
25020-1 · Unavailable Revenue	6,706,297.57
25030-4 · Unavailable Revenue Offset	-6,706,297.57
25040-1 · Deferred Inflows - 525 V Lease	1,688,617.63
25110-4 · Capital Lease - LT	13,596.73
25210-1 · Deposit Payable - Gen Fund	25,000.00
<b>Total Long Term Liabilities</b>	21,711,289.11
<b>Total Liabilities</b>	21,807,992.24
<b>Equity</b>	
31010-1 · Unspendable - General	136,282.06
31510-4 · Unspendable - GW	-136,282.06
32000-1 · Retained Earnings-General	56,602,983.22
32000-4 · Retained Earnings-GW	1,886,776.20
39003-4 · Invested in Captial Assets - GW	5,374,971.25
39004-3 · Fiduciary Fund Balance	52,247,556.00
Net Income	8,283,199.26
<b>Total Equity</b>	124,395,485.93
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>146,203,478.17</b>

Sequoia Healthcare District  
Profit & Loss - by Month  
July through December 2025

	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	TOTAL
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
40400-1 · Tax Revenue	382,120.99	22,804.25	9,684.25	740,169.19	1,004,481.51	8,811,456.93	10,970,717.12
40500-1 · Gain/(Loss) on Investments	(132,563.85)	345,525.95	3,233.43	49,524.92	125,074.20	3,768.18	394,562.83
40530-3 · Gain/(Loss) on Investments -Pen	4,878.28	14,206.28	2,452,242.76	590,976.67	21,466.53	(371,157.61)	2,712,612.91
40600-1 · Int/Div Income	123,774.56	119,625.03	103,924.25	115,637.81	51,173.55	169,292.03	683,427.23
40600-3 · Int/Div Income - Pension	615.58	590.71	143,961.48	889.76	65,361.30	595,505.63	806,924.46
40610-1 · Interest - 525 Veterans Lease	0.00	0.00	35,983.10	12,154.65	12,235.68	12,317.25	72,690.68
40620-1 · DH Settlement Interest	0.00	0.00	0.00	0.00	89,124.79	17,023.02	106,147.81
40800-5 · Dignity Collab Revenue	0.00	0.00	0.00	0.00	510,000.00	0.00	510,000.00
40900-1 · Pension Income	0.00	0.00	0.00	0.00	3,600,000.00	0.00	3,600,000.00
41000-3 · Employer Trust Contributions	0.00	0.00	0.00	0.00	3,600,000.00	0.00	3,600,000.00
41110-1 · 525 Veterans Lease Revenue	0.00	0.00	21,107.72	7,035.91	7,035.91	7,035.91	42,215.45
<b>Total Income</b>	<b>378,825.56</b>	<b>502,752.22</b>	<b>2,770,136.99</b>	<b>1,516,388.91</b>	<b>9,085,953.47</b>	<b>9,245,241.34</b>	<b>23,499,298.49</b>
<b>Gross Profit</b>	<b>378,825.56</b>	<b>502,752.22</b>	<b>2,770,136.99</b>	<b>1,516,388.91</b>	<b>9,085,953.47</b>	<b>9,245,241.34</b>	<b>23,499,298.49</b>
<b>Expense</b>							
60100-1 · Admin. Expense							
60100.1 · Prof. Development	0.00	0.00	3,500.00	0.00	297.95	0.00	3,797.95
60100-1 · Admin. Expense - Other	2,902.80	3,111.06	3,642.99	5,682.10	2,475.59	1,654.53	19,469.07
<b>Total 60100-1 · Admin. Expense</b>	<b>2,902.80</b>	<b>3,111.06</b>	<b>7,142.99</b>	<b>5,682.10</b>	<b>2,773.54</b>	<b>1,654.53</b>	<b>23,267.02</b>
60101-1 · Administration Payroll	100,967.46	85,976.07	93,967.31	99,346.81	81,102.14	104,533.31	565,893.10
60109-3 · Pension Benefit Payments	768,976.25	574,961.04	803,263.79	572,489.58	573,728.96	570,657.30	3,864,076.92
60130-3 · Pension Admin Expenses	0.00	0.00	64,233.11	12,002.64	9,818.46	6,652.93	92,707.14
60199-4 · PTO Payroll Expense	(7,606.76)	(2,259.63)	(995.41)	8,110.11	6,302.93	2,683.93	6,235.17
60300-1 · Board Health Insurance	1,050.28	1,500.40	1,500.40	600.16	1,948.36	0.00	6,599.60
60310-1 · Employee Health Benefits	22,608.28	17,161.16	17,919.11	14,383.09	16,932.92	19,592.69	108,597.25
60350-1 · Employee Retirement Benefit	2,613.36	3,754.27	3,194.54	2,981.37	4,090.38	2,889.75	19,523.67
60400-1 · Investment Fees	0.00	0.00	14,292.31	17,110.74	0.00	0.00	31,403.05
60500-1 · Office Supplies/Equip Maint	1,207.28	831.85	2,254.81	973.06	87.48	820.66	6,175.14
69010-4 · Interest Expense - GW	0.00	0.00	234.42	74.38	72.48	70.59	451.87
60600-1 · Consulting Services	0.00	9,759.00	13,026.00	3,880.00	2,494.00	37,213.43	66,372.43
60610-1 · Accounting fees	0.00	812.50	3,282.50	0.00	250.00	22,900.00	27,245.00
60700-1 · Board Expense	0.00	537.67	565.63	2,502.34	984.16	456.95	5,046.75
60710-1 · Association/Membership Dues	878.67	878.67	1,978.67	10,878.67	3,618.45	3,378.67	21,611.80
60725-1 · Communications	919.28	482.70	21,984.40	22,202.30	0.00	2,825.59	48,414.27
60750-1 · Software-Hardware-IT	3,832.99	3,930.49	7,145.95	4,043.74	4,525.70	7,162.62	30,641.49
60775-1 · Pension Plan	0.00	0.00	0.00	0.00	3,600,000.00	0.00	3,600,000.00
60800-1 · Insurance	3,781.15	3,781.15	4,032.15	3,781.15	3,781.15	3,781.15	22,937.90
60806-1 · LAFCO fees	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	8,088.00
60810-1 · Legal Fees	2,250.00	2,500.00	1,224.74	3,060.00	2,475.00	2,835.00	14,344.74
60815-1 · Bank Fees	92.36	116.56	91.57	92.49	100.90	101.51	595.39
65100-1 · 1016 Laurel Occupancy Costs							
65101-1 · 1016 Laurel Maintenance	123.16	950.00	1,075.00	1,045.80	940.00	1,350.00	5,483.96
65102-1 · 1016 Laurel Utilities	4,824.38	2,515.36	899.23	2,424.23	1,947.76	3,303.57	15,914.53
65103-1 · 1016 Laurel Property Insurance	988.25	988.25	988.25	988.25	988.25	988.25	5,929.50
<b>Total 65100-1 · 1016 Laurel Occupancy Costs</b>	<b>5,935.79</b>	<b>4,453.61</b>	<b>2,962.48</b>	<b>4,458.28</b>	<b>3,876.01</b>	<b>5,641.82</b>	<b>27,327.99</b>
65450-1 · 525 Veterans Prop Ins -Gen Fund	454.79	454.79	454.79	454.79	454.79	454.79	2,728.74
65500-4 · Depreciation Expense - GW	19,624.52	19,624.52	(715.26)	12,844.59	12,844.59	12,844.59	77,067.55

Sequoia Healthcare District  
Profit & Loss - by Month  
July through December 2025

	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	TOTAL
65510-4 · Amoritization Expense - GW	0.00	0.00	1,777.00	592.36	592.36	592.36	3,554.08
65610-1 · Capital Outlay - General	0.00	0.00	539,300.84	0.00	611,791.29	11,852.50	1,162,944.63
65610-4 · Capital Outlay - GW Offset	0.00	0.00	(539,300.84)	0.00	(611,791.29)	(11,852.50)	(1,162,944.63)
70200-1 · Grant Admin Expenses	53.02	0.00	73.36	86.00	3,554.66	3,554.66	7,321.70
70300-1 · Other Grants	0.00	0.00	6,500.00	0.00	0.00	6,200.00	12,700.00
70310-5 · Collab grant - Custodial Fund	0.00	0.00	244,558.06	0.00	0.00	0.00	244,558.06
70350-1 · Samaritan House	0.00	0.00	0.00	0.00	459,060.75	0.00	459,060.75
70560-1 · Ravenswood Family Health Center	500,000.00	0.00	0.00	0.00	0.00	0.00	500,000.00
70565-1 · LifeMoves LVN (Maple S shelter)	0.00	0.00	39,453.13	13,151.04	13,151.04	13,151.04	78,906.25
70566-1 · Pen Volunteers LYFT program	0.00	4,738.49	4,325.29	19,299.93	4,146.55	3,806.78	36,317.04
70568-1 · Sonrisas	0.00	0.00	0.00	0.00	237,140.00	0.00	237,140.00
70594-1 · Future Impact Funds	980,800.00	0.00	0.00	137,500.00	0.00	24,500.00	1,142,800.00
70603-1 · Community Grants	2,928,500.00	22,500.00	0.00	0.00	0.00	0.00	2,951,000.00
70706-1 · Sequoia Safe (+HeartSafe)	4,420.28	4,300.00	5,200.00	4,300.00	4,300.00	4,300.00	26,820.28
70800-1 · School Health Expense	1,800.00	1,770.42	(1,872.37)	3,206.82	17.97	5,399.73	10,322.57
70802-1 · School Health Grants	136,420.00	138,750.00	103,263.00	225,620.75	0.00	224,192.77	828,246.52
<b>Total Expense</b>	<b>5,483,829.80</b>	<b>905,774.79</b>	<b>1,467,666.47</b>	<b>1,207,057.29</b>	<b>5,055,573.73</b>	<b>1,096,197.15</b>	<b>15,216,099.23</b>
<b>Net Ordinary Income</b>	<b>(5,105,004.24)</b>	<b>(403,022.57)</b>	<b>1,302,470.52</b>	<b>309,331.62</b>	<b>4,030,379.74</b>	<b>8,149,044.19</b>	<b>8,283,199.26</b>
<b>Net Income</b>	<b>(5,105,004.24)</b>	<b>(403,022.57)</b>	<b>1,302,470.52</b>	<b>309,331.62</b>	<b>4,030,379.74</b>	<b>8,149,044.19</b>	<b>8,283,199.26</b>

**Sequoia Healthcare District**  
**CEO Report February 2026**  
**Pamela Kurtzman**

**I. PROGRAMS AND OPERATIONS UPDATE**

**1016 Laurel St.**

All permits have been approved with the City of San Carlos. Been working with Mark Hudak and the architect to assure compliance with the required protocol for securing a contractor. The project will go out for bid via an ad in the Daily Journal on Jan 26, allowing 30 days for contractors to submit their bids. Another two weeks will be needed to review and select the most qualified and lowest bid. We anticipate bringing the recommended contractor to the Board for approval at a February special meeting or at the March 4<sup>th</sup> Board meeting. When approved, hoping construction can begin shortly after.

We were offered temporary workspace at the Pettinelli offices at 555 Veterans Blvd while we undergo the TI's. The rent will be \$5k/month and will include all utilities, internet, phone, and cleaning. A deposit is not required and our move in and move out date is flexible, with a 15 day notice. We'll plan to move in once the board has approved the contractor's bid AND when we have an estimate of the construction start date- anticipating the first week or two in March.

**II. PARTNER ORGANIZATION MAJOR GRANTS**

We monitor all major grants through quarterly outcomes reports that provide timely insight into progress, challenges, and impact. This process ensures funded partners remain aligned with District priorities, deliver measurable results, and are accountable for public resources. Regular review also helps us identify emerging needs, support course corrections when needed, and ensure our investments continue to advance equitable health and well-being in our communities. Updates from major grant partners are summarized below; more detailed reports are available upon request.

**1. Ravenswood Redwood City Dental Clinic Progress Update**

Get ready for the ribbon cutting on February 12<sup>th</sup>! Outreach and public-facing preparations are in development. You all received a calendar invite to this late afternoon event and should have also received a formal invitation via email. Ravenswood anticipates a seamless launch and have begun hiring and onboarding activities including issuing physical keys, updating card access, orienting employees, and training staff on systems and workflows.

**Key Upcoming Milestones**

- February 12, 2026: Dry Run & Ribbon Cutting / Open House
- Week of February 17, 2026: Clinic Opens for Patient Care

## 2. Oral Health Learning Collaborative (OHAPPA):

The third in a series of 3 workshops on the State of Dental Health Workshop #3, will be held on May 1. HPSM will have updated data and gather input on next steps. Given the highly anticipated opening of the RWC dental clinic and its expected capacity for new patients, I'm no longer recommending the Board extend the LC payments through December 2026, but instead request a refund of the remaining funds from the initial, and only, distribution funds. This will likely be in the range of \$100k.

Due to time constraints on the December and February agenda, I must again delay Dr. Brown's update to the Board on the outcomes of the Learning Collaborative. At this point, I'm recommending a written report by Dr. Brown that I will share with the Board, rather than a formal presentation. Let me know if this is not acceptable to you.

## 3. Sonrisas

I met with Tiffany Turner, Sonrisas's new CEO in mid December to discuss the gradual transition of their patients (those who are District residents), to the new Redwood City clinic. Our current agreement with Sonrisas ends June, 2026 and funding will end unless additional funds are granted. I will only recommend additional funding to Sonrisas if Ravenswood is not yet in the position to take on a vast portion of the 800 District residents currently receiving care at Sonrisas (to maintain continuity of care).

I have not yet received their Q2 report (October 1-December 30, 2025), but I will plan to share those outcomes in my next staff report.

## 4. Planned Parenthood

Director Shefren and I participated in a funder's discussion with Planned Parenthood Mar Monte's CEO Stacy Cross on Jan 22. Below is a summary of how federal cuts to health services, particularly the loss of MediCal funding tied to the One Big Beautiful Bill and related policies have impacted Planned Parenthood Mar Monte (PPMM), one of the largest Planned Parenthood affiliates in the U.S.

1. **Forced the permanent closure of multiple clinics** in Northern and Central California, eliminating essential health services in those communities.
  - Restricts Medicaid reimbursements to providers that offer abortion care (even though federal funds have long been barred from paying for abortion itself).
  - Closures included clinics in South San Francisco, San Mateo, Gilroy, Santa Cruz, and Madera.
  - These sites collectively served over ~22,000-23,000 patients annually
2. **Elimination of Services-** Eliminated primary care, behavioral health, prenatal services, and family medicine at affected sites. These were services that extended well beyond reproductive care, much of it funded through Medicaid reimbursements.

### 3. Huge Loss in Revenue

- The policy is estimated to remove roughly \$100 million in Medicaid reimbursements from PPMM’s operating budget nationwide, creating significant financial strain
- \$8M monthly loss to the Redwood City clinic alone
- Ms. Cross noted that after the Medicaid cuts took effect, they were providing care but not billing Medicaid, essentially carrying millions in unreimbursed care to keep doors open where possible.
- Clinics that remained open have faced ongoing financial pressure, including potentially needing to charge patients or find alternative funding sources to remain viable.

### 4. Court Battles-Triggered legal challenges and policy debates about access to reproductive and preventive health care.

- Planned Parenthood Federation of America and several affiliates (including PPMM) *challenged* the Medicaid restrictions in federal court, arguing that they violate legal protections and would cause immediate harms to patient care.
- Some preliminary rulings temporarily restored funding for certain clinics during litigation, but the broader legal fight continued through late 2025.

### 5. Wider Community and Health Impacts- Increased barriers to care for low-income and Medicaid-reliant patients, with broader impacts beyond reproductive health.

- Loss of Critical Access
- PPMM clinics serve low-income populations, many of whom rely on Medicaid for preventive care such as cancer screenings, STI testing and treatment, contraceptive services, and chronic disease management.
- Patients have reported disruptions in access to care, increased travel distances for services, and uncertainty about long-term continuity of services.
- Impact Beyond Women’s Reproductive Health- Men also rely on PPMM for essential services (e.g., STI testing, cancer screenings, sexual health counseling); funding cuts have constrained planned expansions of some services.

## III. STRATEGIC PLANNING

I’m looking forward to our February 4<sup>th</sup> Board study session where the Board will have the opportunity to provide input and ideas on the 6 goals and strategies identified by the staff. We also have Feb 11<sup>th</sup> on the Board calendar to finalize the plan. The goal is to approve it at the March Board meeting.

## IV. LOCAL AND STATE IMPLICATIONS OF FEDERAL FUNDING BOARD BRIEF

### Key Highlights as of January 25, 2026

#### 1. Significant federal Medicaid (Medi-Cal) funding reductions still underway:

The 2025 federal reconciliation legislation (H.R.1/ “Big Beautiful Bill”) has enacted sweeping cuts to Medicaid and related safety-net programs. California alone could lose roughly \$30 billion annually in federal Medi-Cal funding, with larger losses over the

next several years, and millions of people potentially losing coverage or facing eligibility changes.

**2. Coverage and access risks for vulnerable populations:**

Policy includes work and verification requirements, more frequent eligibility checks, and restrictions on benefits—heightening administrative barriers that can lead to coverage disruptions, especially for older adults, people with disabilities, and caregivers.

California has already taken steps such as freezing new enrollments for undocumented adults to manage budget pressure.

**3. Pressure on health care providers and local systems:**

Reductions in federal funding and Medi-Cal reimbursements risk lower provider payments, service cuts, and financial stress on safety-net clinics, hospitals, and long-term care providers. Local providers, including those serving people with developmental disabilities and complex care needs, report they are *not positioned to absorb these losses without major operational changes*.

**4. State and local budget stresses:**

Federal changes are adding to already tight state fiscal conditions, contributing to Medicaid cuts and eligibility constraints in state budgets, which may necessitate reductions in optional services (e.g., dental, vision, home- and community-based services) to balance state funds. States are also preparing for Medicaid policy changes in 2026-27 budget cycles in response to reduced federal support and slower revenue growth.

**5. Ongoing uncertainty and timing of impacts:**

Many provisions affecting eligibility, enrollment systems, and funding flows will be implemented over time, and their full impacts remain uncertain. This makes forward-planning and outcomes monitoring essential to anticipating and mitigating risks.

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### Why This Matters for SHD

- Dependencies on Medi-Cal and federal match: Our region’s public health and safety-net infrastructure relies heavily on Medi-Cal funding; reductions threaten sustainability.
- Service delivery adaptation: If optional services are trimmed or eligibility narrows, our programs may need to shift focus or redesign service models.
- Rising uncompensated care: Increases in uninsured/underinsured residents would likely raise demand for uncompensated care and shift costs to local providers.
- Strategic planning and risk mitigation: During this strategic planning period, it is critical that the Board has visibility into emerging threats so we can proactively plan mitigation strategies—via program redesign, partnerships, advocacy, or reserves.
- Local economic effects: Beyond direct health systems, federal funding reductions can erode state and local tax revenues, placing additional pressure on local government budgets and diminishing cost-share capacity.

**V. ACHD**

- Participate in monthly ACHD-Facilitated CEO Roundtable discussions (Jan)
- The next ACHD Board of Directors meeting will be held in person in Sacramento Feb 26-27, 2026
- For recordings of educational webinars you may have missed, here's a link those recordings: <https://www.achd.org/previous-webinar-recordings>

**VI. COMMUNITY ACTIVITIES AND EVENTS**

- Redwood City Together leadership committee (Jan 15 and Exec Committee Feb. 19)
- San Mateo County Safety Net Committee Meeting (Dec 3)
- Oral Health Coalition quarterly meeting (Jan 24<sup>th</sup>)

\*While most of the groups above are ongoing convenings and committees I serve on, over the past few months I continue to meet with a range of nonprofit, county, and philanthropic leaders to better understand local challenges and planned responses. This ensures the District's funding decisions are both informed and well-coordinated.

## Jenny Bratton Staff Report February 4, 2026

### *Activity Summary*

#### *I. Grants/Community*

- Conducted an in-person and a remote (Zoom) Caring Community grants information sessions on January 14<sup>th</sup> that was attended by approximately 60 people altogether.
- After a 6-month process of demos and conversation, an agreement with Fluxx to be our new grant platform was signed on 1/20. We have an 4-6 week implementation schedule for the full application. Other pieces of the full implementation such as the scoring modules, DocuSign integration, reports, and any data migration will be rolled out over the year. Our subscription to Versaic until November 2026.
- One new change due to the implementation schedule of Fluxx with the target go-live date of March 1st is the request for LOIs from only new applicants. The LOI application is now available on the Versaic platform with a closing date of February 14<sup>th</sup> at 5 pm.
- Another important change is that applicants will be applying for a one-year grant. This way, all the grantees will be in the same 2-year cohort for 2027. This grant cycle sees the potential renewal of cohort in these 3 priority areas: Medical/Clinical, Substance Abuse Disorder, and Behavioral. We will collapse Substance Abuse Disorder into Behavioral so there will be essentially 2 priority areas moving forward.
- We are still accepting applications for Food/Nutrition, Youth and Adult Health Literacy, and Senior Services, but will be consolidating the last two priority areas and renaming it Health Literacy and Active Living.
- Next Steps: LOIs will then be distributed to scored late February. The grants committee will then convene in early March to discuss scoring. We will then extend invitations to community organizations to apply for the full application on the new Fluxx platform. The full application is due on April 15<sup>th</sup>.
- Due to its popularity last year, we rolled out grants Zoom office hours every Wednesday from 10-11 am for those who needed help with their LOI. So far, we have had enthusiastic attendance in each session. The Zoom link is posted on our grants page for any public members to attend.

- The 2026-27 grant committee membership currently consists of the following committee members:
  - Bernie Mellott (Former ED Ombudsman)
  - Vinney Arora (Non-profit Consultant)
  - Cecilia Chu (ED Friends for Youth)
  - Mary Bates (Former ED of Foster City Villages)
  - William Fong (SHD Board Director)
  - Open seat

SHD thanks Jim Lianides, former superintendent of SUHSD, for his service on the grants committee.

- Six mid-year reports from 1-year grantees were scored by committee. The table shows the grantees mid-year scoring averages out of a maximum score of 30 (\*indicates not all reviewers finished scoring):

Program Name	Organization	Award	Average)	Comments by Reviewers
Hope House	Service League	\$20,000	24*	<i>Great program, I am curious as to why they spend more than half their budget already. I think their outcomes are good despite them mentioning they are a little disappointed.</i>
Promoting Healthy Futures	SMC PAL	\$40,000	29	<i>Good work from this program, their stats are a bit muddled, reporting over 200 kids from SHCD served.</i>
Mental Health for BIPOC Youth	NAMI	\$10,000	22*	
HIA in San Mateo	Healthcare In Action	\$160,000	26	<i>Such a challenging and much needed endeavor. I am interested in learning how they coordinate with other core agencies and county services.</i>
California Clubhouse	California Clubhouse	\$24,000	28	<i>Such an inspiring and impactful program. The success stories are incredible.</i>
Residential Treatment Program	Free At Last	\$200,000	--	<i>Report Pending</i>

## II. Community Partner Events

Save the Date! This is a list of upcoming in March provided to us by our partners (Please be advised that this list is not exhaustive as there might be some we have not been informed about). Some are free while most of them require the purchase of a ticket. Please visit their websites (hyperlinked below) for more event details, and contact me if you would like SHD to purchase a ticket.

Date	Partner	Event	Location
Thursday, March 5	AbilityPath ( <a href="https://abilitypath.org">https://abilitypath.org</a> )	18 <sup>th</sup> Annual Power of Possibilities	The Grand Bay Hotel, SF
Friday, March 13	Samaritan House ( <a href="https://samaritanhousesanmateo.org">https://samaritanhousesanmateo.org</a> )	Gala: Hats Off to Ending Hunger	SF Airport Marriott Waterfront, Burlingame
Thursday, March 19	Peninsula Volunteers Inc. ( <a href="https://www.penvol.org">https://www.penvol.org</a> )	March For Meals Community Champions Breakfast	PVI's Little House, Menlo Park
Friday, March 20	San Mateo Police Activities League ( <a href="https://sanmateopal.org">https://sanmateopal.org</a> )	San Mateo Police Activities League Lights & Sirens Awards and Recognition Dinner	San Mateo County Event Center
Friday, March 27	YMCA Project Cornerstone ( <a href="http://www.projectcornerstone.org">http://www.projectcornerstone.org</a> )	Asset Champions Awards Breakfast	Villa Ragusa, Campbell

## II. ACHD

- Attended Education and Advocacy Committee meeting on January 28th.
- Please note that ACHD has new webinars on demand: [www.achd.org/webinar-on-demand](http://www.achd.org/webinar-on-demand)

Ones that may be of interest to Board members:

- New Law in 2026 (recorded Dec. 9, 2025)
- Closing the Gap in Healthcare Districts Retirement Plans (recorded January 21, 2026)



**BOARD of DIRECTORS**  
Healthy Schools Initiative  
December 2025 - January 2026  
Highlights

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**Ann Evanilla-Wasson, MS**  
**Director of School Health & Wellbeing**

**School Year Focus - Multi-Tiered System of Support (MTSS)**

**Purpose** - Strengthen school-based behavioral health services to support student social emotional development and academic success.

**How** - Conduct a landscape assessment that analyzes school-based behavioral health services to:

- Improved resource allocation - Helps prioritize investments in based on needs and gaps
- Targeted interventions - Support the development of interventions that are tailored to the specific needs of students so that learning is equitably accessible
- Professional development: - Optimize staff knowledge and the skills required to provide effective school-based counseling and Tier 1 supports

**Plan of Action** - Conduct a modified landscape assessment across all eight school districts including:

1. **Study Sessions:** Discuss and learn about each school district's multi-tiered system of support for school counseling and social emotional learning. Partnered with Children's Health Council to co-lead sessions. (3 completed)
2. **Survey and Resource Map:** Identify existing behavioral health resources, including staff, services, programs, and community partnerships (completed)
3. **Gap Identification:** Pinpoints strengths, challenges and opportunities for improvement in each district/school (completed)
4. **Data:** Identify best data resource related to SHD's funding (Study Session #4 /February)
5. **Crosswalk:** 8 District's MTSS for Tier 1 supports (ongoing)
6. **Recommendations for System Improvement:**
  - Professional development initiated for school counselors and teachers (Jan-April)
  - District Leadership – (February-June)
7. **CBO involvement and engagement:** Map who's doing what, discuss training modules for interns and associates and schools identify additional topics in need of deeper training (Study Session #5 /March)

8. **Evaluation of Effectiveness:** Standardize tools used to track school counseling utilization and collection of outcome data

### **Status Update - Running List**

- Completed first three Study Sessions:
- Co-led sessions with Children's Health Council's Chief Psychologist, Dr. Ramsey Khasho
- Engaged wellness coordinators, district-level mental health leads, directors of student services
- Designed survey to capture data that will identify challenges and actionable opportunities
- Guided listening sessions were conducted at all three sessions
- Notable survey results and discussion outcome themes so far:
  - \* Levels of engagement
  - \* SEL implementation across schools and districts
  - \* Student screening and data to guide interventions
  - \* Stronger coordination of referral process across schools and CBOs
  - \* Professional development for educators, school counselors, mental health staff
  - \* Parent/caregiver engagement and family support

### **In-the-Works**

- Notable finding will be discussed with superintendents and district leaders during February MOU meetings
- Identifying indicators / data points from CHKS and Panorama (educational technology platforms that provides K-12 schools and districts with data-driven tools to help educators identify students needing help, create intervention plans, track progress, and gain insights into school climate and engagement) to track change over time
- Completed one professional development session on how to best use Wayfinder's Waypoints Data tracker for social emotional learning
- CHC conducting professional development training on 1.28 for first year teachers in RCSD on behavior management and classroom climate. Using a fish-bowl approach so that school leadership to listen and learn. This training series is being designed by CHC to address the concerns all school districts leadership have requested
- Scheduling professional development trainings for new teachers
- Wellness team working on school counseling measures of success
- Conducting CBO partner roundtable - March
- Wellness Coordinators to scheduling Listening Sessions with students
- Meeting with each school district's lead mental health specialist and director of student services to discuss and schedule level-up opportunities for the 2026-27 school year

\*Collaborating with Children's Health Council, John W Gardner Center for Youth, San Mateo County Office of Education, Stanford Center for Youth Mental Health and Wellbeing.

### [2026-27 School District MOUs](#)

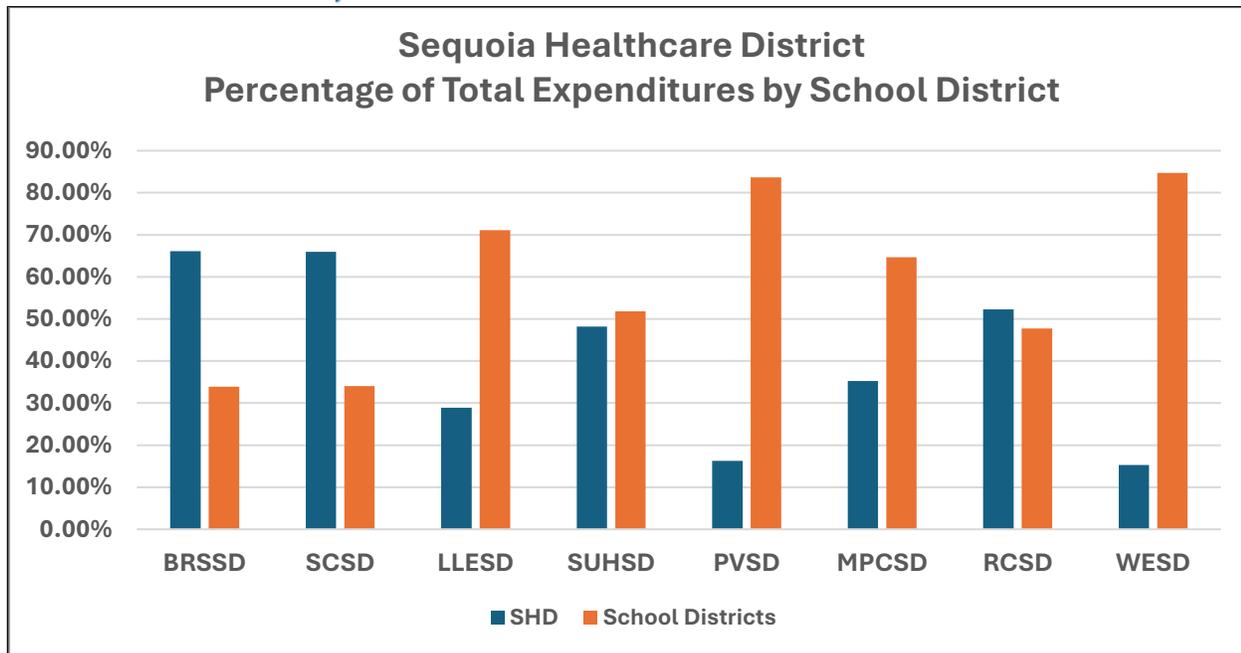
- Finalized meeting schedule with school district Superintendents, Wellness Coordinators and Student Services Directors to review 2025-26 and discuss 2026-27 school years
- Initial discussions will take place in February, and the MOU process will be completed by the end of Q1, so HSI draft budget is ready for the April 2026 Board meeting

### HSI Wellness Team

December and January Wellness Team meetings discussion topics:

- HSI grant program restructuring / elimination
- CBO partner transition to new grant process
- MTSS Landscape Assessment tasks, data review, measurement of success definition, professional development training topics
- Suicide awareness & Prevention (SAP) - potential trainers for educators / students on risk factors, warning signs, resilience building, suicide myths, resources, etc.
- Student and staff wellness - CWAE's educator-facing *Integrative Wellness Journey* and the student mindfulness complement at SUHSD - enrollment continues to grow and exceeds forecasts

### School District's - Share of Cost



### Community Meetings to Inform the Healthy Schools Initiative

Represented Sequoia Healthcare District at the following standing meetings to ensure youth voice is woven into decision making. These meetings continue to inform programming for the Healthy Schools Initiative and reflect SHD's commitment to our school-aged residents.

- San Mateo County Community Health Improvement Plan (CHIP) Mental Health Work Group
- ACHD Legislative Review
- San Mateo County Families - ICE and detention weekly meeting
- SMCOE Directors of Student Services meeting
- School-district Wellness Advisory Council meetings
- CHC Leadership Advisory Council meeting
- Stanford school-based ECHO Leadership Council and professional development meetings

## February Staff Report

### Luz Garcia — Communications & Engagement Officer

#### Public Outreach

- *2026 Grants Information Sessions*
  - Managed the development of the Eventbrite page for the grant information sessions and coordinated the dissemination of emails to 78 registered attendees, ensuring they received crucial updates and details before and after the sessions
  - Designed and placed ten advertisements in the San Mateo County Daily Journal, which ran from December 18th through January 12th
  - Revised grants timeline and service area handouts to reflect anticipated changes to the 2026 grants process and developed a new handout for HSI Grant funding
  - Updated the grants webpage to maintain consistent messaging that aligns with the most recent information
- *Content Creation*
  - **Press Release:** Composed a press release to announce the awarding of the \$850,000 grant to Second Harvest of Silicon Valley. This release has been distributed to media outlets and published on our website. I kindly encourage you to read it and share it within your networks. Thank you.
  - **Nutrition Video Campaign:** I have completed editing for half of the nutrition video series, which will feature our five nutrition partners: Second Harvest, Friends of the Veterans Memorial Senior Center, St. Anthony's Padua Dining Room, San Carlos Adult Community Center, and PVI's Meals on Wheels. This is an opportune moment to promote nutrition, as individuals are particularly focused on their New Year's resolutions and aspire to improve their health. Consequently, the videos have begun to be released this month. I strongly encourage you to repost and share them within your networks. They will be accessible on Instagram, Facebook, and under Sequoia Smart on our website.

#### Newsletters

- **January 2026:** Grants Info Sessions Follow Up, SHD Press Release and OYE Call for Workshop Proposals
  - If you are aware of anyone who may be interested in joining our newsletter distribution list, please inform me so that I can add them. Alternatively, feel free to share my email address with them, allowing them to contact me directly.
- **December 2025:** Grants Info Sessions and NCEFT spotlight
  - In January, our community partner, NCEFT, graciously recognized us for highlighting them in our December newsletter, sharing the news on both their Facebook and LinkedIn pages.

# CFO Finance Staff Report

February 4, 2026

- ▶ Financial Activity Summary
- ▶ Budget vs. Actual+Forecast
- ▶ Miscellaneous Other
- ▶ Appendix
  - ▶ Financial Reports (with and w/out Pension Effect)
    - ▶ Sources and Uses
    - ▶ Budget vs. Actuals+Forecast
    - ▶ YTD Actuals

# Financial Activity Summary - through 12/31/25

- ▶ Disbursed ~\$10.8M in grants YTD through December 31, 2025 (including \$1.5M in Ravenswood TI's)
- ▶ Received \$10.6M tax revenue through December 31, 2025
- ▶ Cash Balance totaled \$53.3M at 12/31/25 compared to \$52.6m at 6/30/25
  - ▶ Received \$1.0M from Dignity
    - ▶ \$510k Settlement
    - ▶ \$510k Collaborative Funding
  - ▶ Received Pension funding \$3.6M from Dignity

# Budget Vs. Actual+Forecast Narrative (without Pension Effect)

➤ **Net Income (Loss) Worse than Budget (\$329k)**

➤ **Revenue Better than Budget (\$595k)**

- **Revenue** - Slightly increased tax revenue based upon recent receipt, estimated interest/reclassified bank fees to expense category and recognized Dignity Health collaboration unbudgeted \$510k contribution received in November 2025

➤ **Net Expenses Worse than Budget (\$924k)**

- **Grant increase (\$740k)** - Primarily related to collaboration approved grants to SMC Navigation Center (\$100k), PVI-Meals on Wheels (\$222k) and Ravenswood Family Health Center (\$460k)
- **Facilities increase (\$142k)** -Primarily related to 1016 Laurel depreciation
- **Banking Fees increase (\$76k)** - Reclassed bank fees from investment income budget
- **Board Costs (\$50k)** - lower expense spend primarily related to estimated lower Board costs based upon current spend rate.

# Miscellaneous Other

- ▶ Engaged Actuary to complete 1/1/26 Pension Actuary Report
- ▶ Filed FTR report for '24-'25 with State Controller

# Appendix



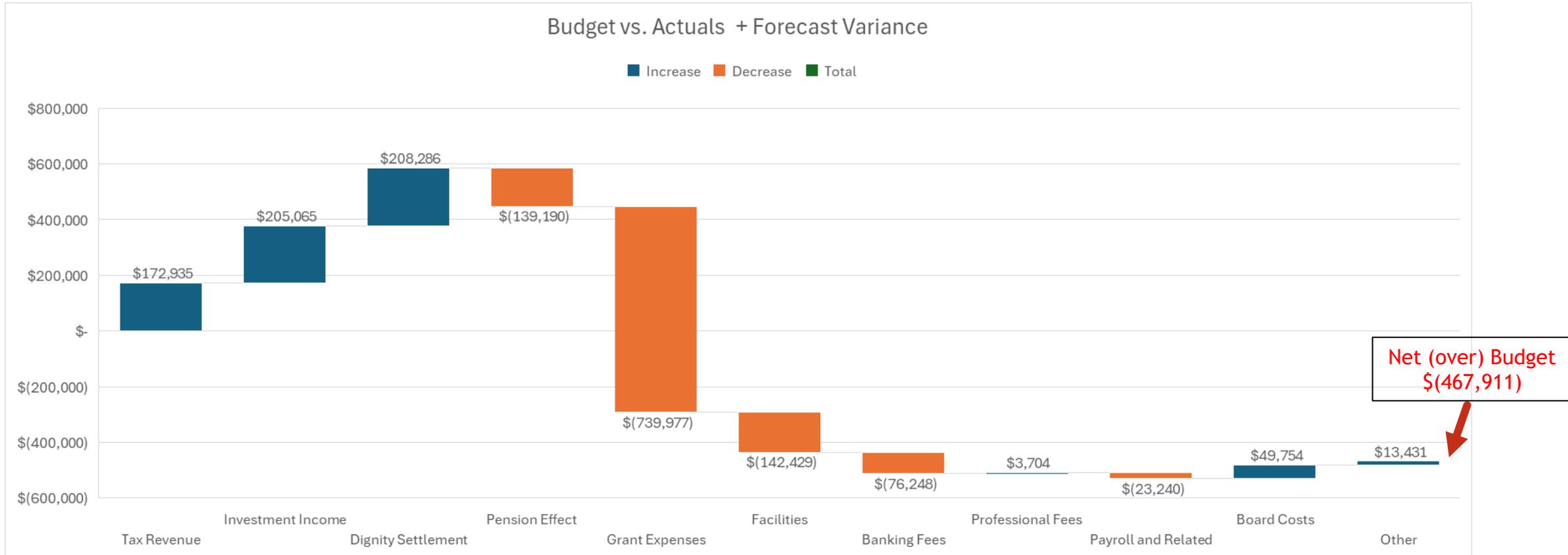
Finance Reports  
WITH  
Pension Effect

Sequoia Healthcare District							
Sources and Uses							
YTD Through December 31, 2025							
Unaudited for Management Discussion Purposes Only							
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD
<b>Sources</b>							
Rental Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tax Revenue	44,148	22,804	9,684	740,169	1,004,482	8,811,457	10,632,745
Dignity Agreement Receipts	-	-	-	-	1,020,000	-	1,020,000
Unrealized Gain/(Loss)	(132,564)	345,526	3,233	49,525	125,074	3,768	394,563
Interest Income	100,340	118,103	114,652	75,225	82,601	186,228	677,149
<b>Total Cash Sources (Less Pension)</b>	<b>11,925</b>	<b>486,433</b>	<b>127,569</b>	<b>864,920</b>	<b>2,232,157</b>	<b>9,001,453</b>	<b>12,724,456</b>
Pension Income (loss)	105,888	1,218,177	1,275,893	591,866	3,686,828	224,348	7,103,000
<b>Total Cash Sources</b>	<b>\$ 117,812</b>	<b>\$ 1,704,610</b>	<b>\$ 1,403,462</b>	<b>\$ 1,456,786</b>	<b>\$ 5,918,985</b>	<b>\$ 9,225,801</b>	<b>\$ 19,827,456</b>
<b>Uses</b>							
Payroll and Related	148,424	111,710	105,640	122,454	147,459	113,525	749,211
Administration	33,759	7,175	1,589	6,251	2,036	1,479	52,289
Board Expense	120	538	-	1,316	915	456	3,344
Investment/Bank Fees	53,691	117	92	17,203	101	102	71,305
Office Expenses	1,231	691	141	2,788	521	208	5,579
Professional Fees	9,260	36,693	14,733	3,510	27,003	49,214	140,412
Communications	919	483	21,737	21,719	-	2,826	47,683
Facilities	12,201	4,546	13,247	13,784	8,055	8,894	60,727
Insurance	62,690	-	251	485	243	-	63,669
<b>Total Cash Operating Uses</b>	<b>322,295</b>	<b>161,951</b>	<b>157,428</b>	<b>189,510</b>	<b>186,332</b>	<b>176,703</b>	<b>1,194,218</b>
Grant Expenses	5,426,855	526,324	1,993,081	339,636	700,365	259,139	9,245,400
Pension Expenses	799,560	574,961	803,264	601,603	583,547	577,310	3,940,246
Ravenswood Tenant Improvements	-	-	1,002,424	551,451	-	-	1,553,875
Capital Expenditures	22,720	9,534	-	35,820	14,986	11,853	94,913
Other	-	-	-	-	-	-	-
<b>Total Cash Uses</b>	<b>\$ 6,571,430</b>	<b>\$ 1,272,770</b>	<b>\$ 3,956,197</b>	<b>\$ 1,718,019</b>	<b>\$ 1,485,231</b>	<b>\$ 1,025,005</b>	<b>\$ 16,028,652</b>
<b>Net Cash (Used)/Received</b>	<b>\$ (6,453,618)</b>	<b>\$ 431,840</b>	<b>\$ (2,552,735)</b>	<b>\$ (261,233)</b>	<b>\$ 4,433,754</b>	<b>\$ 8,200,796</b>	<b>\$ 3,798,804</b>
<b>Operating Cash Balance</b>							
Heritage Operating	\$ 304,759	\$ 631,218	\$ 712,679	\$ 1,214,461	\$ 1,942,742	\$ 10,311,411	
Heritage Collaboration with Dignity	\$ 883,116	\$ 884,619	\$ 663,565	\$ 788,340	\$ 1,175,335	\$ 1,176,387	
Wells Fargo	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	
<b>Total Operating Cash</b>	<b>\$ 1,188,963</b>	<b>\$ 1,516,924</b>	<b>\$ 1,377,333</b>	<b>\$ 2,003,889</b>	<b>\$ 3,119,165</b>	<b>\$ 11,488,886</b>	
<b>Schwab Investments</b>	<b>\$ 45,672,219</b>	<b>\$ 45,132,882</b>	<b>\$ 42,247,109</b>	<b>\$ 41,369,056</b>	<b>\$ 41,584,254</b>	<b>\$ 41,768,291</b>	
<b>Total Cash and Investments</b>	<b>\$ 46,861,182</b>	<b>\$ 46,649,806</b>	<b>\$ 43,624,442</b>	<b>\$ 43,372,945</b>	<b>\$ 44,703,419</b>	<b>\$ 53,257,177</b>	
<b>Pension Assets</b>							
Vanguard	\$ 50,553,849	\$ 50,952,229	\$ 51,619,249	\$ 51,581,494	\$ 55,240,001	\$ 54,298,137	
Principal Custodial Solutions	\$ 639,097	\$ 869,727	\$ 667,169	\$ 695,188	\$ 121,959	\$ 702,431	
Principal Financial Group	\$ 2,418,565	\$ 2,432,771	\$ 2,440,937	\$ 2,440,937	\$ 2,458,939	\$ 2,467,370	
	<b>\$ 53,611,511</b>	<b>\$ 54,254,727</b>	<b>\$ 54,727,355</b>	<b>\$ 54,717,619</b>	<b>\$ 57,820,899</b>	<b>\$ 57,467,937</b>	

Sequoia Healthcare District															
Profit & Loss Budget Vs. Actual + Forecast															
FYE June 30, 2026															
Unaudited for Management Discussion Purposes Only															
	Actuals						Forecast						2026 Budget Variance		
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	2026 Actual + Forecast	FY 2026	
														Approved Annual Budget	Budget Better/(Worse)
<b>Income</b>															
Rental Income	\$ -	\$ -	\$ 21,108	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 84,431	\$ 75,000	\$ 9,431
Tax Revenue	\$ 382,121	\$ 22,804	\$ 9,684	\$ 740,169	\$ 1,004,482	\$ 8,811,457	\$ 52,969	\$ 1,002,148	\$ 986,021	\$ 4,595,469	\$ 1,558,433	\$ 7,176	\$ 19,172,935	\$ 19,000,000	\$ 172,935
Investment Income	\$ (132,564)	\$ 345,526	\$ 3,233	\$ 49,525	\$ 125,074	\$ 3,768	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 694,563	\$ 800,000	\$ (105,437)
Interest Income	\$ 123,775	\$ 119,625	\$ 139,907	\$ 127,792	\$ 63,409	\$ 181,609	\$ 132,399	\$ 132,398	\$ 132,398	\$ 132,397	\$ 132,396	\$ 132,396	\$ 1,550,502	\$ 1,240,000	\$ 310,502
Dignity Agreement	\$ -	\$ -	\$ -	\$ -	\$ 599,125	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 718,286	\$ 510,000	\$ 208,286
Total Income (Less Pension)	\$ 373,332	\$ 487,955	\$ 173,933	\$ 924,522	\$ 1,799,126	\$ 9,020,893	\$ 259,427	\$ 1,208,605	\$ 1,192,478	\$ 4,801,925	\$ 1,764,888	\$ 213,631	\$ 22,220,717	\$ 21,625,000	\$ 595,717
Pension Income	\$ 5,494	\$ 14,797	\$ 2,596,204	\$ 591,866	\$ 3,686,828	\$ 224,348	\$ -	\$ -	\$ 126,000	\$ -	\$ -	\$ 126,000	\$ 7,371,537	\$ -	\$ 7,371,537
<b>Total Income</b>	\$ 378,826	\$ 502,752	\$ 2,770,137	\$ 1,516,389	\$ 5,485,953	\$ 9,245,241	\$ 259,427	\$ 1,208,605	\$ 1,318,478	\$ 4,801,925	\$ 1,764,888	\$ 339,631	\$ 29,592,254	\$ 21,625,000	\$ 7,967,254
<b>Expenses</b>															
Payroll and Related	\$ 118,582	\$ 104,632	\$ 114,086	\$ 124,821	\$ 108,428	\$ 129,700	\$ 132,018	\$ 132,018	\$ 132,018	\$ 132,018	\$ 132,018	\$ 132,018	\$ 1,492,360	\$ 1,469,120	\$ (23,240)
Administration	\$ 5,129	\$ 5,338	\$ 10,470	\$ 17,909	\$ 7,740	\$ 6,381	\$ 9,281	\$ 8,827	\$ 8,827	\$ 10,327	\$ 10,327	\$ 10,327	\$ 110,882	\$ 114,730	\$ 3,848
Board Related Costs	\$ 1,050	\$ 2,038	\$ 2,066	\$ 3,103	\$ 2,933	\$ 457	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 15,246	\$ 65,000	\$ 49,754
Investment/Banking Fees	\$ 92	\$ 117	\$ 14,384	\$ 17,203	\$ 101	\$ 102	\$ 40,125	\$ 125	\$ 125	\$ 40,125	\$ 125	\$ 40,125	\$ 152,748	\$ 76,500	\$ (76,248)
Office Expenses	\$ 1,207	\$ 832	\$ 2,255	\$ 973	\$ 87	\$ 821	\$ 833	\$ 833	\$ 833	\$ 833	\$ 833	\$ 833	\$ 11,175	\$ 10,000	\$ (1,175)
Professional Fees	\$ 2,250	\$ 13,072	\$ 17,533	\$ 6,940	\$ 5,219	\$ 62,948	\$ 26,500	\$ 18,584	\$ 13,500	\$ 13,500	\$ 13,500	\$ 12,750	\$ 206,296	\$ 210,000	\$ 3,704
Communications	\$ 919	\$ 483	\$ 21,984	\$ 22,202	\$ -	\$ 2,826	\$ 2,289	\$ 2,289	\$ 2,289	\$ 2,289	\$ 2,289	\$ 2,289	\$ 62,148	\$ 65,000	\$ 2,852
Facilities	\$ 29,848	\$ 28,463	\$ 11,625	\$ 22,394	\$ 22,293	\$ 26,696	\$ 25,697	\$ 28,314	\$ 28,314	\$ 28,314	\$ 28,314	\$ 28,314	\$ 308,586	\$ 166,157	\$ (142,429)
Insurance	\$ 3,781	\$ 3,781	\$ 4,032	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 45,624	\$ 45,000	\$ (624)
Other Expenses	\$ -	\$ -	\$ 234	\$ 74	\$ 72	\$ 71	\$ 75	\$ 75	\$ 75	\$ 75	\$ 75	\$ 75	\$ 902	\$ -	\$ (902)
<b>Total Operating Expenses</b>	\$ 162,860	\$ 158,755	\$ 198,669	\$ 219,401	\$ 150,655	\$ 233,782	\$ 241,200	\$ 195,446	\$ 190,362	\$ 231,862	\$ 191,862	\$ 231,112	\$ 2,405,967	\$ 2,221,507	\$ (184,460)
Pension Costs	\$ 768,976	\$ 574,961	\$ 867,497	\$ 584,492	\$ 583,547	\$ 577,310	\$ 570,657	\$ 570,657	\$ 635,657	\$ 570,657	\$ 570,657	\$ 635,657	\$ 7,510,728	\$ -	\$ (7,510,728)
Grant Expenses	\$ 4,551,993	\$ 172,059	\$ 401,500	\$ 403,165	\$ 721,371	\$ 285,105	\$ 6,370,831	\$ 1,213,332	\$ 1,024,420	\$ 1,803,931	\$ 999,420	\$ 2,196,343	\$ 20,143,470	\$ 19,403,493	\$ (739,977)
<b>Total Expenses</b>	\$ 5,483,830	\$ 905,775	\$ 1,467,666	\$ 1,207,057	\$ 1,455,574	\$ 1,096,197	\$ 7,182,688	\$ 1,979,436	\$ 1,850,440	\$ 2,606,450	\$ 1,761,940	\$ 3,063,113	\$ 30,060,165	\$ 21,625,000	\$ (8,435,165)
<b>Net Income (Loss)</b>	\$ (5,105,004)	\$ (403,023)	\$ 1,302,471	\$ 309,332	\$ 4,030,380	\$ 8,149,044	\$ (6,923,260)	\$ (770,831)	\$ (531,961)	\$ 2,195,475	\$ 2,949	\$ (2,723,481)	\$ (467,911)	\$ -	\$ (467,911)

# FY'26 Budget vs. FY'26 Actual + Forecast

(Jan'26 Forecast)



## Sequoia Healthcare District

## YTD Profit &amp; Loss

6 Months Ended December 31, 2025

Unaudited for Management Discussion Purposes Only

	Actuals						
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD
<b>Income</b>							
Rental Income	\$ -	\$ -	\$ 21,108	\$ 7,036	\$ 7,036	\$ 7,036	\$ 42,215
Tax Revenue	\$ 382,121	\$ 22,804	\$ 9,684	\$ 740,169	\$ 1,004,482	\$ 8,811,457	\$ 10,970,717
Investment Income	\$ (132,564)	\$ 345,526	\$ 3,233	\$ 49,525	\$ 125,074	\$ 3,768	\$ 394,563
Interest Income	\$ 123,775	\$ 119,625	\$ 139,907	\$ 127,792	\$ 63,409	\$ 181,609	\$ 756,118
Dignity Agreement	\$ -	\$ -	\$ -	\$ -	\$ 599,125	\$ 17,023	\$ 616,148
Total Income (Less Pension)	\$ 373,332	\$ 487,955	\$ 173,933	\$ 924,522	\$ 1,799,126	\$ 9,020,893	\$ 12,779,761
Pension Income	\$ 5,494	\$ 14,797	\$ 2,596,204	\$ 591,866	\$ 3,686,828	\$ 224,348	\$ 7,119,537
<b>Total Income</b>	\$ 378,826	\$ 502,752	\$ 2,770,137	\$ 1,516,389	\$ 5,485,953	\$ 9,245,241	\$ 19,899,298
<b>Expenses</b>							
Payroll and Related	\$ 118,582	\$ 104,632	\$ 114,086	\$ 124,821	\$ 108,428	\$ 129,700	\$ 700,249
Administration	\$ 5,129	\$ 5,338	\$ 10,470	\$ 17,909	\$ 7,740	\$ 6,381	\$ 52,967
Board Related Costs	\$ 1,050	\$ 2,038	\$ 2,066	\$ 3,103	\$ 2,933	\$ 457	\$ 11,646
Investment/Banking Fees	\$ 92	\$ 117	\$ 14,384	\$ 17,203	\$ 101	\$ 102	\$ 31,998
Office Expenses	\$ 1,207	\$ 832	\$ 2,255	\$ 973	\$ 87	\$ 821	\$ 6,175
Professional Fees	\$ 2,250	\$ 13,072	\$ 17,533	\$ 6,940	\$ 5,219	\$ 62,948	\$ 107,962
Communications	\$ 919	\$ 483	\$ 21,984	\$ 22,202	\$ -	\$ 2,826	\$ 48,414
Facilities	\$ 29,848	\$ 28,463	\$ 11,625	\$ 22,394	\$ 22,293	\$ 26,696	\$ 141,320
Insurance	\$ 3,781	\$ 3,781	\$ 4,032	\$ 3,781	\$ 3,781	\$ 3,781	\$ 22,938
Other Expenses	\$ -	\$ -	\$ 234	\$ 74	\$ 72	\$ 71	\$ 452
Total Operating Expenses	\$ 162,860	\$ 158,755	\$ 198,669	\$ 219,401	\$ 150,655	\$ 233,782	\$ 1,124,122
Pension Costs	\$ 768,976	\$ 574,961	\$ 867,497	\$ 584,492	\$ 583,547	\$ 577,310	\$ 3,956,784
Grant Expenses	\$ 4,551,993	\$ 172,059	\$ 401,500	\$ 403,165	\$ 721,371	\$ 285,105	\$ 6,535,193
<b>Total Expenses</b>	\$ 5,483,830	\$ 905,775	\$ 1,467,666	\$ 1,207,057	\$ 1,455,574	\$ 1,096,197	\$ 11,616,099
<b>Net Income (Loss)</b>	\$ (5,105,004)	\$ (403,023)	\$ 1,302,471	\$ 309,332	\$ 4,030,380	\$ 8,149,044	\$ 8,283,199

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect.

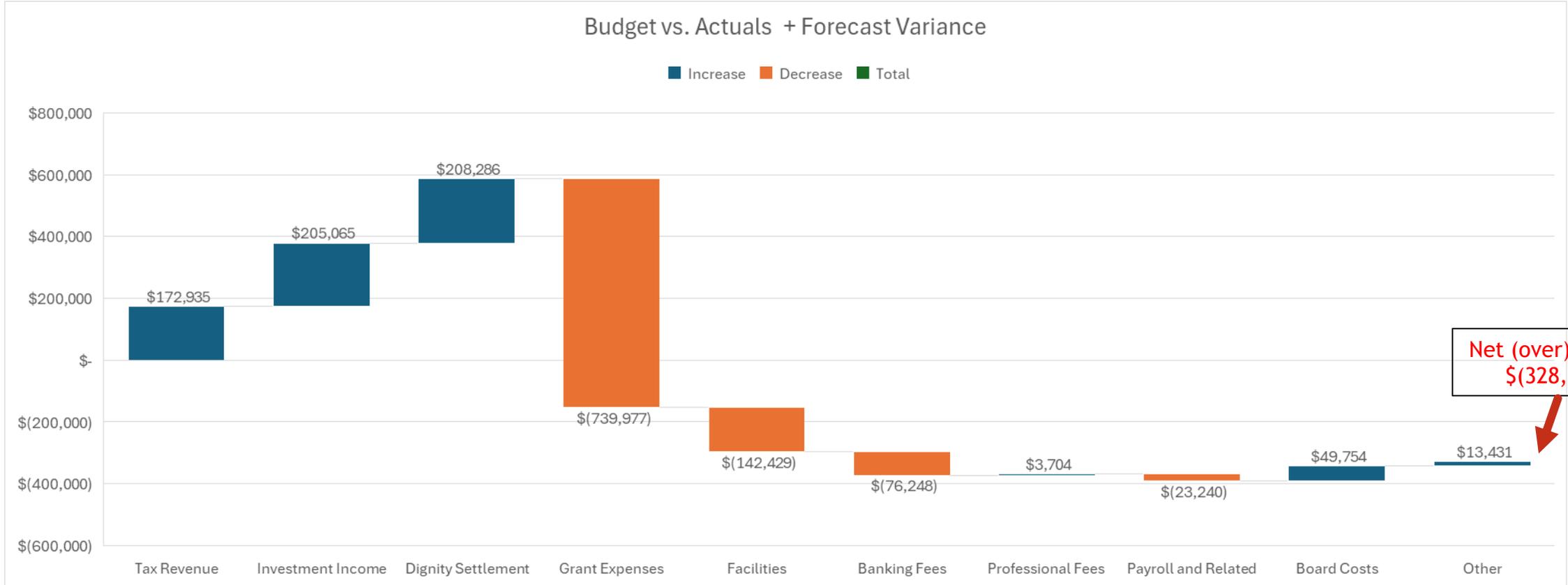
Finance Reports  
WITHOUT  
Pension Effect

Sequoia Healthcare District							
Sources and Uses (Without Pension)							
YTD Through December 31, 2025							
Unaudited for Management Discussion Purposes Only							
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD
<b>Sources</b>							
Rental Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tax Revenue	44,148	22,804	9,684	740,169	1,004,482	8,811,457	10,632,745
Dignity Agreement Receipts	-	-	-	-	1,020,000	-	1,020,000
Unrealized Gain/(Loss)	(132,564)	345,526	3,233	49,525	125,074	3,768	394,563
Interest Income	100,340	118,103	114,652	75,225	82,601	186,228	677,149
<b>Total Cash Sources</b>	<b>\$ 11,925</b>	<b>\$ 486,433</b>	<b>\$ 127,569</b>	<b>\$ 864,920</b>	<b>\$ 2,232,157</b>	<b>\$ 9,001,453</b>	<b>\$ 12,724,456</b>
<b>Uses</b>							
Payroll and Related	148,424	111,710	105,640	122,454	147,459	113,525	749,211
Administration	33,759	7,175	1,589	6,251	2,036	1,479	52,289
Board Expense	120	538	-	1,316	915	456	3,344
Investment/Bank Fees	53,691	117	92	17,203	101	102	71,305
Office Expenses	1,231	691	141	2,788	521	208	5,579
Professional Fees	9,260	36,693	14,733	3,510	27,003	49,214	140,412
Communications	919	483	21,737	21,719	-	2,826	47,683
Facilities	12,201	4,546	13,247	13,784	8,055	8,894	60,727
Insurance	62,690	-	251	485	243	-	63,669
<b>Total Cash Operating Uses</b>	<b>322,295</b>	<b>161,951</b>	<b>157,428</b>	<b>189,510</b>	<b>186,332</b>	<b>176,703</b>	<b>1,194,218</b>
Grant Expenses	5,426,855	526,324	1,993,081	339,636	700,365	259,139	9,245,400
Ravenswood Tenant Improvements	-	-	1,002,424	551,451	-	-	1,553,875
Capital Expenditures	22,720	9,534	-	35,820	14,986	11,853	94,913
Other	-	-	-	-	-	-	-
<b>Total Cash Uses</b>	<b>\$ 5,771,870</b>	<b>\$ 697,809</b>	<b>\$ 3,152,933</b>	<b>\$ 1,116,416</b>	<b>\$ 901,683</b>	<b>\$ 447,694</b>	<b>\$ 12,088,406</b>
<b>Net Cash (Used)/Received</b>	<b>\$ (5,759,945)</b>	<b>\$ (211,376)</b>	<b>\$ (3,025,364)</b>	<b>\$ (251,497)</b>	<b>\$ 1,330,474</b>	<b>\$ 8,553,758</b>	<b>\$ 636,050</b>
<b>Operating Cash Balance</b>							
Heritage Operating	\$ 304,759	\$ 631,218	\$ 712,679	\$ 1,214,461	\$ 1,942,742	\$ 10,311,411	
Heritage Collaboration with Dignity	\$ 883,116	\$ 884,619	\$ 663,565	\$ 788,340	\$ 1,175,335	\$ 1,176,387	
Wells Fargo	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	
<b>Total Operating Cash</b>	<b>\$ 1,188,963</b>	<b>\$ 1,516,924</b>	<b>\$ 1,377,333</b>	<b>\$ 2,003,889</b>	<b>\$ 3,119,165</b>	<b>\$ 11,488,886</b>	
<b>Schwab Investments</b>	<b>\$ 45,672,219</b>	<b>\$ 45,132,882</b>	<b>\$ 42,247,109</b>	<b>\$ 41,369,056</b>	<b>\$ 41,584,254</b>	<b>\$ 41,768,291</b>	
<b>Total Cash and Investments</b>	<b>\$ 46,861,182</b>	<b>\$ 46,649,806</b>	<b>\$ 43,624,442</b>	<b>\$ 43,372,945</b>	<b>\$ 44,703,419</b>	<b>\$ 53,257,177</b>	
<b>Pension Assets</b>							
Vanguard	\$ 50,553,849	\$ 50,952,229	\$ 51,619,249	\$ 51,581,494	\$ 55,240,001	\$ 54,298,137	
Principal Custodial Solutions	\$ 639,097	\$ 869,727	\$ 667,169	\$ 695,188	\$ 121,959	\$ 702,431	
Principal Financial Group	\$ 2,418,565	\$ 2,432,771	\$ 2,440,937	\$ 2,440,937	\$ 2,458,939	\$ 2,467,370	
	<b>\$ 53,611,511</b>	<b>\$ 54,254,727</b>	<b>\$ 54,727,355</b>	<b>\$ 54,717,619</b>	<b>\$ 57,820,899</b>	<b>\$ 57,467,937</b>	

Sequoia Healthcare District																
Profit & Loss Budget Vs. Actual + Forecast (Without Pension)																
FYE June 30, 2026																
Unaudited for Management Discussion Purposes Only																
	Actuals						Forecast								2026 Budget Variance	
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	2026 Actual + Forecast	FY 2026		
														Approved Annual Budget	Budget Better/(Worse)	
<b>Income</b>																
Rental Income	\$ -	\$ -	\$ 21,108	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 84,431	\$ 75,000	\$ 9,431	
Tax Revenue	\$ 382,121	\$ 22,804	\$ 9,684	\$ 740,169	\$ 1,004,482	\$ 8,811,457	\$ 52,969	\$ 1,002,148	\$ 986,021	\$ 4,595,469	\$ 1,558,433	\$ 7,176	\$ 19,172,935	\$ 19,000,000	\$ 172,935	
Investment Income	\$ (132,564)	\$ 345,526	\$ 3,233	\$ 49,525	\$ 125,074	\$ 3,768	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 694,563	\$ 800,000	\$ (105,437)	
Interest Income	\$ 123,775	\$ 119,625	\$ 139,907	\$ 127,792	\$ 63,409	\$ 181,609	\$ 132,399	\$ 132,398	\$ 132,398	\$ 132,397	\$ 132,396	\$ 132,396	\$ 1,550,502	\$ 1,240,000	\$ 310,502	
Dignity Agreement	\$ -	\$ -	\$ -	\$ -	\$ 599,125	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 718,286	\$ 510,000	\$ 208,286	
<b>Total Income</b>	<b>\$ 373,332</b>	<b>\$ 487,955</b>	<b>\$ 173,933</b>	<b>\$ 924,522</b>	<b>\$ 1,799,126</b>	<b>\$ 9,020,893</b>	<b>\$ 259,427</b>	<b>\$ 1,208,605</b>	<b>\$ 1,192,478</b>	<b>\$ 4,801,925</b>	<b>\$ 1,764,888</b>	<b>\$ 213,631</b>	<b>\$ 22,220,717</b>	<b>\$ 21,625,000</b>	<b>\$ 595,717</b>	
<b>Expenses</b>																
Payroll and Related	\$ 118,582	\$ 104,632	\$ 114,086	\$ 124,821	\$ 108,428	\$ 129,700	\$ 132,018	\$ 132,018	\$ 132,018	\$ 132,018	\$ 132,018	\$ 132,018	\$ 1,492,360	\$ 1,469,120	\$ (23,240)	
Administration	\$ 5,129	\$ 5,338	\$ 10,470	\$ 17,909	\$ 7,740	\$ 6,381	\$ 9,281	\$ 8,827	\$ 8,827	\$ 10,327	\$ 10,327	\$ 10,327	\$ 110,882	\$ 114,730	\$ 3,848	
Board Related Costs	\$ 1,050	\$ 2,038	\$ 2,066	\$ 3,103	\$ 2,933	\$ 457	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 15,246	\$ 65,000	\$ 49,754	
Investment/Banking Fees	\$ 92	\$ 117	\$ 14,384	\$ 17,203	\$ 101	\$ 102	\$ 40,125	\$ 125	\$ 125	\$ 40,125	\$ 125	\$ 40,125	\$ 152,748	\$ 76,500	\$ (76,248)	
Office Expenses	\$ 1,207	\$ 832	\$ 2,255	\$ 973	\$ 87	\$ 821	\$ 833	\$ 833	\$ 833	\$ 833	\$ 833	\$ 833	\$ 11,175	\$ 10,000	\$ (1,175)	
Professional Fees	\$ 2,250	\$ 13,072	\$ 17,533	\$ 6,940	\$ 5,219	\$ 62,948	\$ 26,500	\$ 18,584	\$ 13,500	\$ 13,500	\$ 13,500	\$ 12,750	\$ 206,296	\$ 210,000	\$ 3,704	
Communications	\$ 919	\$ 483	\$ 21,984	\$ 22,202	\$ -	\$ 2,826	\$ 2,289	\$ 2,289	\$ 2,289	\$ 2,289	\$ 2,289	\$ 2,289	\$ 62,148	\$ 65,000	\$ 2,852	
Facilities	\$ 29,848	\$ 28,463	\$ 11,625	\$ 22,394	\$ 22,293	\$ 26,696	\$ 25,697	\$ 28,314	\$ 28,314	\$ 28,314	\$ 28,314	\$ 28,314	\$ 308,586	\$ 166,157	\$ (142,429)	
Insurance	\$ 3,781	\$ 3,781	\$ 4,032	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 45,624	\$ 45,000	\$ (624)	
Other Expenses	\$ -	\$ -	\$ 234	\$ 74	\$ 72	\$ 71	\$ 75	\$ 75	\$ 75	\$ 75	\$ 75	\$ 75	\$ 902	\$ -	\$ (902)	
<b>Total Operating Expenses</b>	<b>\$ 162,860</b>	<b>\$ 158,755</b>	<b>\$ 198,669</b>	<b>\$ 219,401</b>	<b>\$ 150,655</b>	<b>\$ 233,782</b>	<b>\$ 241,200</b>	<b>\$ 195,446</b>	<b>\$ 190,362</b>	<b>\$ 231,862</b>	<b>\$ 191,862</b>	<b>\$ 231,112</b>	<b>\$ 2,405,967</b>	<b>\$ 2,221,507</b>	<b>\$ (184,460)</b>	
Grant Expenses	\$ 4,551,993	\$ 172,059	\$ 401,500	\$ 403,165	\$ 721,371	\$ 285,105	\$ 6,370,831	\$ 1,213,332	\$ 1,024,420	\$ 1,803,931	\$ 999,420	\$ 2,196,343	\$ 20,143,470	\$ 19,403,493	\$ (739,977)	
<b>Total Expenses</b>	<b>\$ 4,714,854</b>	<b>\$ 330,814</b>	<b>\$ 600,170</b>	<b>\$ 622,565</b>	<b>\$ 872,026</b>	<b>\$ 518,887</b>	<b>\$ 6,612,030</b>	<b>\$ 1,408,779</b>	<b>\$ 1,214,782</b>	<b>\$ 2,035,793</b>	<b>\$ 1,191,282</b>	<b>\$ 2,427,455</b>	<b>\$ 22,549,437</b>	<b>\$ 21,625,000</b>	<b>\$ (924,437)</b>	
<b>Net Income (Loss)</b>	<b>\$ (4,341,522)</b>	<b>\$ 157,141</b>	<b>\$ (426,237)</b>	<b>\$ 301,957</b>	<b>\$ 927,099</b>	<b>\$ 8,502,006</b>	<b>\$ (6,352,603)</b>	<b>\$ (200,173)</b>	<b>\$ (22,304)</b>	<b>\$ 2,766,132</b>	<b>\$ 573,606</b>	<b>\$ (2,213,824)</b>	<b>\$ (328,720)</b>	<b>\$ -</b>	<b>\$ (328,720)</b>	

# FY'26 Budget vs. FY'26 Actual + Forecast

(Without Pension Effect, Jan '26 Forecast)



**Sequoia Healthcare District**

**YTD Profit & Loss (Without Pension)**

**6 Months Ended December 31, 2025**

**Unaudited for Management Discussion Purposes Only**

	Actuals						
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD
<b>Income</b>							
Rental Income	\$ -	\$ -	\$ 21,108	\$ 7,036	\$ 7,036	\$ 7,036	\$ 42,215
Tax Revenue	\$ 382,121	\$ 22,804	\$ 9,684	\$ 740,169	\$ 1,004,482	\$ 8,811,457	\$ 10,970,717
Investment Income	\$ (132,564)	\$ 345,526	\$ 3,233	\$ 49,525	\$ 125,074	\$ 3,768	\$ 394,563
Interest Income	\$ 123,775	\$ 119,625	\$ 139,907	\$ 127,792	\$ 63,409	\$ 181,609	\$ 756,118
Dignity Agreement	\$ -	\$ -	\$ -	\$ -	\$ 599,125	\$ 17,023	\$ 616,148
<b>Total Income</b>	<b>\$ 373,332</b>	<b>\$ 487,955</b>	<b>\$ 173,933</b>	<b>\$ 924,522</b>	<b>\$ 1,799,126</b>	<b>\$ 9,020,893</b>	<b>\$ 12,779,761</b>
<b>Expenses</b>							
Payroll and Related	\$ 118,582	\$ 104,632	\$ 114,086	\$ 124,821	\$ 108,428	\$ 129,700	\$ 700,249
Administration	\$ 5,129	\$ 5,338	\$ 10,470	\$ 17,909	\$ 7,740	\$ 6,381	\$ 52,967
Board Related Costs	\$ 1,050	\$ 2,038	\$ 2,066	\$ 3,103	\$ 2,933	\$ 457	\$ 11,646
Investment/Banking Fees	\$ 92	\$ 117	\$ 14,384	\$ 17,203	\$ 101	\$ 102	\$ 31,998
Office Expenses	\$ 1,207	\$ 832	\$ 2,255	\$ 973	\$ 87	\$ 821	\$ 6,175
Professional Fees	\$ 2,250	\$ 13,072	\$ 17,533	\$ 6,940	\$ 5,219	\$ 62,948	\$ 107,962
Communications	\$ 919	\$ 483	\$ 21,984	\$ 22,202	\$ -	\$ 2,826	\$ 48,414
Facilities	\$ 29,848	\$ 28,463	\$ 11,625	\$ 22,394	\$ 22,293	\$ 26,696	\$ 141,320
Insurance	\$ 3,781	\$ 3,781	\$ 4,032	\$ 3,781	\$ 3,781	\$ 3,781	\$ 22,938
Other Expenses	\$ -	\$ -	\$ 234	\$ 74	\$ 72	\$ 71	\$ 452
<b>Total Operating Expenses</b>	<b>\$ 162,860</b>	<b>\$ 158,755</b>	<b>\$ 198,669</b>	<b>\$ 219,401</b>	<b>\$ 150,655</b>	<b>\$ 233,782</b>	<b>\$ 1,124,122</b>
Grant Expenses	\$ 4,551,993	\$ 172,059	\$ 401,500	\$ 403,165	\$ 721,371	\$ 285,105	\$ 6,535,193
<b>Total Expenses</b>	<b>\$ 4,714,854</b>	<b>\$ 330,814</b>	<b>\$ 600,170</b>	<b>\$ 622,565</b>	<b>\$ 872,026</b>	<b>\$ 518,887</b>	<b>\$ 7,659,315</b>
<b>Net Income (Loss)</b>	<b>\$ (4,341,522)</b>	<b>\$ 157,141</b>	<b>\$ (426,237)</b>	<b>\$ 301,957</b>	<b>\$ 927,099</b>	<b>\$ 8,502,006</b>	<b>\$ 5,120,446</b>



FOR YOUR HEALTH

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## Protecting Community Health Amid Federal Funding Reductions

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### 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
<b>Primary Care and Safety-Net Clinics</b>	<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>
<b>Nutrition and Food Security</b>	<p>Counteract SNAP and school meal cuts</p> <p>Boost food security &amp; 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>
<b>Behavioral Health and Substance Use Response</b>	<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	
<b>Seniors and People with Disabilities</b>	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](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://efaidnbmnnnibpcajpcglclefindmkaj/https://www.smchealth.org/sites/main/files/file-attachments/chip\\_for\\_san\\_mateo\\_county\\_2024-2026\\_final.pdf](https://efaidnbmnnnibpcajpcglclefindmkaj/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 6a – Direction To Staff Regarding Annual Review Of Internal Controls**

There are no documents for this agenda item.

**Agenda Item 6b – Review And Approve Biannual Conflict of Interest Code**

Per Government Code Section 87306.5, each local agency is required to review and approve its Conflict of Interest Code every two years. The contents of these codes are set out in regulations adopted by the Fair Political Practices Commission, which are included in this Code by reference. The Conflict of Interest Code determines which individuals must file a Form 700 or a more limited disclosure.

Attached: Exhibit 1 - Conflict of Interest Code of the Sequoia Healthcare District adopted August 7, 2024

EXHIBIT 1  
CONFLICT OF INTEREST CODE OF THE SEQUOIA  
HEALTHCARE DISTRICT

County of San Mateo, State of California

Adopted on the 7th day of August, 2024

Approved by the Code Reviewing Body on the \_\_\_day of \_\_\_\_\_, 2024

**Conflict of Interest**

**Purpose:** The Political Reform Act (California code Sections 81000, et seq.) requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The California Fair Political Commission has adopted a regulation (2 California Code of Regulations Sections 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories in an Appendix shall constitute the adoption and promulgation of a Conflict of Interest Code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87307. Therefore, the terms of the Regulation and any amendment to it, duly adopted by the Fair and Political Practices Commission, are hereby incorporated by reference. The Regulation and the attached appendix designating officials and employees and establishing disclosure categories constitute the Conflict of Interest Code of the Sequoia Healthcare District (the “District”).

1A. Designated officials and employees and any person who manages the District’s investments shall file statements of economic interests with the District, which will make the statements available for public inspection and reproduction.  
(California Government Code Section 81008).

1B. Upon receipt of the statements of all designated officials and employees, the District shall make and retain a copy and forward the original of these statements to the County Clerk for the County of San Mateo, who shall be the Filing Officer for such statements.

## Appendix

### DESIGNATED OFFICIALS AND EMPLOYEES\*

Public Official	Disclosure Categories
President, Secretary, All Board Members	1,2,3,4,5,6,7
Chief Executive Officer*	1,2,3,4,5,6,7
Chief Financial Officer (if/when hired)**	1,2,3,4,5,6,7
Consultants***	1,2,3,4,5,6,7

\*It has been determined that the additional positions listed below manage public investments and will file a statement of economic interests pursuant to Government Code Section 87200

\*\* If any such officer manages public investments, as defined by 2 California Code of Regulations Section 18720, such officer will not be considered a designated employee but shall file a statement of economic interests pursuant to Government code Section 87200. Any person holding more than one of these offices or holding one or more of these offices and also serving as a Director shall be required to file only one disclosure statement.

\*\*\* Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the Code.

2A. The Chairperson of the Board of Directors or the Board of Directors shall, before or at the time of engagement of a particular consultant, determine in writing whether or not the consultant is being engaged to perform a range of duties that is limited in scope and this is not required to comply with the disclosure requirements described in this Code, either fully or in part. Such written determination shall include a description of the consultant's duties, and is based upon that description, a statement of the extent of disclosure requirements. If it is determined at or before the time of engagement that a particular consultant's range of duties are such as to not require full or any compliance with the disclosure requirements of this Code, but it later appears that the consultants duties have so expanded or otherwise changed so that full or additional compliance should be required, the Chairperson of the Board of Directors or the Board of Directors shall make such determination in writing within a reasonable time. All such written determinations are public records and shall be retained for the public inspection in the same manner and location as this Conflict of Interest Code.

2B. In making such determination, the Chairperson of the Board of Directors or the Board of Directors, as the case may be, shall be guided by the principle that consultant required to comply with the disclosure requirements shall be those who make governmental decisions as provided in 2 California Code of Regulations Section 18700(a)(2)(A), or who serve in a staff capacity with the District and in that capacity perform substantially all the same duties for the District as would otherwise be performed by a person holding a position specified in this Conflict of Interest Code, as provided in 2 California Code of Regulations Section 18700(a)(2)(B).

### **Disclosure Categories**

The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which the designated person is assigned.<sup>1</sup> “Investments” means a financial interest in any business entity (including a consulting business or other independent contracting business) and are reportable if they are located in, doing business in, planning to do business in, or have done business during the previous two years within the District’s jurisdiction.

Category 1. All investments and business positions in business entities that do business within the District or own real property within the District and sources of income, including gifts, loans, and travel payments as required by FPPC Form 700, Schedules A-1 and A-2.

Category 2. All interests in real property which is located, in whole or in part within the District or outside the District but within two (2) miles of a District boundary, including any leasehold, beneficial, or ownership interest or option to acquire property.

Category 3. All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, that are engaged in land development, construction, or the acquisition or sale of real property within the District’s jurisdiction or that may be materially

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<sup>1</sup> The reporting of gifts from outside the District’s jurisdiction is not required if the source does not have some connection with or bearing upon the functions or duties of the position (Regulation 18730.1).

affected by any decision made or participated in by the designated individual.

- Category 4. All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, that provide services, products, machinery, vehicles, or equipment of a type purchased or leased by the District.
- Category 5. All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, that provide services, products, machinery, vehicles, or equipment of a type purchased or leased by the designated person's department, unit, or division.
- Category 6. All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, subject to the regulatory, permit, or licensing authority of the District or the designated person's department, unit, or division.
- Category 7. All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through the District.

**Approved 8-7-2024**

## MEMORANDUM OF UNDERSTANDING

**WHEREAS**, Dignity Community Care, a California nonprofit public benefit corporation, doing business as SEQUOIA HOSPITAL (“Hospital”) and SEQUOIA HEALTHCARE DISTRICT, a California healthcare district (the “District”) are parties to an Assignment and Assumption Agreement dated as of September 30, 1996 (“the “Assumption Agreement”); and

**WHEREAS**, the District sponsors and maintains the Sequoia Healthcare District Employee Pension Plan (the “Plan”) for the benefit of former District employees, including former and current employees of Sequoia Hospital; and

**WHEREAS**, the Pension Plan is administered pursuant to the Sequoia Healthcare District Employee Pension Plan, amended and restated as of January 1, 2013 (the “Pension Plan”), in which the District is designated as the Plan Administrator; and

**WHEREAS**, pursuant to Section 4 of the Assumption Agreement, Hospital agreed to reimburse the District for any liability to fund the Plan and to pay costs incurred by the District in the administration of the Plan in excess of those administrative expenses which may be paid lawfully by the Plan’s trust fund (collectively, the “Pension Liabilities”); and

**WHEREAS**, the Plan has been frozen and does not admit new participants; and

**WHEREAS**, the District continues to be the named sponsor and fiduciary of the Plan until it is terminated; and

**WHEREAS**, Hospital continues to fund the Plan Liabilities under Section 4 of the Assumption Agreement; and

**WHEREAS**; Article 12 of the Pension Plan allows the District to appoint a committee to carry out and perform certain administrative duties on behalf of the Plan Administrator (the “Pension Plan Committee”); and

**WHEREAS**, in view of Hospital’s obligations for the Plan Liabilities, the parties agree that Hospital, including its parent company CommonSpirit Health, should have a role in the administration of the Plan through the Pension Plan Committee; and

**WHEREAS**, the parties agree that the role and procedures of the Pension Plan Committee should be described and clarified as set forth in this Memorandum of Understanding (this “Memorandum”).

### **NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:**

1. The District shall continue to be the named sponsor, fiduciary, and Plan Administrator of the Plan as provided in the Pension Plan and by applicable law.
2. Hospital shall continue to reimburse the District for the Plan Liabilities in accordance with the Assumption Agreement.
3. The District’s Board of Directors, by resolution or other action taken at a public meeting, shall appoint the Pension Plan Committee pursuant to Article 12 of the Pension Plan. The Pension Plan Committee shall consist of a total of 6 members,

- with the District having one voting member and the Hospital having two voting members, as follows:
- a. The District's Chief Executive Officer, a voting member;
  - b. The District's Chief Financial Officer, an advisory (non-voting) member;
  - c. A District Board Member, an advisory (non-voting) member;
  - d. Two individuals selected by Hospital, in its sole discretion, (both voting members); and
  - e. An advisory (non-voting) member designated by Hospital
4. The District Board may designate the District Chief Financial Officer as an alternate for the District's Chief Executive Officer and the Hospital may designate one or more alternates for its representatives on the Pension Plan Committee. Such alternate(s) shall have voting authority at any Pension Plan Committee meeting when the designated voting member(s) is/are not present. A quorum of at least one District voting member or alternate and at least one Hospital voting member or alternate shall be required for any Pension Plan Committee meeting.
  5. Following appointment of the Pension Plan Committee, the District Board may replace the District Chief Executive Officer, Chief Financial Officer or Board Member at any time by action taken at a District Board meeting and Hospital may replace its representatives by written notice to the District, with no formal action required by the District Board.
  6. In addition to members of the Pension Plan Committee, the District and the Hospital may each invite one or two individuals affiliated with their respective organization who have specialized expertise relevant to the management or administration of pension plans to attend Pension Plan Committee meetings from time to time. Such invitees shall not have voting rights but may provide advice and consultation to the Pension Plan Committee.
  7. The Pension Plan Committee shall perform the following duties, subject to the oversight and approval of the District's Board:
    - a. Selecting and monitoring third-party vendors, consultants, actuaries, investment advisors, and recordkeepers;
    - b. General oversight of the day-to-day administration of the Plan;
    - c. Development, establishment, implementation, and maintenance of investment policies, objectives, and strategies for the Plan assets, with the assistance and advice of consultants selected by the Pension Plan Committee.
    - d. Selection and monitoring of investments of the assets of the Plan's trust fund, with the assistance and advice of consultants selected by the Pension Plan Committee;
    - e. Monitoring the performance of the Plan's investment managers;
    - f. Determining the annual contribution by Hospital to the Plan's trust fund, as recommended by an actuarial consultant selected by the Pension Plan Committee; and
    - g. Conducting reviews under Section 12.4 of the Pension Plan.

Any duties under Article 12 not allocated to the Pension Plan Committee under this Memorandum shall be performed by the District as Plan Administrator.

8. The District's Board, in its sole discretion, may reject the recommendations of the Pension Plan Committee and may retain, discharge, or supplement any of the consultants and advisors selected by the Pension Plan Committee. Such actions shall not be deemed to be a violation of any duties or obligations, express or implied, in the Assumption Agreement. Either the District's Chief Executive Officer or other District member may request that a recommendation of the Pension Plan Committee be brought to the District Board for review and determination.
9. Unless otherwise directed by the District Board, the District's Chief Executive Officer shall have the authority to execute, modify, and terminate agreements with the consultants and advisors recommended by the Pension Plan Committee.
10. The parties acknowledge that the District does not have the staff or expertise to carry out the day-to-day administration of the Plan, including calculation and payment of benefits, or to oversee the administrative functions performed by third-party vendors. Such oversight may be performed by staff employed by Hospital or its parent or affiliated companies. In the event that Hospital's staff are unable or unwilling to perform such oversight and monitoring, the District may retain staff or consultants to perform such duties and the cost shall be a Plan Liability
11. The Pension Plan Committee shall make periodic reports to the District's Board, not less than annually, concerning the assets and liabilities of the Plan, the performance of investments, the recommended annual contribution of the Hospital, and related matters. Unless otherwise agreed, the annual report shall be presented at the regular District Board meeting in February.
12. Meetings of the Pension Plan Committee shall be scheduled on a quarterly basis by the District's Chief Executive Officer. The Pension Plan consultants may attend these meetings. In addition, any two Pension Plan Committee members may request a meeting.
13. Nothing in this Memorandum shall be construed to limit, modify, or amend a party's rights, duties, and obligations under the Pension Plan, the Assumption Agreement, or any other agreement between the parties.

This Memorandum shall be effective as of the date last signed below and remain in effect until the Plan is terminated as provided in the Pension Plan or by law, but may be cancelled by either party at any time upon 30 days' notice. This Memorandum will automatically terminate if Hospital breaches the Assumption Agreement.

***[SIGNATURE PAGE TO FOLLOW]***

**DIGNITY COMMUNITY CARE  
DBA SEQUOIA HOSPITAL**

**SEQUOIA HEALTHCARE DISTRICT**

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Agenda Item 9a – Board Strategic Planning Session**

There are no documents for this agenda item.