INLAND EMPIRE HEALTH PLAN

Community Advisory Committee

Minutes for Thursday, June 10, 2026

5:00 PM - 7:00 PM

Location: IEHP Center for Learning and Innovation: 9500 Cleveland Ave. Rancho Cucamonga, CA 91730

Facilitator: Diana Miller MPH, Supervisor, Health Equity Operations

Present: **In-Person CAC members:** Charli Eirsman, Dee Calmett, Dr. Shene' Bowie-Hussey, Dr. Sheri Stevens-Parker, Gina Sikorski, Howard Leidner, LaTonya Pete, Robert Jackson, Saiying Tan, Sonder Neault, Yosef Saenz
Virtual CAC members: Dra. Muriel Casamayor, Kim Barmer, Luis Adrian Camacho, Marina Lopez, Myia Alston, Nathan Kempe, Shivam Bhakta, Thi Bui, Yessica Barba
IEHP Staff:, Adai Taylor, Marissa Brazzill, Jessica Barajas, Karla Argandona, Ivan Varella, Amanda Hiraishi, Isabela Aguirre-Andon, Ray Lim, Lisa Steward, Lorena Ramos, Dan Gomez, Genia Fick, Dr. Edward Juhn, Susie White, Adriana Herrera, Alex Leu, Alexis Abundis, Amanda Malone, Andrea Booker, Diana McDonald, Tanya Flores, Williams Tahirah, Kelsey Ayala, Leslie Ortega, Lindsay Beets, Naomi Cocio, Patricial Challenger, Regina Dancer, Patricia Mangum, Tracy Lawrence, Marci Coffey, Abena Usser, Anna Edwards, Margie Bustamonte, Jose Mata, Karen Negrete, Ana Ronczyk, Dhara Shah, Jannette Zito, Mark Gutierrez
Interpreters: Reilly Hughes (ASL), Alana Zurbrugg (ASL), Na Zhao (Mandarin), Binwu Li (Mandarin)
IEHP Virtual Attendees: Jessica Saldivar, Karla Morales, Rubi Felix

Minutes by: **Mark Gutierrez, Coordinator, Health Equity Operations and Jannette Zito, CAC Program Manager**

Agenda Items	Presentation of Agenda Items	Discussion of Agenda Items	Action Items
Welcome	Genia Fick, MA Chief Quality Officer, IEHP	I. Genia Fick welcomed the Community Advisory Committee (CAC) to IEHPs Center for Learning and Innovation in Rancho Cucamonga, CA, and acknowledged the dedication and work of the CAC.	*No Action Items*
Housekeeping and Meeting Procedures **Introductions**	Diana Miller, MPH Supervisor, Health Equity Operations, CAC Meeting Facilitator CAC members	II. Diana called the meeting to order. III. Diana reviewed housekeeping items, the meeting structure, and procedures with CAC members. IV. CAC members introduced themselves.	*No Action Items*
Approval of Minutes	Diana Miller, MPH Supervisor, Health Equity Operations, IEHP	V. Diana Miller asked for a motion to approve the March 26, 2026, meeting minutes. • Dr. Sheri Stevens-Parker made a motion to approve the minutes as presented. • Howard Leidner seconded the motion.	*The approved March 26, 2026, meeting minutes*

	CAC Members	• The motion carried, and the minutes from March 26, 2026, were approved.	*will be published on IEHP's website.*
Review of Feedback/Response Log	Diana Miller, MPH Supervisor, Health Equity Operations, IEHP CAC Members	VI. Diana reviewed and summarized the Action Item/Feedback Response Log from March 26, 2026. VII. CAC members were invited to share any additional feedback on the Action Item/Feedback Response Log with the CAC Program Manager, Jannette Zito.	*Action Items*

Presentation	Isabel Aguirre-Andon Manager, Quality Improvement, IEHP	I. **Presentation Title: 2025 Results:** Review of Key Quality Measures
		• **Description:** In this presentation, IEHP will share its performance on important 2025 Quality Measures, discuss what went well and where opportunities exist, and invite the CAC to provide ideas for improvement.
		• **CAC member feedback questions:**
		  • Which results feel most important to you and your community?
		  • What ideas or suggestions do you have that could help improve these quality measures?
		• **CAC member responses:**
		  • **Yosef Saenz** asked, what does IEHP outreach look like for members that deal with substance abuse and behavioral health?
		  • **Isabel Aguirre-Andon** stated that outreach has been done by IEHP nurses connecting with hospitals to provide direct support while the members are admitted.	

		• **Marina Lopez** stated that both counties struggle with maintaining healthy blood pressure levels. Marina recommended educating the community on why they should get their blood pressure checked, as high blood pressure has shown to be a silent killer. • **Sonder Neault** highlighted the decline in Vaccine usage in 2025, which could be correlated with anti-vaccine propaganda and politics. Sonder stated that stress also leads to poor health outcomes. Sonder recommended taking a holistic approach to the member's health, rather than just what's going on biologically. Sonder also questioned the role of a PCP when it comes to behavioral health. In an emergency, members should be contacted faster than 30 days. Additionally, they added that more work needs to be done in the behavioral health space, because members are suffering in this stressful climate. • **Isabella Aguirre-Andon** clarified that when it comes to outreach within behavioral health, a PCP is just one option. Members can also have visits with a Behavioral Health Specialist and be connected to a Peer-Support Specialist during their hospital visit. • **Dr. Shene Bowie-Hussey** asked if Maternal Mental Health is a focus area, as it was not shown in the Behavioral Health presentation. She also stated that if IEHP worked directly with Community Health Workers (CHW), Health Navigators, and Doulas, it may be a way to fill the gap between the member and the provider. • **Isabella Aguirre-Andon** stated that Maternal Mental Health is a new focus area for the state.	1. *Share and expand health education and strategies for maintaining healthy blood pressure.* 2. *Share process that ensures members with urgent or behavioral-health -related needs are contacted in less than 30 days.* 3. *Explore or share reports of holistic approaches that focus on more than just biological factors.* 4. *Present to CAC on Maternal Mental Health programming within IEHP.*

		• **Dra. Muriel Casamayor** recommended connecting members with a CHW before discharge to improve health outcomes. • **Myia Alston** asked if there is an easier way for members to obtain facility care for eating disorders and substance abuse so that members can access services on a regular basis. In Menifee, it's difficult to find a psychiatrist or a therapist. There is not enough information for individuals to get specialty care, which causes health disparity. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	5. *Confirm if members are connected with CHW's before discharge to improve health outcomes.* 6. *Explore provider expansion for mental health services that address eating disorders substance use disorders in Corona/Temecula /Hemet region which includes Menifee.* 7. *Improve awareness of eating disorder programs.*

Presentation	Ray Lim, Director, Business Systems Transformation, IEHP
	
	Lisa Steward, Director Marketing, IEHP
		II. **Presentation Title:** Member Self-Service Tools
		• **Description:** Live demonstration of the IEHP Chatbot, Member Portal and Smart Care App
		• **CAC member feedback questions:**
		  • Would you use these tools to help manage your health?
		  • What would make you use them more?
		  • What features are missing?
		• **CAC member responses:**
		  • **Howard Leidner** would like to know if he can get the IEHP app on the Google Play store.
		  • **Ray Lim** confirmed that the IEHP app is available on Android, Google Play, and the Apple App store.
		  • **Dr. Sheri-Stevens Parker** asked if the app has any capabilities for those with visual impairments.
		  • **Ray Lim** stated that the app does not have any capabilities for those with visual impairments, but those capabilities will be coming. The portal is a new feature that is still being built.
		  • **Dee Calmett** asked if there are transportation services available on the phone through the app.	

		• **Ray Lim** stated that the digital transportation site is coming soon, where it would be self-service and members would not need to call in for transportation. • **Gina Sikorski** asked if there is a way you can chat with an agent live, as she is blind. • **Ray Lim** stated that the chatbot would be available 8am-5pm Monday through Friday, in which members can chat with a live agent. Capabilities for those who are visually impaired are coming soon. • **Dr. Shene Bowie-Hussey** asked if there is a way to communicate with providers or schedule appointments via the app. • **Ray Lim** stated that the option to communicate with providers is not available yet but is in development. • **Dr. Shene Bowie-Hussey** asked how providers get information on access issues around Mental Health, OBGYN, and Maternal Mental Health. • **Ray Lim** stated that there is a separate Portal for providers, while the Member Portal is mainly for the members to communicate with Member Services. • **Charlie Eirsman** asked if someone needs help, can they speak with a live person? • **Ray Lim** stated that they can call Member Services to talk to IEHP live or the chatbot in the portal can allow members to speak with a live person. • **Myia Alston** stated that the IEHP app is better than what she has experienced from other health insurance portals. Are there tutorials on how to use different features? The Caregiver Access and Sign-up for Medi-Cal are two amazing features that would be helpful for members to learn about.	8. *Provide updates on accessible features including capabilities for members with visual impairments in the IEHP app.* 9. *Provide updates on the transportation coordination addition to the IEHP app.* 10. *Share update on provider communication through the IEHP app.*

		• **Lisa Steward** foresees another version of the guide to come out and will implement tutorials on enrolling in plans. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	*11. Provide updates on new additions to the guides and tutorials in the Member Portal.*

Presentation	Jessica Barajas, Analyst I Health Equity Operations, IEHP
	
	Lorena Ramos, Health Equity, Manager, IEHP
		III. **Presentation Title:** Culturally and Linguistically Appropriate Services (CLAS) Annual Evaluation
		• **Description:** This presentation will provide an overview of IEHP's CLAS Program Evaluation. CAC members will be asked to share thoughts and ideas of what they believe could be improved based on what they believe may be the root cause of identified issues or disparities.
		• **CAC member feedback questions:**
		  • What do you believe are the root causes to presented problems?
		  • How can IEHP solve some of those problems.
		• **CAC member responses:**
		  • **Howard Leidner** asked if there is a list of languages that you can choose from when requesting an Interpreter?
		  • **Diana Miller** confirmed that a list of languages is available when submitting an interpreter request through the portal.	

		• **Dr. Sheri-Stevens Parker** asked if there could be a banner included in the Member Portal that advertises the new feature to be able to book an interpreter. • **Sonder Neault** asked what is being done as a follow-up with surveys for depression screenings. They stated that in their experience, once screenings are done with the PCP, there is rarely any follow-up from the provider. Why is the screening happening? • **Lorena Ramos** asked what would you like a follow-up to look like? • **Sonder Neault** doesn't know what a follow-up from a provider regarding the depression screening should look like. They just believe the questionnaires should have a purpose and they're not currently being utilized. • **Yosef Saenz** stated that he would like the mental health screenings to go beyond depression. There are other mental health disorders that require attention. Specialists could reach out and offer a higher level of care. • **Sonder Neault** shared that they would prefer if there was more focus put on other psychiatric disorders other than just depression and anxiety. • **Howard Leidner** recommended that providers should have multiple vaccine lists readily available, so that members are up to date on their vaccines. • **Yosef Saenz** recommended reaching out to the unhoused population and individuals struggling with addiction about their vaccines. • **Marina Lopez** suggested a way to improve access and quality care for members would be to send communication emails to providers about necessary	*12. Include a banner in the Member Portal that advertises the new interpreter request feature.* *13. Share policy on depression screening follow-up and inform providers who are not complying with follow-up.* *14. Expand health screenings to address more mental health conditions.* *15. Share or develop provider to member education on available vaccines.* *16. Outreach to unhoused population and individuals dealing with*

		training. Sometimes providers are busy and leave training as a second priority. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	*addiction to educate on their vaccines.* *17. Expand communication to providers regarding available access and quality care improvement trainings.*

Presentation	Dan Gomez, Vice President, Provider Experience, IEHP	IV. **Presentation Title:** Delivering Health Care to Our Members Where They Are
		• **Description:** IEHP has a robust provider network in place to serve members; however, many members are unable to access the network in a traditional way by visiting their providers' physical location. IEHP continues to build opportunities for members to access care in a non-traditional way.
		• **CAC member feedback questions:**
		  • Why would an IEHP member be interested in having services provided in their home or neutral location? Why might they not be?
		  • What types of Health Care Services are you most interested in receiving at home either in-person or virtually?
		• **CAC member responses:**
		  • **Yosef Saenz** asked to hear about information on street medicine.	

		• **Dan Gomez** stated that access to street medicine is being arranged through health services and care management. • **Dr. Shene Bowie-Hussey** would like to know if Doula services and CHW's are being incorporated. • **Dan Gomez** stated that CHW's and Doulas are available through the Community Supports team. There are multiple levels of care that are part of the Health on Wheels team when providing care. • **Dr. Shene Bowie-Hussey** stated that it is a challenge working with Doulas, because there is a gap as to where those services are needed. • **Yosef Saenz** asked about needle exchange services for members living with addiction. • **Sonder Neault** would like to know who qualifies for services and how to access them when they are up and running. • **Dan Gomez** stated that services would be received in the traditional way through care teams and coordinated care. • **Dee Calmett** stated that she is part of a community that feeds 1,000 to 1,200 members each week. In her experience, a large majority are unhoused individuals who will not go see a doctor due to a variety of reasons. In her opinion, providers would have to be passionate enough to be out in the community to create trust and treat the unhoused community. There needs to be a provider who is dedicated to serving the unhoused community. • **Dan Gomez** stated that it is possible that traditional providers can be part of Enhanced Care Management teams. Healthcare In Action, an IEHP Provider, is an	18. *Provide information on how IEHP conducts outreach to individuals who are unhoused for street medicine, health services, and care management.* 19. *Expand Doula support in the network and address how CHW's and Doulas are made available to IEHP members during a future presentation on Maternal Mental Health.* 20. *Share if IEHP can coordinate needle exchange programs or provide resources for members dealing with addiction.*

		example of a provider who would organize themselves in a way that would provide alternate care sites. • **Marina Lopez** stated that virtual urgent care visits and nutrition assistance services for chronic patients could help meet members where they are at. • **Dan Gomez** confirmed that there is one urgent care provider that is expanding telehealth urgent care services. IEHP Direct has a very robust urgent care network that needs to be promoted more. • **Sonder Neault** stated there is virtual urgent care in Montclair, and they are amazing. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	21. Expand on virtual care providers for urgent care and nutritional services.
Adjourn	Diana Miller, MPH Supervisor, Health Equity Operations, IEHP	V. Meeting Adjourned at 7:00 pm. Next CAC meeting will take place on September 10, 2026.	

FEEDBACK /ACTION ITEMS
1. *Share and expand health education and strategies for maintaining healthy blood pressure.*
2. *Share process that ensures members with urgent or behavioral-health-related needs are contacted in less than 30 days.*
3. *Explore or share reports of holistic approaches that focus on more than just biological factors.*
4. *Present to CAC on Maternal Mental Health programming within IEHP.*
5. *Confirm if members are connected with CHW's before discharge to improve health outcomes.*
6. *Explore provider expansion for mental health services that address eating disorders substance use disorders in Corona/Temecula/Hemet region which includes Menifee.*
7. *Improve awareness of eating disorder programs.*
8. *Provide updates on accessible features including capabilities for members with visual impairments in the IEHP app.*

9. *Provide updates on the transportation coordination addition to the IEHP app.*
10. *Share update on provider communication through the IEHP app.*
11. *Provide updates on new additions to the guides and tutorials in the Member Portal.*
12. *Include a banner in the Member Portal that advertises the new interpreter request feature.*
13. *Share policy on depression screening follow-up and inform providers who are not complying with follow-up.*
14. *Expand health screenings to address more mental health conditions.*
15. *Share or develop provider to member education on available vaccines.*
16. *Outreach to unhoused population and individuals dealing with addiction to educate on their vaccines.*
17. *Expand communication to providers regarding available access and quality care improvement trainings.*
18. *Provide information on how IEHP conducts outreach to individuals who are unhoused for street medicine, health services, and care management.*
19. *Expand Doula support in the network and address how CHW's and Doulas are made available to IEHP members during a future presentation on Maternal Mental Health.*
20. *Share if IEHP can coordinate needle exchange programs or provide resources for members dealing with addiction.*
21. Expand on virtual care providers for urgent care and nutritional services.