San Diego Community Advisory Committee
Meeting Minutes

Date: August 27, 2026
Time: 11:45 a.m. – 1:30 p.m.
Location: Molina Healthcare
In-person & Virtual Meeting

Members:
Member CW
Member SC
Member JS
Member OH
Member SPM
Member SP
Member ST
Member WA
Member BA
Member JN
Member JLB

Guest:
Alvin Rentoria
Jaclyn Resnick

Governing Board:
Emma Reyes, McAlister Institute
Joseph Jacome, Arcadia Healthcare CTC (Not in attendance)

Presenters:
Jen Stillion
Jack Dailey
Brian Dixon
Grace Ramos
Samareen Shami
Jennifer Barragan
Adriana Bowerman

Molina Staff:
Ruthy Argumedo
Janet Diaz
Sandra Yaldo
Janet Segura
Jocelyn Ramirez

Topic	Presentation/Discussion	Actions/Follow-Up
Call to Order	Jennifer called the meeting to order at 11:45 a.m.	
Welcome & Committee Self-Introductions	Jennifer opened the meeting by welcoming attendees and introduced herself. Jennifer explained the purpose of the Community Advisory Committee meeting and briefly walked through the agenda, highlighting presentations from Mental Health, Population Health, Teladoc, and Medicare, followed by community resources.	
Jen Stillion- Mental Wellness "Move into Wellness"	**Presentation:** Jen discussed how healthy habits are formed through repetition and routine rather than motivation alone. She introduced the concept of "micro moments" small, intentional actions such as stretching, taking a short walk, drinking water, stepping outside for fresh air, or pausing before reacting to stress. Jen emphasized that while	

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	these actions may seem small, they are powerful because they create sustainable change over time. Participants were encouraged to focus on creating one small wellness moment each day rather than attempting to make major life changes all at once. The presenter explained that these moments accumulate, eventually becoming habits that support a healthier, calmer, and more resilient lifestyle. She then guided attendees through a one-minute reset exercise, using the 5-5-5 breathing technique (inhale, hold, and exhale for five seconds each), along with posture adjustments and mindfulness practices to help them stay present and reduce tension. The session also included gentle stretching exercises, shoulder and chest-opening movements, and simple stress-relief techniques such as shaking out the hands and relaxing the shoulders. To conclude, participants engaged in a brief dance and movement activity designed to elevate mood, release stress, and increase energy. Jen closed by encouraging attendees to incorporate micro moments throughout their day, reinforcing the message that small moments can lead to significant improvements in overall well-being.	
Meeting minutes	The minutes from the May 28, 2026, meeting were reviewed, and Member ST made a motion to approve and seconded by Member SC.	
Action Items	The action items from the previous meeting were reviewed, and the following updates were provided: • Members reported issues with transportation. Connected with Member Services and Case Manager to assist members with requesting door-to-door transportation. • Members reported issues with Nations benefit purchases. Connected with the Nations benefits team. Members were asked to provide the following information for future transaction issues:	

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	Receipt or proof of the transaction, provide the location, retailer name, transaction timestamp (date and time). • Members reported prior experience with purchasing items at a Nations retailer. Member Services reached out to assist the members and provide steps for future occurrences. No question nor comments.	
Molina Healthcare **Brian Dixon, Sales & Medicare Product Development, Molina Healthcare**	**Presentation:** Brian Dixon provided an overview of the Food and Produce Benefit, including eligibility requirements, enrollment and approval processes, card activation, and methods for accessing and using the benefit. He explained that members must have a qualifying chronic condition and be approved through Case Management before receiving the allowance. Brian noted that new members are contacted after their plan becomes effective and that, following eligibility confirmation and authorization, benefit processing may take up to 14 days. Once approved, funds are loaded onto the members' My Choice Card within 48 hours and are replenished monthly. Brian reviewed card activation options, including the NationsBenefits website and customer service phone number, and explained that eligible food and produce items may be purchased online, through the mobile app, member portal, or at participating retail locations. He highlighted that participating retailers continue to expand and currently include major stores such as Walmart, Albertsons, and Vons. He also reviewed the Molina Medicare Complete Care Plus benefit structure, noting that eligible members receive a monthly OTC allowance and a Food and Produce allowance. He emphasized that these benefits do not roll over and encouraged members to use their full monthly allowance. Brian demonstrated how members can access account information, check balances, review eligibility, browse catalogs, place orders, and activate cards through the NationsBenefits website and mobile application. He recommended downloading the	**Information**

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	app using the QR codes provided in the OTC catalog, explaining that the app allows members to monitor balances and scan product barcodes to verify whether items qualify for purchase before checkout. Questions or comments: • **Member CW:** Mentioned being unaware of the Benefits Pro app and requested assistance in learning what the app icon looked like to download it. • **Brian:** Acknowledged member's concern and stated the team would be available to assist the member after the meeting. He explained that the app helps members track balances, review transactions, verify eligible products, and identify unauthorized purchases. • **Sabrina**: Inquired whether the Food and Produce Benefit is available to unhoused individuals. • **Brian:** Clarified that the benefit is available to Molina members who meet the qualifying eligibility requirements. • **Member WA**: Asked whether the Food and Produce Benefit card could be used in other states. • **Jocelyn:** Confirmed that the card could be used in other states, at qualifying retailers. Brian thanked the members for their questions.	
Grace Ramos, Teladoc Health	Grace Ramos, Manager from Teladoc Health, introduced herself and explained that Teladoc is a Molina member benefit that provides virtual healthcare services at no cost to eligible members. Grace reviewed the two primary services available through Molina: 24/7 General Medical Care and Mental Health Services. The 24/7 medical service is available to members of all ages enrolled in Medicaid, Marketplace, and Medicare plans, providing access to licensed physicians for non-emergency conditions such as colds, flu symptoms, ear infections, pink eye, bronchitis, and other common illnesses. Members can request a consultation at any time of day through the Teladoc website, mobile app, or by calling the dedicated telephone number.	

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	Grace emphasized that Teladoc services are available at no cost to Molina members and can be particularly beneficial for individuals who experience transportation barriers, difficulty obtaining timely appointments, or require medical assistance outside of regular provider office hours. She explained that licensed physicians can assess symptoms, provide diagnoses, and prescribe medications when medically appropriate. She also reviewed the process for creating a Teladoc account, explaining that members must register by providing basic personal information, including their name, date of birth, phone number, email address, and a brief medical history. Once registered, members may request visits as needed without limitations on the number of consultations. Grace highlighted the availability of Mental Health Services for members age 18 and older. She explained that members can schedule virtual appointments with psychologists, psychiatrists, or therapists and continue ongoing sessions with providers of their choice. Mental health appointments are available seven days a week, and members are typically able to secure an appointment within seven days of making a request. She further noted that translation services are available for both medical and mental health visits, ensuring that language barriers do not prevent members from accessing care. The presentation concluded with a review of the Teladoc contact information, website, and mobile app QR code, while encouraging members to download the app and utilize the benefit as a convenient way to access medical and mental health services when needed. Questions or comments: • **Emma Reyes:** Representative from McAlister asked whether a referral from their healthcare provider is required to access Teladoc services. • **Grace:** Clarified that no referral is required for eligible Medi-Cal, Marketplace, or Medicare members to access Teladoc services. • **Member SA:** Asked whether Teladoc services are available 24 hours a day. • **Grace:** Yes, 24/7 for general care. Mental Health Services are available from 7:00 a.m. to 9:00 p.m. • **Alvin**: Asked if members could receive general mental health services through Teladoc, like therapy sessions.	

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Samareen Shami, Population Health, Molina Healthcare	**Grace:** Yes, therapy sessions are available through Teladoc. Samareen Shami, Director of Population Health at Molina, presented an overview of Population Needs assessment findings on Community Health Worker (CHW) program and provided a breakdown of Molina's community reinvestment efforts, seeking member feedback on both initiatives. She explained that Molina evaluated the CHW benefit to determine whether engagement with CHWs increased primary care provider (PCP) visits and helped members close preventive care gaps, such as annual checkups, immunizations, and recommended screenings. Samareen shared that the findings demonstrated positive outcomes. Members who worked with a CHW were approximately twice as likely to visit their PCP and complete preventive health screenings compared to those who did not utilize CHW services. The data also showed that adults ages 50 to 64 most frequently used CHW support to access primary care, while members ages 0 to 21 experienced the greatest improvement in completing preventive care and closing care gaps. Samareen explained that CHWs, also referred to as promotoras or health navigators, assist members in connecting to healthcare services and community resources, including medical appointments, food assistance, and housing support. She noted that CHWs also help Molina identify community needs through the information they gather while assisting members. The presentation highlighted key social determinants of health identified in San Diego, including food insecurity, housing instability, and homelessness. Data showed that housing and homelessness concerns were most reported among White/Caucasian and Black/African American members. Additionally, Russian-speaking and some Spanish-speaking members were found to experience higher rates of housing insecurity and homelessness. Samareen emphasized the importance of providing resources in the languages most needed by local communities and discussed opportunities to expand the CHW workforce with multilingual staff. She noted that increasing access to CHWs who speak languages such as Russian could help address identified community needs more effectively.	

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	Samareen concluded that the findings demonstrate the positive impact of Molina's CHW program on member engagement and preventive care outcomes. She invited participants to share their experiences with CHWs and provide feedback on the benefit. Members' feedback: • **Sabrina Baker:** Stated that in the community a lot of people are assigned to a CHW, but the clients are unaware that they have one. Making it difficult for the client to access the support and services they may already be connected to. • **Samareen:** Acknowledged that the feedback is helpful, noting that increasing awareness of CHWs and what they can offer can help in these situations is important. Included current efforts to connect members to CHWs include CHW flyers availability at the One Stop Help Center, on the website, and the information is sent to members regularly. • **Emma:** Asked whether a list of Community Health Worker (CHW) providers could be shared so that mutual clients could be referred to and connected with the benefit. • **Samareen:** Responded that she believed a list of CHW providers was available but would confirm with the CHW team. She noted that, if helpful, the list could be shared either at a future meeting or as a follow-up action item. • **Member SPM:** Member asked if CHW program was for all lines of businesses. • **Samareen:** The CHW benefit is available to Molina Medi-Cal members. • **Member JS:** Member shared that he had worked with a Community Health Worker (CHW) and found the benefit to be very helpful. He noted that the CHW consistently followed up with them and helped with housing resources. Samareen then asked participants what they believed were the reasons some members may be reluctant to connect with a Community Health Worker (CHW). • **Member JS:** Shared that many people do not know about CHWs. Once a member does get in contact with a CHW, they are very helpful. • **Member SPM:** The participant shared that, based on his experience as a member of the Afghan community and as someone who recently immigrated to the United States, many community members are unaware that CHW services exist. They noted that language barriers and a lack of awareness about how to access the benefit or the types of assistance CHWs can provide may prevent individuals from utilizing the service.	

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	• **Samareen:** Acknowledged the feedback and agreed that language barriers can make it more difficult for members to access CHW services, particularly when resources are not available in their preferred language. She noted that the feedback aligned with findings from Molina's data and stated that she would document it as a follow-up item. She also shared that Molina is continually seeking opportunities to strengthen its contracts with CHW providers and identified expanding language access as a key area for improvement. She thanked participants for their valuable feedback and insights. • **Member ST:** Asked how members can be referred to CHW and requested the email where referrals can be sent. • **Samareen:** A contact was shared with the members interested in connecting to CHWs. • **Member JN:** Expressed appreciation for various programs that are available and suggested Molina send out a letter regarding the CHW service. • **Alvin:** Representative from McAlister asked for clarification on the difference between referring clients to Enhanced Care Management (ECM) services versus Community Health Worker (CHW) services and whether there is a distinction between the two programs. • **Samareen**: Explained that Community Health Worker (CHW) services are available to all Medi-Cal members and can assist with a variety of needs, such as transportation, connecting to community resources, and accessing support services. She noted that CHWs provide a broad level of assistance and can help members navigate available benefits and resources. She further explained that Enhanced Care Management (ECM) is a higher level of support designed for members with more complex medical and social needs. ECM provides intensive, high-touch care coordination and case management services, often involving in-person support. While CHWs can help identify members who may qualify for ECM and connect them to those services, ECM is intended for members who require more comprehensive care management. She summarized that CHW services are generally available to all Medi-Cal members, whereas ECM serves members with more complex care needs. Samareen thanked participants for their questions and feedback and encouraged anyone with additional comments to share them through the chat or with staff at our One Stop Help Centers, who would relay the information to her and the CHW team.	**To enroll in the Community Health Worker Program, members can call: (844) 926-6590**

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	Samareen transitioned to a presentation on Molina's Community Reinvestment Program, an initiative within the Population Health department. She explained that the program is a state requirement that mandates health plans to reinvest a portion of their profits back into the communities they serve. These reinvestments are designed to address community needs and improve health outcomes through partnerships with local organizations and community-based programs. Samareen noted that community reinvestment projects must align with one of five designated focus areas: cultivating neighborhoods and the built environment, cultivating a healthcare workforce, supporting the well-being of priority populations, cultivating local communities, and improving overall health outcomes. She shared several San Diego-specific proposals and invited participants to provide feedback on the projects. Among the highlighted initiatives was an investment in expanding CHW capacity by supporting partner organizations in hiring and training additional CHWs, including those who speak multiple languages. She also discussed Molina's investment in a mobile health van designed to bring services to underserved communities with limited access to healthcare providers. Additional projects included the Grossmont Pediatric Weight Management Program, which focuses on preventing and addressing childhood obesity through nutrition, behavioral health, and early intervention services; Vienna Star Food Distribution, which aims to expand access to healthy foods; and Kindful Restoration, which supports adults and youth impacted by the justice system by providing job training, certifications, and assistance with community reintegration. Samareen emphasized that Community Reinvestment Program funding benefits the broader community and is not limited to Molina members. She explained that partner organizations receiving funding can serve eligible community members regardless of their health plan enrollment. She concluded by asking participants to consider which proposed projects would have the greatest impact on community health and quality of life and invited feedback on	

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	the initiatives. She encouraged attendees to share their thoughts, identify projects they found most beneficial, and ask questions about any of the proposed investments. Members Feedback: • **Member SPM:** The member stated that one of the biggest challenges affecting the quality of life for many individuals is a lack of awareness and understanding of the benefits available to them. • **Member ST:** Expressed being unfamiliar with any of the partners or where to get assistance from these investments. • **Samareen:** Explained that the projects being presented have not started yet. Clarifying the list of projects, partners and investments and being shown to the members to receive feedback and approvals on whether members feel that the selections will benefit the community. • **Member JN:** The member shared that she believes the programs offered by New Vision are a valuable investment and would have a positive impact on the community. • **Alvin**: Inquired about transportation options beyond rideshare services, such as Uber, and asked whether New Vision offers support for individuals interested in utilizing public transportation. • **Samareen:** Acknowledged the question and explained that the transportation benefit offers several options beyond rideshare services. Eligible members can request transportation at no cost for medical, dental, pharmacy, and other health-related appointments. She also noted that members may use public transportation and seek reimbursement, although additional steps may be required. Additionally, members who receive rides from friends or family members may be eligible for mileage reimbursement. Samareen emphasized that transportation is a covered Medi-Cal benefit and includes multiple transportation options, not just Uber rides.	
Community Resources **Adriana Bowerman, Manager, Growth & Community Engagement, Molina Healthcare**	Adriana Bowerman from the Community Engagement team introduced the Community Advisory Committee (CAC) recruitment flyer and shared that the flyer is one of the tools used to recruit new members to the Community Advisory Committee.	

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	Adriana requested feedback from attendees regarding the flyer's content, messaging, and overall appeal. She explained that member input is an important part of the review process prior to submitting the material for state approval. Attendees were encouraged to share whether the flyer effectively communicates the purpose of the committee and what improvements, if any, could be made. • Multiple members shared that the flyer was inviting and would make them want to join. • **Member SPM:** Shared that learning about services such as transportation, mental health resources, and member-focused applications would be a strong incentive to become involved. The attendee added that the committee serves as a valuable forum for learning more about available benefits and community resources. • **Jaclyn Resnick:** Suggested adding additional requirements, such as having to be a Molina member. Adriana introduced Jack, a representative from the Legal Aid Society of San Diego. Jack provided an overview of the organization's services and highlighted its healthcare advocacy efforts across San Diego County and throughout California. The Legal Aid Society of San Diego is a nonprofit civil law firm that offers free legal services, advice, and representation to qualifying individuals, with a focus on issues that disproportionately impact low-income communities. Jack reviewed Legal Aid's broad range of services, including support related to housing, immigration, taxes, special education, and community-based legal clinics. It was noted that the organization works to increase access to legal assistance through various outreach locations and partnerships throughout the community. • **Member ST:** Asked if the legal aid group would be able to assist with a situation regarding a child's braces not being approved. • **Jack:** Confirmed that this is something his team can assist with. The health advocacy team's work was described as focusing on two primary areas: helping individuals obtain and maintain healthcare coverage and assisting members in	

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	overcoming barriers to accessing care. Advocacy services include support with benefit enrollment, appeals, complaints, hearings, and navigating health plan and government agency decisions. Jack also shared that Legal Aid serves as the statewide Medicare-Medi-Cal Ombudsman Program for dual-eligible members, providing free assistance to individuals experiencing difficulties accessing healthcare services or maintaining their benefits. An overview of recent federal and state healthcare policy changes was provided, with a focus on Medi-Cal. Key updates included the importance of maintaining current contact information with the county to prevent disruptions in benefits, upcoming Medicaid work and community engagement requirements for certain populations, and changes affecting immigrant communities. Additional discussion covered upcoming changes to Medi-Cal-funded dental services for certain immigrant populations, as well as updates to public charge regulations. Attendees were encouraged to seek individualized legal guidance if they had concerns about how these policy changes might affect their healthcare coverage or immigration status. Jack concluded by sharing Legal Aid's contact information and statewide healthcare advocacy website, encouraging attendees to utilize available resources, fact sheets, and free legal assistance services as needed.	
Closing Remarks & Adjournment	Jennifer asked the attendees if they had any questions or feedback. No questions or feedback Jennifer closed the meeting and thanked everyone for their attendance and for being part of the committee. The meeting adjourned at 1:30 p.m.	