

Riverside Community College District
EMPLOYEE WELL-BEING SUB-COMMITTEE
April 6, 2026

Notes

Committee Members:

Tammy Few, Vice Chancellor, Human Resources & Employee Relations - Present
John Geraghty, Controller - Present
Maria Alvarez de Pacheco, Professor, Counseling, MVC - Present
Kara Zamiska, Associate Professor, Psychology, NC - Present
Star Taylor, Associate Professor, English, RCC (Absent)
Casandra Greene, Curriculum Program Coordinator, RCC (Present)

Guests:

Kenra Haftel, Director of Client Services, AllOne Health
Vanessa Torres, Senior Health & Wellness Manager, KeenanWell
Carmen Crane, Senior Account Executive, Keenan and Associates
Edwina Cardenas, Benefits Specialist

District Staff:

Rosa Espinoza-Leal, Executive Administrative Assistant

- I. Welcome and Call to Order
 - a. 1:02pm

- II. Approval of Minutes
 - a. December 1, 2025 Meeting Minutes
 - i. Motion to approve: CGreen, 2nd KZamiska
 - ii. Meeting notes approved

- III. Presentation(s)/Guest(s)
 - a. AllOne Health Presentation, Kenra Haftel
 - i. Services
 1. Shared presentation as to services,
 2. Heart of EAP is mental health counseling, 6 sessions per year, short term solution focus, masters level clinician, employee, household members, dependents under 26; virtual and in person options;
 3. Life Coaching, 6 session model; more applicable if not behavioral or mental health concern, only available virtually
 4. Financial Consultation, 6 session model, lots of tools available on website
 5. Legal Referral, help employee navigate wide range of attorneys available in their area in various areas, employees use this as initial consult, will send list of attorneys related to support that is being sought, forms and resources available on website i.e. starting a simple will; do not offer employment law
 6. Work-Life Resources and Referrals, multiple issues, i.e. childcare, pet care, elder care; pre vetted lists available

7. Personal Assistant, travel research, moving, cleaning resource, home, auto repair; referrals; no limit does not follow session model; will send information to employee for them to do research/pricing on their own
 8. Services can be accessed via:
 - a. Calls
 - b. Member Portal
 - c. Mobile App
 9. AllOneHealth does not communicate directly with employees, lean on RCCD to spread the word via:
 - a. EAP Insights Newsletter
 - b. Promotional Toolkit, digital marketing materials, available in English and Spanish, 10+ different flyers, general, specialized
 - c. EAP Orientations/Overviews, educate on process, how to reach out, what benefits are
 10. Critical Incident Responses; can be virtual or in person, materials are available on how to navigate through them; can make a huge difference; can do group debriefings or individual sessions; onsite or virtually; often best to wait 48-78 hours after initial incident to bring someone in
 11. Formal Management Referral, resource for managers and leaders, for issues in workplace that are starting to impact performance (included at no additional cost – 6 sessions)
 - a. TF these have to go through HRER
 12. Workplace Learning, can be virtual or in person; arrange via HRER; a training catalog is available
 13. AllOneHealth Consulting; tailored solutions for complex organizational challenges; more strategic and planning; customized; mediation work; services outside of scope of EAP, priced as needed
 14. AllOneHealth Wellness; wellness modules
 15. MP have an interest to have AllOneHealth present at an RCCD Flex Event; TF is an open item, Flex Coordinators were to coordinate with Edwina and Kara; EC reached out to coordinators, we were not ready, need more information on total wellness not just EAP
- ii. Utilization Report
 1. REL to ask them to provide this for a return visit
- b. KeenanWell Wellbeing Committee Introducing Goals and Next Steps, Vanessa Torres
 - i. Scope of work, expectation, and timing, committee involvement along the way
 - ii. Scope of Services – year 1
 1. Needs and Resources Assessment
 - a. Goal is to be intentional and data driven in planning; need structured data for informed approach to understand population; review demographics, medical and pharmacy claims, resources that are already offered, identify gaps, maximize what already have; also incorporate employee voice via employee survey (would assist in designing/packaging), survey questions would be based on data (claims/demographics/trend); best if survey is keep short, provide incentives for participation, keep simple
 2. Strategic Program Plan
 - a. Would be used to implement program; specific to RCCD; focused and practical road map; prioritized initiatives; guide

decision making and future planning; sustainable once implemented

3. Implementation Planning

a. Who are we designing for

- i. Start with benefits eligible, then maybe consider expanding, harder when start dealing with dependents; bigger question as to retirees, impact plan most but hardest to communicate with
 1. KZ agree with starting with benefits eligible; interest in seeing data about past efficacy of carrying out these plans, want to see if effective if going to pay money for this
 2. TF we get out of it what we put into it; about what persons opt to do and how they participate; takes years to see return on investment (5 years)
 3. EC benefit eligible, i.e. associate faculty
 4. TF AF not eligible to participate in each, but are able to participate in medical plans under the state
 5. EC not eligible under the guidelines that we have, are we just looking at those enrolled in one of the plans
 6. TF Yes, don't think we'd get much participation from AF
 7. VT would recommend those that are enrolled in the health plans
 8. TF can look at phasing it
 9. MP good idea to start with eligible employees and with data
 10. CG starting with employees, trying to take on anymore would make it more challenging; more control in communication with existing employees; once established can take on retirees and all other eligible people
 11. TF this is a voluntary program
 12. JG better to start small, people are already taking advantage of their medical plans thoroughly

b. Ideal survey timing

- i. Avoid summer/winter intersessions and the 16th week and 1st week of each of the terms; mid semester is best for Faculty
- ii. Fall, after Labor Day, hard launch on the 14th, Flex Aug 19, 20, 21; Fall starts 8/24, Labor Day 9/7, recommend after 9/7
- iii. KZ Flex Days, during presentation, bring out recommendation to do survey
 1. TF could start at flex but fan out during a period of time;

- 2. If done virtually would be best, Flex Coordinators still working on schedule (Monica Hernandez at MVC approached MP last week); MP at her campus all staff released to attend State of the Union, those could not leave their desks joined remotely (not for 2nd and 3rd shifts)
 - iv. Survey Open, best not to allow more than 2 weeks, 1 week best (VT); incentive encourages participation; TF recommends open for 2 weeks; 3rd Friday per CG for staff, can present in Chapter meeting; email blasts; Flex and 3rd Friday in Sept would make it approx. 1 month; QR codes are best practice right now, texting campaigns; to capture everyone have it open 1 month; target date for launching is Flex through 3rd week in September (9/21 close); all on medical plan currently would be eligible to participate
 - c. Target completion timeline
 - i. Open during Flex and close 9/21
 - d. Key organizational milestones
- IV. New Agenda Item(s)
(None)
- V. Action Item(s) - Assignee, Description/Information, Due Date, Status, Comments
 - a. Edwina and Kara to continue to work on Flex, secure time/date when is District wide, how much time need to request; introduce the wellness program and advise that survey is coming and what is needed of them, hopefully take the survey in the room if can; need to be branded (t-shirts, matching shoes) to provide support; virtual background for Zoom; 30minutes; EC will email Monica, MP Monica can provide who counterparts are at NC and RCC, stated is willing to collaborate with process
 - b. TF emailed Chris Clark as to branding, need incentives/motivation for employees to participate
 - c. Reporting activities; what have done, what will do; work on slides for presentation to present at one of our Board meetings in Spring, between now and April; asked for volunteers; committee should be there to support
- VI. Next Meeting
 - a. May 4, 2026, 1pm to 2:30pm
 - i. Vanessa Torres, present findings in May meeting
 - ii. REL to followup with AllOneHealth as to Utilization Reports, provide in advance of 5/4 meeting