
Community and Partner Workgroup (CPWG)

Meeting 11
November 10, 2022

Jon McDaid, External Relations Division
Michael Anderson-Nathe, Consultant



Meeting Objectives

1. Continue to build relationships among members
2. Continue focused conversation on populations that prefer a language other than English
3. Introduce the Metropolitan Group and their work
4. Begin focused conversation on Non-MAGI populations with a focus on programmatic, data, and outreach considerations.
 1. People with Disabilities

Agenda

- Welcome and introductions
- Updates and follow up
 - CPWG meeting schedule through Spring 2023
- Continuation of deep dive on populations that prefer a language other than English
- Metropolitan Group introduction
- Deep dive on Non-MAGI populations: People with Disabilities
- Wrap up

Introductions

Starting with CPWG members then state staff

Please share your:

- Name
- Pronouns you use
- Any needs you might have to help you participate fully

Updates and follow-up

Updates and follow up on issues raised



Courtesy Notice Update

Returned Mail and CCO Case Management Updates

Courtesy Notice Update

Returned Mail Update

- In partnership with PH Tech, OHA has been processing returned mail for the courtesy notice since September 26, 2022.
- The total returned mail scanned and processed is **50,108**.

CCO Case Management

- The Member Contact Information Update tool was launched on September 26, 2022.
- Pac Source remains the highest contributor to date
 - Success due to hiring temporary support to conduct outreach calls
- EOCCO is in process of implementation
- Currently making contact with Trillium and Yamhill

Contact Information Submitted by CCOs, 9/26/22 – 11/7/22

CCO	Submitted	Could not Complete		
ADVANCED HEALTH	51	3		
ALLCARE	161	9		
CARE OREGON (FFS)	41	13		
CASCADE HEALTH ALLIANCE	12	0		
COLUMBIA PACIFIC	5	2		
EASTERN OREGON	0	0		
HEALTH SHARE OF OREGON	276	2		
INTERCOMMUNITY HEALTH NETWORK	35	3		
JACKSON CARE CONNECT	35	3		
KEPRO	17	1		
PACIFICSOURCE COMMUNITY SOLUTIONS	1084	52		
TRILLIUM	0	0		
UMPQUA HEALTH ALLIANCE	258	2		
YAMHILL	0	1		
	Submitted Total	Could not Complete Total		
TOTALS:	1975	91	Grand Total	2066

Upcoming CPWG Recommendation Areas

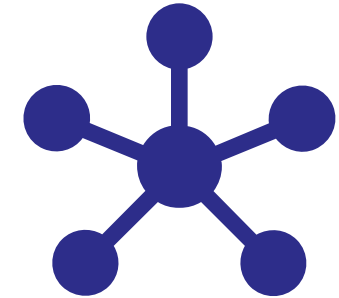
2022

2023

Oct. 27	Nov. 10	December	January	February	March
<ul style="list-style-type: none">• Unhoused population• Populations that prefer a language other than English	<ul style="list-style-type: none">• Met Group• Non-MAGI populations – people with disabilities	<ul style="list-style-type: none">• Continue non-MAGI – dual eligible• Marketplace Assisters• Application assistors	<ul style="list-style-type: none">• Pregnancy and Newborn population• Online dashboard	<ul style="list-style-type: none">• Bridge Plan• Overview of draft report	<ul style="list-style-type: none">• Final Report• Wrap-up

QUESTIONS FOR CPWG:

- Do we need to add additional topics?
- Do we need to add a second meeting in January?
- Do we need to add a second meeting in February?



Metropolitan Group

An introduction and overview



THE POWER OF VOICE

metgroup.com

Listening session readout & focus group discussion

COVID PHE Unwinding Strategic Communication

Facilitated by:

Kevin Kirkpatrick, Senior EVP and Principal

Alacia Lauer, Senior Director, Metropolitan Group

November 10, 2022



Metropolitan Group

the power of voice



THE POWER OF VOICE

Discussion guide

- Key learnings
- Next steps
- Discussion
- Finalize five focus groups



MG's overall focus

OHP members who meet the following:

- Not being reached by typical OHA channels (~20%)
 - Direct mail, ONE system, mass advertising
- Not likely to respond to a letter from OHA when they receive one
- At great risk of losing healthcare and/or great risk if they lose healthcare



Priority populations

- People living with mental illness
- People living with disabilities
- People leaving custody of the judicial system
- People leaving state hospital
- Recent immigrants
- Youth aging out of foster care
- Older adults (65+)
- Low or no literacy
- Members of Oregon's nine sovereign nations not served by tribal health clinics (via Chemawa Indian Health Center)
- People living in rural/remote areas of OR
- Farm workers
- Unhoused people
- Undocumented residents
- Residents with substance use disorders
- Black and African
- Latinx/a/o
- Seasonal workers
- COFA Islanders
- Asian population segments



THE POWER OF VOICE

“

“...needs to be delivered in the most lightweight way possible. People are already exhausted...”



THE POWER OF VOICE

Trust & Ease

- Partner
- Streamline
- Simplify
- Communication loops



THE POWER OF VOICE

“

“...individuals working multiple shifts, no childcare, lack of transportation...making them a priority”



THE POWER OF VOICE

Whole person-informed

- Intersectionality
- Plus multiple stressors
- Plus multiple messages competing for people's limited attention and energy



THE POWER OF VOICE

Reach Engagement

- Changing the *over-reliance* on the letter vs. focus on improving the letter
- Proactive communication
- Two-way communication



THE POWER OF VOICE

Next steps

Message and creative testing



THE POWER OF VOICE



Testing plan

Messaging and creative concepts

QUANTITATIVE	QUALITATIVE	
What works?	Why or why not? How do we make it stronger?	
Online Survey	Interviews with CBOs	Focus groups with OHP members (n=5)
<i>Recruit broadest possible OHP representation from prioritized population groups</i>	<i>Obtain input from CBOs that work closely with prioritized population groups</i>	<i>Obtain input from prioritized population groups for whom other research methodologies are unlikely to be effective</i>





Focus Group

Filters to identify populations for these groups

- Not easily reached by a quantitative survey
- Not served by a robust set of community resources who can effectively convey their needs, concerns and interests
- Not reachable through a community-based organization



For discussion...

FOCUS GROUPS

1. People with low or no literacy who speak English
2. People living in rural/remote areas of Oregon
3. Older adults (ages 65+)
4. ?
5. ?

OTHER OPTIONS

- People living with disabilities
- COFA Islanders
- Asian population segments
- Members of Oregon's nine sovereign nations who are not served by tribal health clinics (via Chemawa Indian Health Center)



THE POWER OF VOICE

Q&A

Let's discuss.



Metropolitan Group

the power of voice



Populations that prefer a language other than English

Wrapping up our discussion and formalizing our recommendations

10/27 Recommendations from CPWG



- Recommend that OHA fund the community partners who work with people who prefer languages other than English to host in-person community "Renew OHP" events, and have people be able to renew right there.
- Recommend that OHA carefully track and report on the data of how many people who lose coverage for lack of re-determination by the preferred language of the person who lost coverage.
- See and train eligibility staff on how to best work with interpreters.
- Frame language access as language justice.

Stretch break

- Let's take a 5-minute break – make sure to mute your microphones





Non-MAGI Discussion

People with Disabilities

Non-Modified Adjusted Gross Income (Non-MAGI) Populations

- Non-MAGI groups considered for sequencing:
 - OHP Plus and Long-Term Care Services 1
 - OHP Plus and Long-Term Care Services 2
 - Presumptive Disability
 - Supplemental Security Income Benefits
 - Medicare Savings Program
- Plan is to cover Non-MAGI populations at 11/10 and 12/15
 - 11/10 will focus on People with Disabilities
 - 12/15 will focus on Dual Eligible and other Non-MAGI policy areas
- QUESTION FOR CPWG: Are there other Non-MAGI populations you want to focus on, and/or specific groups you want to make sure we discuss?

Workgroup Discussion

Experiences and Practices

CPWG recommendations

Discussion on programmatic, outreach, and communication considerations for Non-MAGI: People with Disabilities

Recommendations from CPWG



- Insert recommendations developed during meeting

Thank you!

Feel free to reach out if you have any questions or need any support.

Appendix

Slides that we might want to come back to.

Consensus Decision-Making

Thumbs up, Thumbs sideways, Thumbs down



Fully Agree



Fully Disagree



Could go either way

Fist to Five



5 fingers = Fully Agree and will champion

4 fingers = I'm fine with it

3 fingers = I see minor issues we can resolve later

2 fingers = I see minor issues we need to resolve now

1 finger = I see major issues that we need to resolve



Fist = I can't support this

Draft Timeline and Workplan

Month	Work
May 26, 2022	Mtg 1 – Review background and redetermination process
June 2022 - 2 mtgs, TBD	Mtg 1 – strategies for obtaining and updating contact information Mtg 2 – strategies for outreach and communication
July 2022 – 2 mtgs, TBD	Mtg 1 – strategies to maximize navigation assistance Mtg 2 – strategies to minimize loss of coverage
August – September 2022	Review plan and responsiveness to input
October 2022 – January 2023	Monitoring and oversight of redetermination process
February – March 2023	Review and endorsement of report to legislature

Draft Working Agreements

- We will focus on equity
- Show up with good intentions and be accountable for what you say and do
- Commit to addressing and repairing any harm we cause one another
- Listen respectfully to each other
- Make sure everyone's voice is heard/Share the microphone
- Be respectful to each other
- Commit to being uncomfortable
- Know that we are greater together
- Avoid using acronyms or explain them when we do

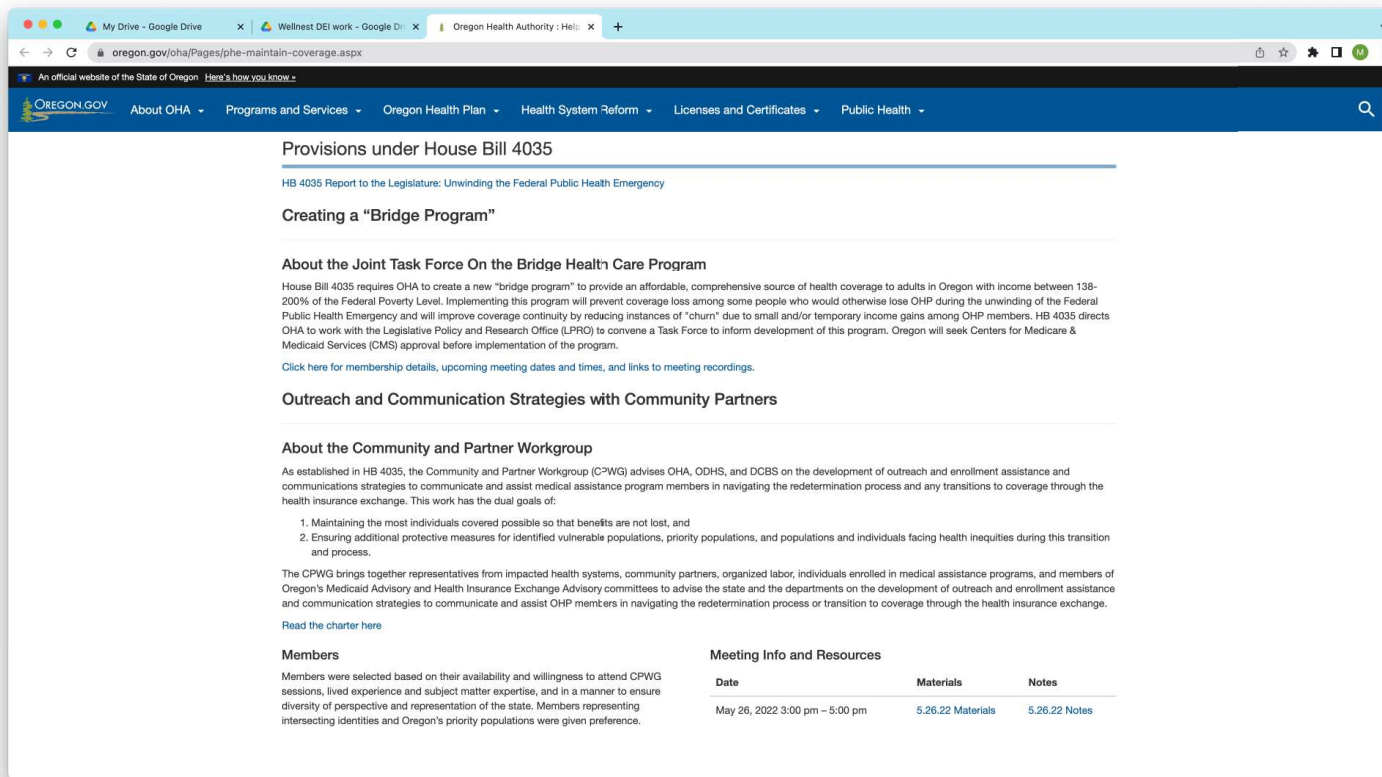
What is missing or what would you add?

Draft Group Commitments

- To prioritize attending CPWG meetings
- To review meeting materials ahead of time and come prepared to participate
- To stay present and engaged in meetings to the best of my ability
- To be respectful to other CPWG members and their ideas and viewpoints
- To take the time we need to make sure everyone understands the material and they have the information they need to participate

CPWG Website:

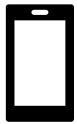
<https://www.oregon.gov/oha/Pages/phe-maintain-coverage.aspx>



One place to go for information and materials on our work

Recommended Outreach and Communication Strategies

Recommended strategies and avenues for obtaining and updating contact information for medical assistance program (MAP) enrollees – identified by participants of the Oregon Eligibility (ONE) Learning Series Webinar during the 4/27/2022 meeting.



Digital: phone call, email, text message – recommended in 42/76 (55%) responses.

- “A callback line, or callback option within the automated system.” **ONE Customer Service Center will be implementing a call back option later this year.**
- “More frequent check-ins, such as semi-annual courtesy calls, to check in with patients.”



Paper-based communication: poster, flyer, letter – recommended in 14/76 (18%) responses.

- “notices with minimal words--often times, my clients will say that the letter was too long so they didn't read it”
- “Flyers that i can put up in our lobbies would be wonderful. I'm also going to let intake staff know about this so they can direct the client to me.”



Community partner (CP) and OHA outreach- recommended in 14/76 (18%) responses.

- “Cp's can-do outreach since they likely have contacts and connections that are able to access.”
- “CP's attending local events and having information available”



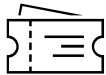
Media platforms: social media, radio, television, other methods of advertising – recommended in 10/76 (13%) responses.

- “In our rural area, Facebook is one of the popular ways to reach our ranchers and outlying small communities.”



Coordinated care organizations (CCOs), healthcare system/provider – recommended in 7/76 (9%) responses.

- “outreach to the member PCP to see if they can add a msg in their system or hand out flyers on how to update (using CP assisters, using 800 numbers)”



Others – recommended in 7/76 (9%) responses.

- “Offer raffle prize, they have to enter contact info to enter/win”

Additional Recommended Outreach and Communication Strategies

A summary of all additional outreach and communication comments and recommendations made by those who utilize medical assistance programs (MAPs), do work related to MAPs or is participating in MAP redetermination work.

Closely collaborate with community-based organizations (CBOs), community-based organizations (CCOs) and community partners (CPs) when preparing and distributing communications and navigation resources to enrollees.

Work closely with OHA/ODHS community outreach programs for communications and engagement planning. Utilize existing infrastructures to support this work.

Providing CBOs, CPs, and CCOs with advanced notice of communications that OHA/ODHS is sending to consumers, so they have a heads-up and are prepared to support.

When able, provide CBOs and CCOs with tips and talking points to use with consumers. This could ease some confusion and burden they may face as their financial state shifts and consumers transition to new plans.

Utilize admin staff at healthcare facilities to obtain updated contact information for people currently receiving services because the staff likely has frequent contact with the patient.

Minimizing stress and burden for consumers by streamlining and simplifying the redetermination process.

“I feel like asking consumers to participate in **overhaul activities needs to be delivered in the most light weight way possible. people are already exhausted** and asking them to do extra is concerning to me.” – Medicaid Advisory Committee (MAC)

“Completely agree with _____. that the **complexity of the redetermination process is as much a factor in churn as income**” – Medicaid Advisory Committee (MAC)

Key Communications to Share Throughout the Redetermination Process

During the 4/27/2022 meeting, Oregon Eligibility (ONE) Learning Series Webinar attendees were asked to list the top 2-3 messages they think OHA/ODHS should highlight for community during the redetermination process.

There were 54 total responses and **almost all suggestions centered around notifying people of the two key actions they must take to avoid losing coverage**, which includes:

1

Responding to notices when they receive them.

- “Letter response is super important so if you are over-income, still respond to keep your other health ins options open, use a CP to help!”
- “If you get a letter and do not respond, you may lose your coverage EVEN IF YOU ARE STILL ELIGIBLE.”

2

Making sure their contact information is up to date.

- “Please communicate with partners during redeterminations. Update your information. No response; coverage will end”
- “if contacted by ohp correspondence to contact by phone 1 800 699 9075 to update their information to avoid loss of coverage”
- “Coverage is important to keep, please make sure to Call your CP to update information.”



Unhoused Populations

Outreach, enrollment assistance and communications strategies

Populations with additional considerations: Houseless Population

At least one individual address, which is identified as 'No Permanent address

- Does the workgroup agree with planned approach for this population?
- Modified: Workgroup recommended spread throughout approach other than in January when Community Partners do federal housing (HUD) applications.
 - Discussion of other approaches
 - Workgroup recommendation:
- Is this a population that the workgroup would like to recommend communication and outreach strategies and approaches for in a future meeting?
 - YES – requested at 7-28-2022 Meeting

Est. cases
47,255



Houseless Population

Planned approach:
Spread-
throughout *other*
***than* January**

Considerations for Redeterminations

- **Sequencing:** Currently planned to spread over the entire redeterminations process.
- **ONE System** has an unhoused modifier. (No permanent address listed)
- **Considerations:** Unhoused very likely to be eligible (based on income threshold), but much more vulnerable to the complexities of the process.



CPWG Summary: Unhoused Populations

July 28th CPWG meeting

What outreach strategies might work?

- **Social media** and **billboard campaigns**
- Working with **community partners and shelters**

Recommendation to partner closely with County Mental Health Programs and other local safety net services to support outreach to unhoused populations.



Sept. 29th CPWG meeting

Considerations

- Estimated cases are **likely underreported**, because many people use business addresses for mail.
- **Community partners** may be good avenues for outreach.

Recommendation to avoid redeterminations in January for capacity reasons, because people are applying for Section 8 assistance.



Barriers / Gaps



- **Update-to-date contact information** a challenge for effective communication
- Can be difficult to get into **contact** and stay in contact
- Lack of housing can **compound stressors**, including health, finances, social supports, etc.
- May struggle with **behavioral health conditions**
- Need for assisters coming **directly to shelter sites & encampments**
 - It's difficult getting a health navigator / enrollment assister on site.
 - Process has become convoluted, making it far more complicated than just requesting a navigator.

Successes & Lessons Learned



Successes

- On-on-one, **relationship-based communications** are effective.
- **In-person visits** from health navigators often most effective.

Lessons Learned

1. Homeless service providers should have similar **access to the ONE system** as community partners.
2. Be aware of the **unique challenges** faced by those in this group when designing processes and providing support.
3. **Partners and shelters** are the best way to communicate with unhoused populations.



COVID Outreach

Lessons learned from COVID vaccine outreach to unhoused populations

COVID Outreach Successes & Lessons Learned

Successful events for the unhoused will rely on 5 primary strategies:

1. **Establish trust.** Unhoused service providers and local health organizations must work together to meet the needs of individuals in this population
2. **Meet people where they are.** It's hard to worry about vaccination when you don't have water to drink, or you are avoiding a violent situation
3. **Multi-purpose events.** Multi-purpose events like a health connect, allow for individuals to receive better services along with vaccination
4. **Provide vaccine outreach early and often.** Better communication means better results
5. **Make the event repeatable.** This ties to building trust and the nomadic nature of individuals in this population

There is no wrong door:

It takes great community partnerships to ensure our unhoused community members have good access to vaccination services

COVID outreach Successes & Lessons Learned

Successful vaccine events for the individuals experiencing houselessness:

•Local Public Health Authority and Community Partners

Klamath LPHC and Community Partners

- Two videos: (health literacy; vaccine education)

•Lane County

- Showing up to encampments each week.

Community Based Organization

•Burrito and vaccine education:

- Eugene

- Vaccine event with hotel rooms

-YCAP, Yamhill County Community Action Partnership



Successes & Lessons Learned

Successful vaccine events for the individuals experiencing houselessness:

Federally Qualified Health Centers

- Drop-in center example:
 - HOPE (Marion & Polk County, Northwest Human Service)
- Walk-in appointments
 - White Bird Clinic: Lane County
- Regional Pharmacy Events with CBO/OHA
 - PeaceCorp outreach, HUD outreach
 - Interpreter Services
 - Pharmacist that had a cultural humility background



Case Study Example – Z Codes & Kepro



COVID-19 vaccines and Z-Codes

Z590	Homelessness
Z591	Inadequate housing
Z592	Discord with neighbors, lodgers and landlord
Z593	Problems related to living in a residential institution
Z598	Other problems related to housing and economic circumstances
Z599	Problems related to housing and economic circumstances, Unspecified problem related to housing or economic circumstances

Oregon Department of Human Services

Youth Experiencing Homelessness
Self-Sufficiency Programs Housing Policy

ODHS

SNAP



- Specialized SNAP Outreach partners who help unhoused persons connect with resources (mailing options, application assistance etc.)
- Eligibility staff work at community drop-in sites to help people apply
- Population-specific CBO partnerships (unhoused veterans, people transitioning out of carceral settings, migrant and seasonal farmworkers)
- Not redetermination related – Restaurant Meal Program POP
- Opportunities to accommodate with communication – text, natural touchpoints (like EBT app), etc. not currently being used.

Employment Related Day Care (ERDC)

- Not redetermination related - Priority processing for those who meet the McKinney-Vento definition of homeless. Families to have their benefits opened using client statement as verification of income and the requirement to have an interview is waived. Family receives benefits more quickly and changes are made when verification is received.

ODHS



TA-DVS

- No redeterminations

Temporary Assistance for Needy Families (TANF)

- Language change from “home visiting” to “community and home visiting,” allows flexibility in location
- Lots of opportunity!

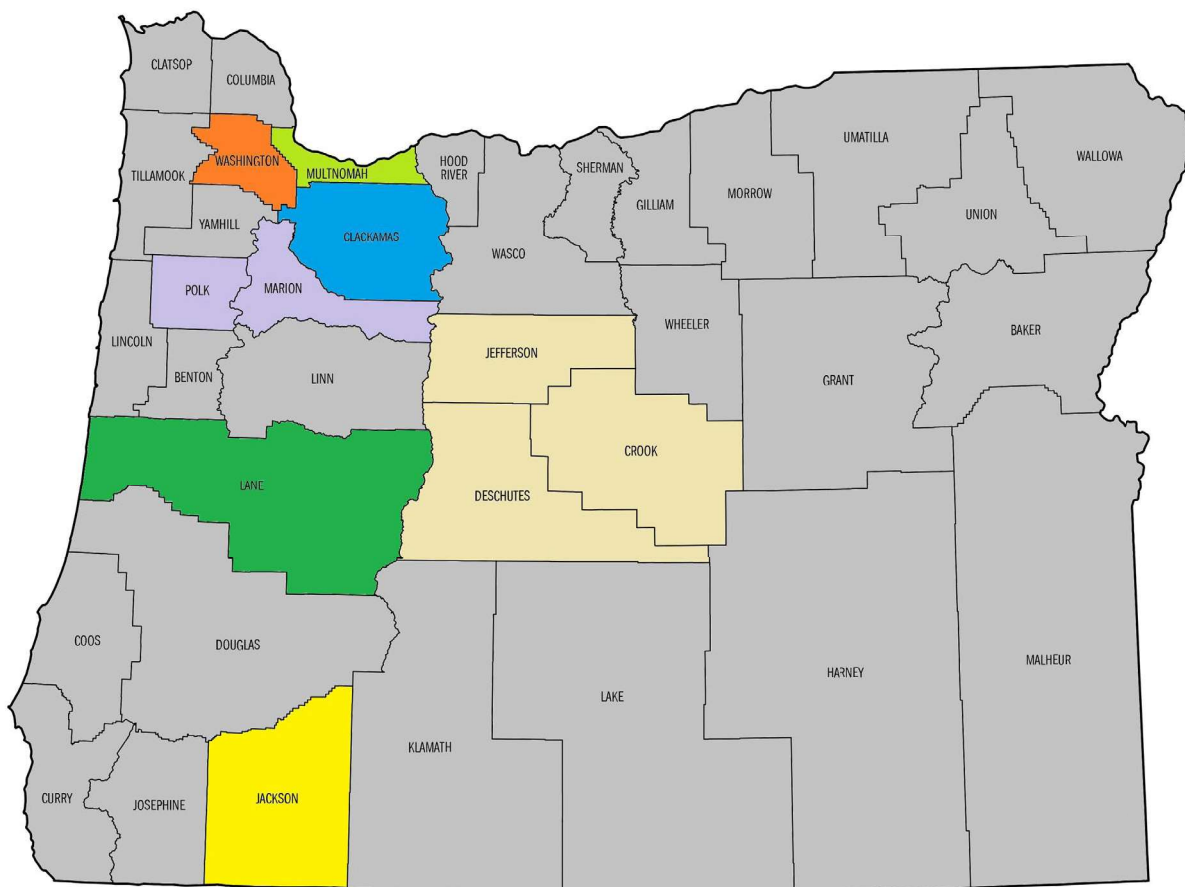
Youth Experiencing Homelessness Program (YEHP)

- YEHP works directly with ~35 youth-serving programs across the State
- Youth homelessness is not the same as adult homelessness
- Connectedness is hard with YEH
- Lack of Trust and Misinformation

Oregon Housing and Community Services

Presentation and discussion: Overview of OHCS work,
Community Action Agencies and Lane County Housing
Information Management System

HUD Continuum of Care (CoC) Organizations



CoC
Contact
Information



Public Health Emergency Unwinding Project

Communications Strategy and Coordination

Overview

July 14, 2022

Robb Cowie, OHA Communications Director

Lisa Morawski, ODHS Communications Director



Agenda Today

- Introductions
- Goals and principles
- National point of view
- Communications approach
- Discussion
- Wrap-up and next steps



The Goal: Preserve benefits

1

Ensure **all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner** without interruption

2

Give those **no longer eligible for benefits clear direction and coordination** of additional resources

3

Give those who assist people receiving benefits **clear information about how they can help**



Our Principles

Our principles are focused on providing equitable communication to all people receiving benefits



National Point of View



Why communications and outreach matter

BENEFIT RECIPIENTS ARE ALREADY OVERWHELMED

Following all the steps to apply for and maintain benefits can feel like a second job to an already resource-strapped benefit recipients.

MISMANAGING THIS CHANGE CAN LEAVE FAMILIES HURTING

The onus is on us to support people receiving benefits and partner organizations as they're adapting to these changes.

COSTS RISE WHEN THINGS AREN'T CLEAR

When people receiving benefits and partners are confused, their first instinct is to call customer support for help. If customer support staff aren't prepared to help, costs rise even more.

THE POTENTIAL RISKS ARE REAL

Negative experiences can have long-term negative consequences for trust in government.

CHANGE IS A CHALLENGE – AND AN OPPORTUNITY

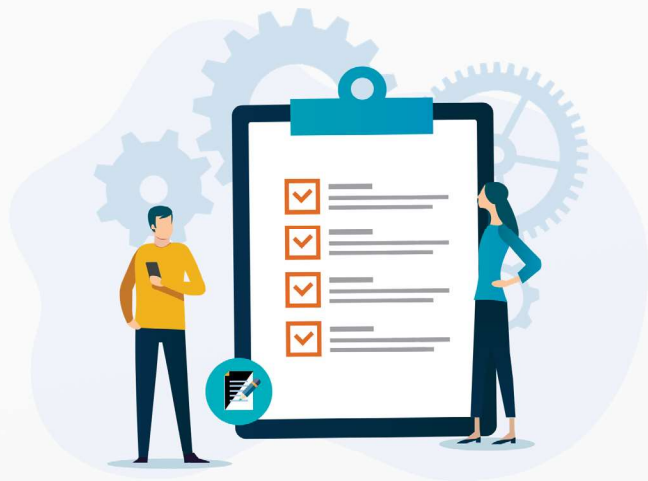
People receiving benefits and partner organizations will be paying attention. Now is the moment to clearly and proactively communicate so we can help them navigate the transition and build trust.

It Takes a Village

States will need to engage and empower a wide variety of partners to successfully communicate and support people receiving benefits.




Communications Approach



Public Health Emergency Ending

How we'll communicate by phase

	Pre-PHE Ending	PHE Ending Notice	Renewal Period
	Fall 2022	TBD	TBD
Objectives	<p>Encourage people to update their contact, income and household information.</p>	<ul style="list-style-type: none"> • Let people know what to expect and how to prepare. • Reinforce importance and urgency of updating their information. 	<ul style="list-style-type: none"> • Encourage people to read their notices and respond if information is needed to continue benefits. • Let people know what they need to do to maintain coverage or seek other services.
Bedrock Strategies	<ul style="list-style-type: none"> • Equip internal staff with scripts and supporting materials to use in every client interaction. • Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes. • Reach people through broad and targeted awareness campaigns, preferred channels, and trusted senders to meet them where they are with the information they need when they need it. 		<ul style="list-style-type: none"> • Coordinate with the Marketplace to ensure people who lose OHP are supported in their transition to a private plan. • Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.
<p>Solicit and use partner, benefit recipient and Community Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHE-unwinding efforts.</p>			



Lessons learned from COVID-19 for more accessible, equitable communications

Work closely with community partners to communicate health information



Create culturally responsive strategies, tools and content



Our COVID-19 Feedback Team wants to learn from you!

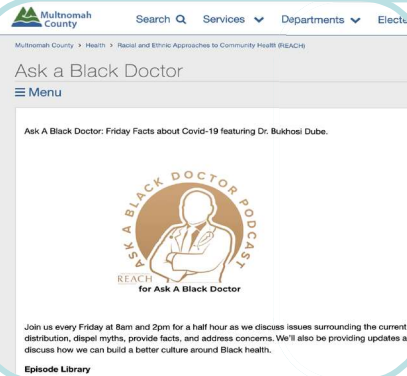
Share your comments, concerns and questions about the Oregon Health Authority's COVID-19 response.

Ways to share

- Fill out and mail this postcard
- Email CHA.Feedback@dhscha.state.or.us
- Leave a voicemail at 503-945-5488
- Submit feedback online: <https://govstat.us.egov.com/CHA-CR-COVID-19-feedback>

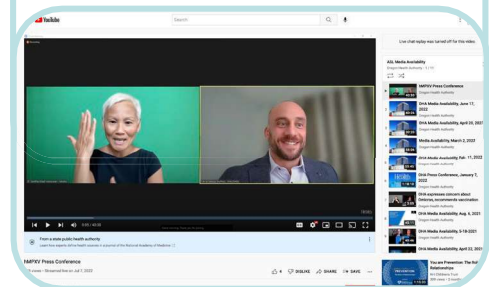


Solicit and use feedback from beneficiaries and partners to improve operations, communication and outreach



Work with providers who come from community to serve as trusted messengers to engage people they serve

Build accessibility into our channels and tools



Barriers and risks identified by CPWG

Challenge

Project Approach

"One size does not fit all"

- Use a variety of channels to reach people receiving benefits
- Equip trusted messengers in community to help

Culturally responsive communications

- Apply lessons learned during pandemic
- Equip trusted partners in communities to carry messages using a variety of channels

Confusing notices and messages

- Develop communications in plain language
- Revising medical notices
- Equip staff and partners to answer questions

Accurate contact information

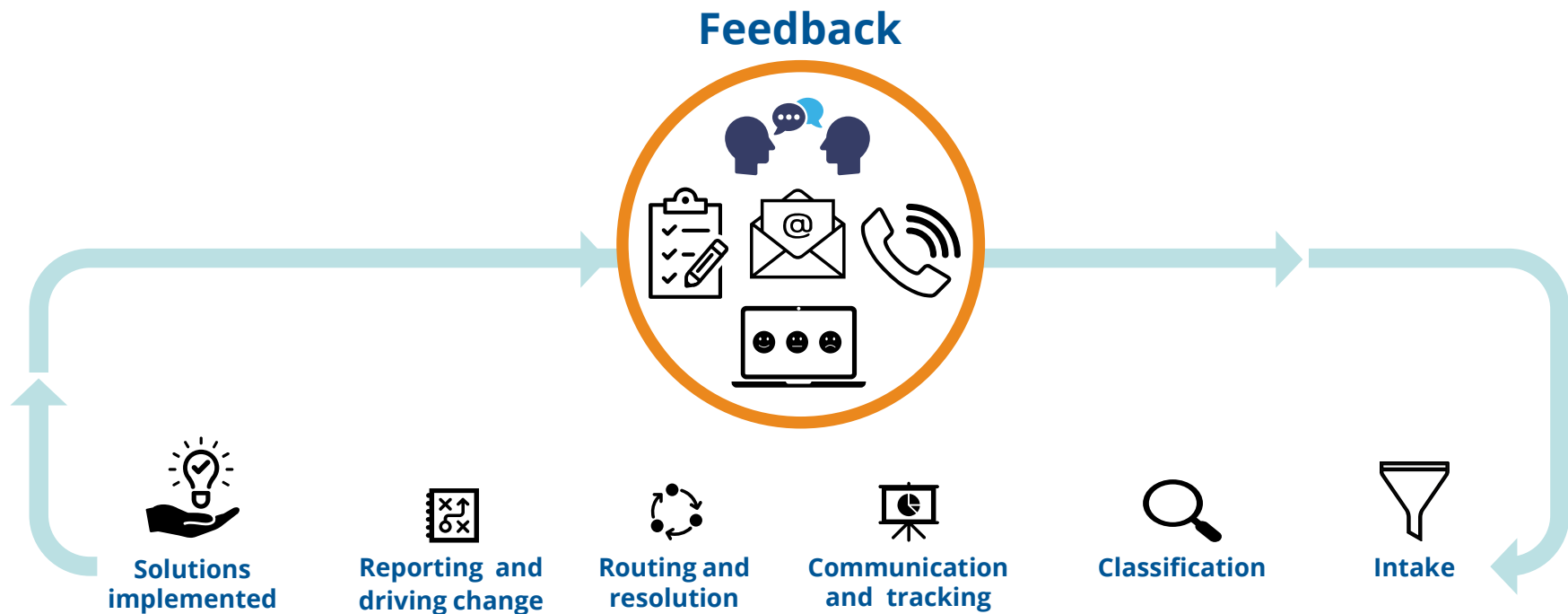
- Multipronged effort to encourage people to update their contact information
- Staff to verify with every contact; give CCOs ability to make updates
- Use proven outreach approaches for people who are unhoused

Mistrust of information sources

- Equip trusted partners in communities to carry messages using a variety of channels
- Utilize information sources with name or brand recognition
- Conduct outreach in community settings like libraries

How we'll use feedback to improve our work

Core objective: Ensure feedback from people receiving benefits, CCOs, providers and partners is woven throughout communications messages, strategies and tactics throughout the PHE unwinding.



Tactical overview

External Website
 One-stop-shop for critical, phase-specific information, calls to action, and resources for various external audiences.

Benefit Recipients
Partners & Providers
Staff

Earned Media
 Proactive use of news releases and other existing media outreach channels, and timely response to media inquiries.

Benefit Recipients
Partners & Providers

Benefit Recipient Communications
 Letters, email, text messages, FAQ, Applicant Portal Message Center.

Benefit Recipients

Social Media Advertising
 Broad awareness campaigns across various state and partner-owned social media platforms to boost reach.

Benefit Recipients
Partners & Providers

Paid Media Campaign
 Broad awareness campaigns across paid media to increase understanding and action related to Oregon’s PHE unwinding.

Benefit Recipients
Partners & Providers

Partner Toolkit
 Toolkit with customizable content to inform partners of changes and equip them with tailored resources to educate and support the people they serve.

Partners & Providers

External Partner Webinars
 Recurring touchpoints for key staff to share the latest information, answer questions, and solicit feedback related to Oregon’s PHE unwinding efforts.

Partners & Providers

Internal Communications
 Internal website, training, all-staff messages, staff scripts, presentation toolkits, leadership meetings and briefings.

Staff

Discussion Questions

- What are some of the communications outreach lessons you learned during the pandemic?
- In reflecting on your own interactions with people receiving benefits, which of our tactics or tools will be most helpful?
- What else should we consider?



Next Steps

- Incorporate CPWG feedback into our overall communications and outreach strategy
- Follow-up with CPWG in August

Workgroup recommendation questions and considerations

- What risks or barriers to communication and outreach exist for this populations?
- What has worked well?
- What is essential for us to consider or implement for this populations?
- Would this population benefit from front determinations, end determinations, or redeterminations across the entire time period?

