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# Community and Partner Workgroup (CPWG)

Meeting 13  
January 12, 2023

Sarah Dobra, OHA  
Yami Gonzalez Perez, OHA

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## Meeting Objectives

1. Continue to build relationships among members
2. Continue focused conversation on Non-MAGI populations with a focus on dual eligible and LTSS populations
3. Review and finalize CPWG recommendations for
  - Non-MAGI populations
  - Equity and accessibility
  - Protecting coverage
  - Renewal processes
4. Discuss and solicit CPWG recommendations on Application Assistants and how best to leverage them for redeterminations

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# Agenda

- Welcome and introductions
- Updates and follow up
- Marketplace Assisters
- Continuation of deep dive on Non-MAGI populations, focusing on dual eligible and Long Term Services and Supports
- Finalize Non-MAGI recommendations
- Wrap up

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# 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

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# Updates and follow-up

Updates and follow up on issues raised

## CPWG Spokesperson

As our work winds down and the Public Health Emergency comes to an end, OHA will be working hard to implement CPWG's recommendations and input on the redetermination process. We anticipate receiving media and community questions and requests for information on how community input was factored in. **We are seeking 2-3 volunteers from CPWG who may be willing to field such requests.**

### Anticipated commitment:

- Be available for media or community requests as they come in (1-2 day turnaround)
- Speak as a member of the CPWG on your experience and the process the group used
- Partner with OHA to prepare to respond to request

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# Implications of the FY23 Omnibus Bill

- Requires states to maintain continuous coverage eligibility policies for medical through **March 31, 2023**, as well as guides states to begin initiating renewals, post-enrollment verification, etc., on April 1, 2023, and over a 12-month period.
- Provides new reporting requirements for states over the Unwind transition period and requires states to maintain updated contact information for beneficiaries.
- Requires continuous coverage of youth under age 19 for 12 months regardless of change in circumstances. Note: Oregon's 2022-2027 Medicaid 1115 Demonstration waiver allows for continuous enrollment from birth until age 6 and enrollment for 24 months for youth 6 years and older.
- Makes the postpartum continuous coverage option permanent.
- Sunsets the SNAP EA with the February 2023 issuance.



# Application Assisters

Leveraging Application Assisters



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## Definitions

**Community Partner (CP) Organization:** organization contracted by the Community Partner Outreach Program to do application assistance for OHP

**OHP-certified Application Assister:** an individual at a community partner organization who is certified to provide application assistance for health coverage; commonly called Community Partners or CPs

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# Contracts

There are both volunteer and grant funded partners

- Around 300 different contracted community partner organizations
  - 32 grant funded, the rest are volunteer
  - Grantee organizations must help everyone
  - Volunteer organizations can choose who they assist
  
- Assistance is free

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# Oregon's Community Partner Outreach Program (CPOP)

Community partners (CPs) **help about 50% of Oregon's OHP applicants** apply for or renew their coverage.

- CPOP supports over 1400 certified Assistors at 300 organizations across the state
- Community Partner organizations include healthcare providers, community-based organizations, public health departments, tribes, hospitals, culturally and linguistically responsive organizations, faith-based organizations, and more!

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# Community Partner/Application Assister

- Community Partners can help with:
  - MAGI and non-MAGI Medical
  - Oregon Health Plan (including CWM/CWM Plus) through [www.OHP.Oregon.gov](http://www.OHP.Oregon.gov)
  - Qualified Health Plan coverage through Federal Marketplace/[www.healthcare.gov](http://www.healthcare.gov)

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## Community partner/application assister

- Trained and certified by CPOP
- Represent the communities and languages they serve
- Can help in any language via interpretation services
- Can offer remote assistance during COVID
- Can help members access notices sent for all DHS programs
- Not an eligibility worker

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## CPOP mission and vision

### **Mission:**

*Engage communities across Oregon to advance an equitable, responsive health system.*

### **Vision:**

*A strong, healthy Oregon.*

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# Our Team

## **Regional Outreach Coordinators** - [Community.Outreach@dhsoha.state.or.us](mailto:Community.Outreach@dhsoha.state.or.us)

- Regionally based

## **Statewide Coordinators**

- Provider Outreach and Engagement
- Schools Outreach and Engagement
- Black/African American Community Outreach & Engagement Coordinator
- Healthier Oregon Program (HOP) Strategists
- Protecting Oregon Farmworkers Strategist

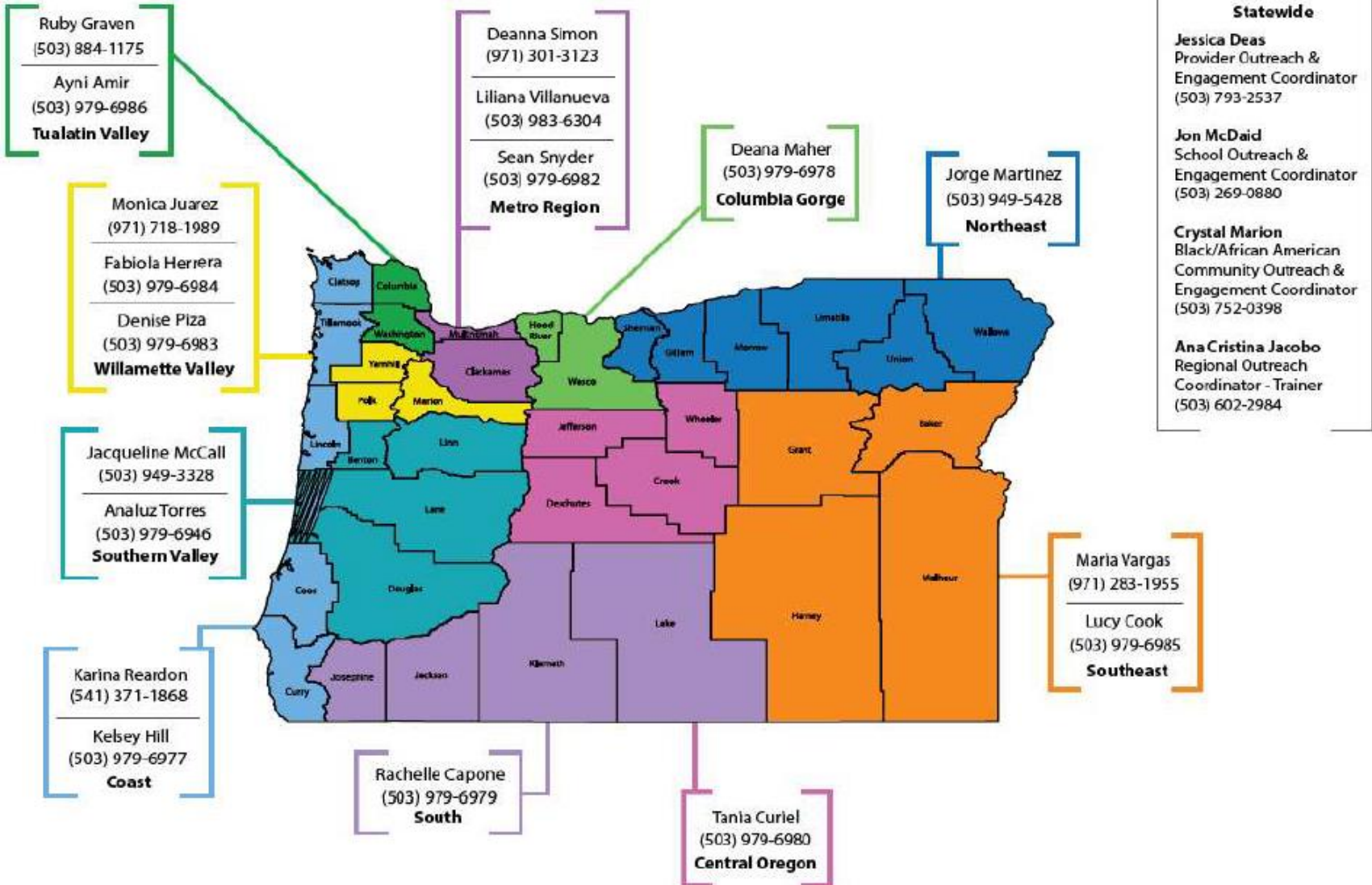
## **Business Team** - [CP.Business@dhsoha.state.or.us](mailto:CP.Business@dhsoha.state.or.us)

- Contracts & Grants Administrator
- Regional Outreach Coordinator Trainer
- Business Operations Coordinator Admin Staff

## **Program Manager**

- Oliver Vera

# Community.Outreach@dhsoha.state.or.us





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## What we do – CPOP team

- Develop and engage a statewide network of Medical Providers, Community Partner Organizations, State Agencies and CCOs to reduce barriers for OHP application and enrollment for Oregon's most vulnerable populations.
- Train and support Application Assisters
- Collect feedback from partners to provide feedback for system improvements
- Host monthly regional collaborative meetings

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## Resources for community partners

- With an applicant-signed consent form, certified Community Partners have permission to speak to the Processing Center on their behalf
  - CP-only phone line
  - CP-only eligibility inboxes
- Advocate on behalf of applicants and have multiple avenues to do that
- Organizations and application assisters have access to informational guides, webinars and trainings, other resources not available to others, and platforms to communicate with each other and our team

# How to find Community Partners

## Locator Tool: OregonHealthCare.gov/gethelp

OREGON.GOV Home Get covered Find local help Learn about coverage Medicare Oregon Health Insurance Marketplace

### Find local help





- Oregon Health Insurance Marketplace
- Get covered
- Find local help**
- Learn about coverage
- Already covered?
- Reporting changes
- Help in your language

#### Help enrolling is free of charge and available in your area

There are a lot of ways to get covered. Use the directory below to find an expert to help you enroll.

Some experts work with the Oregon Health Plan (OHP), some with the health plans and financial assistance available on HealthCare.gov and others with Medicare.

You can make an appointment with one of them or go to a walk-in event.



#### Find Local Help

Your Address or Zip Code

Organization Type  Community Partners (P)  
 Medicare Agents (A)  
 Health Insurance Agents (I)  
 Medicare Volunteers (V)  
 COFA Premium Assistance Program (C)

Language

County

Results 20

[Search For Help](#) [Clear The Form](#)

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## Contact CPOP

- Utilize CPOP team contact list and always feel free to reach out to a ROC anytime. We are ALWAYS happy to help! However, please don't provide ROC information directly to the public.
- [Community.Outreach@dhsosha.state.or.us](mailto:Community.Outreach@dhsosha.state.or.us) – monitored daily for non-urgent questions.

**THANK YOU for all the work you do and for collaborating with us!**

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# Workgroup Discussion

Experiences and Practices

# Recommendations from previous feedback



1. OHA and ODHS should increase use of **and** funding for navigational assistance and application assisters to help teach/guide enrollees on how to use the ONE system. Utilize assisters as a resource for general questions related to the system.
2. Understand the availability of application assisters and develop solutions to increase availability, such as expanding service hours, increasing the number of assisters, providing more methods of contacting assisters, etc.
3. Provide supports to navigation and application assisters to be aware of the potential needs of aging and older adults and be flexible in accommodating the individual's needs.

# Recommendations: Application Assisters



- The state legislature, through OHA and ODHS should ensure funding continues for current organizations who are certified OHP assisters, as well as expand funding to be able to bring on new organizations. (Which organizations should be prioritized?)
- OHA and ODHS should prioritize CP application assisters in each jail in Oregon.
- Can state implement presumptive eligibility process at doctor's offices (rather than hospital only for unhoused populations?)
- ODHS should prioritize changes to the One eligibility system to allow community partner application assisters to assist with other ONE System eligibility benefits beyond Medicaid/ OHP.
- How can we improve recruitment of application assisters to help fill geographical and cultural gaps in application assisters?

# Stretch break

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







# Non-MAGI Discussion

Dual eligible and Long Term Services and Supports

# Recommendations from Nov. 10: Non-MAGI



1. Support assisters and navigators in building relationships, having the ability to go to meet people where they are, and do personal follow up with individuals.
2. Work directly with partners. For example, Centers for Independent Living have direct relationships. APD offices and AAAs have staff and case workers who can conduct outreach.
3. Reach out to caregivers, such as through the Home Care Commission, avenues that reach paid caregivers, and forums that engage unpaid caregivers.
4. Be creative with how to reach the members and the organizations and people who work with and care for members, such as care managers, brokerages, registries, etc.
5. Have the treatment team included in the messaging. The more people who are included, the less likely someone is to be missed.
6. Have a strategy to make sure people who are in residential treatment centers do not fall through the cracks when the treatment center updates their address to the center, which may be outside the service area and may not be updated when they leave the facility.
7. CCOs can share OHA notices through their own communications channels, such as MyChart.
8. Reach out to county IDD offices and other programs that work directly with people with disabilities.

## Recommendations from Dec. 15: Non-MAGI



CPWG recommends that ODHS and OHA use all available avenues to support LTSS populations going through redeterminations. This includes coordinating with and actively referring to community based legal or financial planning, maximizing allowable flexibilities to ensure renewal and eligibility requirements can be completed, supporting with navigating eligibility communications including reading and explaining mailings, and encouraging and providing support for response to correspondence such as in-office availability to review all eligibility notices.

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# CPWG Questions from 12/15

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Is there prospective work that could be done to help members manage their resources in a way that would allow them to keep their coverage? (E.g., outreach to LTSS recipients to help them understand how to spend down their resources).

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Has the financial history been tracked during the PHE so that we know how many may be over the resources? What is the size of cases we estimate to be impacted when the PHE ends?

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Can we proactively reach out to those that might be over income? What would this look like?

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Is the LTSS group eligible for the Extended Waiver Eligibility (EWE) program?



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If people are no longer eligible for LTSS in the Non-MAGI program because they are over resources, can they be eligible for OHP MAGI program? (This wouldn't cover LTSS, but it would include health care coverage.)

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How does the Pickle Amendment factor into eligibility renewals post-PHE? (The Pickle Rule prevents people from losing Medicaid benefits when SSI COLAs increase their income over eligibility limits.)

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# Can we learn more about the Medicare Savings Program?

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# Workgroup Discussion

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# Additional CPWG Recommendations

# Recommendations: Non-MAGI



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# Thank you!

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

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# 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

# Upcoming CPWG Recommendation Areas

2022

2023

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

## 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?

# 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>

The screenshot shows a web browser window displaying the Oregon Health Authority website. The page title is "Provisions under House Bill 4035". The navigation bar includes "OREGON.GOV", "About OHA", "Programs and Services", "Oregon Health Plan", "Health System Reform", "Licenses and Certificates", and "Public Health". The main content area includes sections for "Creating a 'Bridge Program'", "About the Joint Task Force On the Bridge Health Care Program", "Outreach and Communication Strategies with Community Partners", "About the Community and Partner Workgroup", "Members", and "Meeting Info and Resources".

## Provisions under House Bill 4035

HB 4035 Report to the Legislature: Unwinding the Federal Public Health Emergency

### Creating a "Bridge Program"

#### About the Joint Task Force On the Bridge Health Care Program

House Bill 4035 requires OHA to create a new "bridge program" to provide an affordable, comprehensive source of health coverage to adults in Oregon with income between 138-200% of the Federal Poverty Level. Implementing this program will prevent coverage loss among some people who would otherwise lose OHP during the unwinding of the Federal Public Health Emergency and will improve coverage continuity by reducing instances of "churn" due to small and/or temporary income gains among OHP members. HB 4035 directs OHA to work with the Legislative Policy and Research Office (LPRO) to convene a Task Force to inform development of this program. Oregon will seek Centers for Medicare & Medicaid Services (CMS) approval before implementation of the program.

[Click here for membership details, upcoming meeting dates and times, and links to meeting recordings.](#)

#### Outreach and Communication Strategies with Community Partners

#### About the Community and Partner Workgroup

As established in HB 4035, the Community and Partner Workgroup (CPWG) advises OHA, ODHS, and DCBS on the development of outreach and enrollment assistance and communications strategies to communicate and assist medical assistance program members in navigating the redetermination process and any transitions to coverage through the health insurance exchange. This work has the dual goals of:

1. Maintaining the most individuals covered possible so that benefits are not lost, and
2. Ensuring additional protective measures for identified vulnerable populations, priority populations, and populations and individuals facing health inequities during this transition and process.

The CPWG brings together representatives from impacted health systems, community partners, organized labor, individuals enrolled in medical assistance programs, and members of Oregon's Medicaid Advisory and Health Insurance Exchange Advisory committees to advise the state and the departments on the development of outreach and enrollment assistance and communication strategies to communicate and assist OHP members in navigating the redetermination process or transition to coverage through the health insurance exchange.

[Read the charter here](#)

#### Members

Members were selected based on their availability and willingness to attend CPWG sessions, lived experience and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state. Members representing intersecting identities and Oregon's priority populations were given preference.

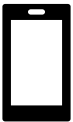
#### Meeting Info and Resources

Date	Materials	Notes
May 26, 2022 3:00 pm – 5:00 pm	<a href="#">5.26.22 Materials</a>	<a href="#">5.26.22 Notes</a>

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.

**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.

**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.

**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 28<sup>th</sup> 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. 29<sup>th</sup> 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

<b>Z590</b>	<b>Homelessness</b>
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

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# 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

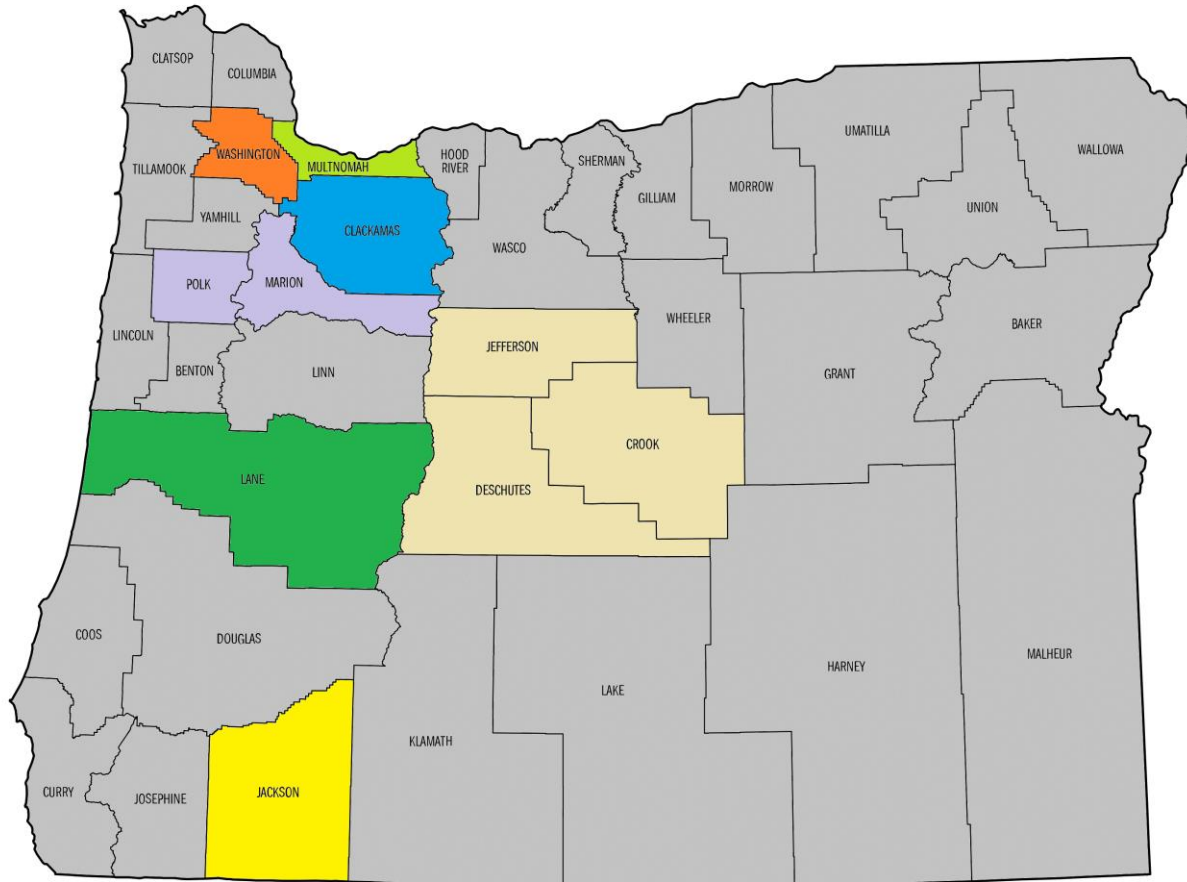
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# Oregon Housing and Community Services

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.

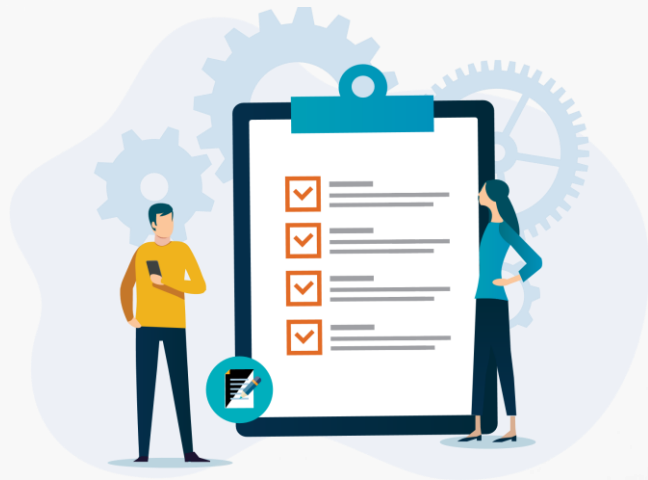
# It Takes a Village

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"> <li>• Let people know what to expect and how to prepare.</li> <li>• Reinforce importance and urgency of updating their information.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage people to read their notices and respond if information is needed to continue benefits.</li> <li>• Let people know what they need to do to maintain coverage or seek other services.</li> </ul>
Bedrock Strategies	<ul style="list-style-type: none"> <li>• Equip internal staff with scripts and supporting materials to use in every client interaction.</li> <li>• Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes.</li> <li>• 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.</li> </ul>		<ul style="list-style-type: none"> <li>• Coordinate with the Marketplace to ensure people who lose OHP are supported in their transition to a private plan.</li> <li>• Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.</li> </ul>
<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!

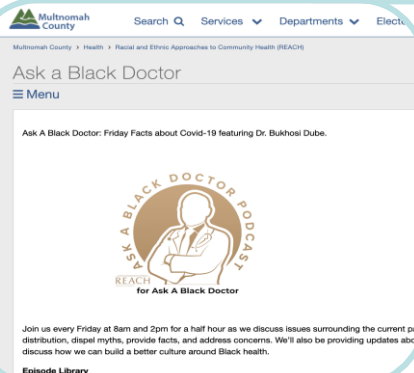
Share your comments, concerns and questions about the Oregon Health Authority's COVID-19 response.

Ways to share

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

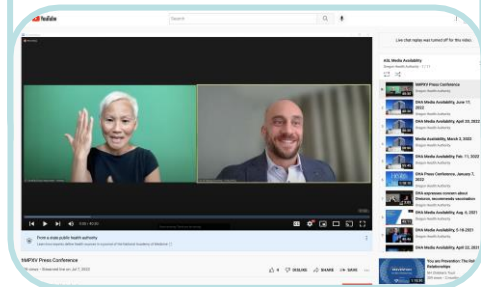


Solicit and use feedback from beneficiaries and partners to improve operations, communication and outreach



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

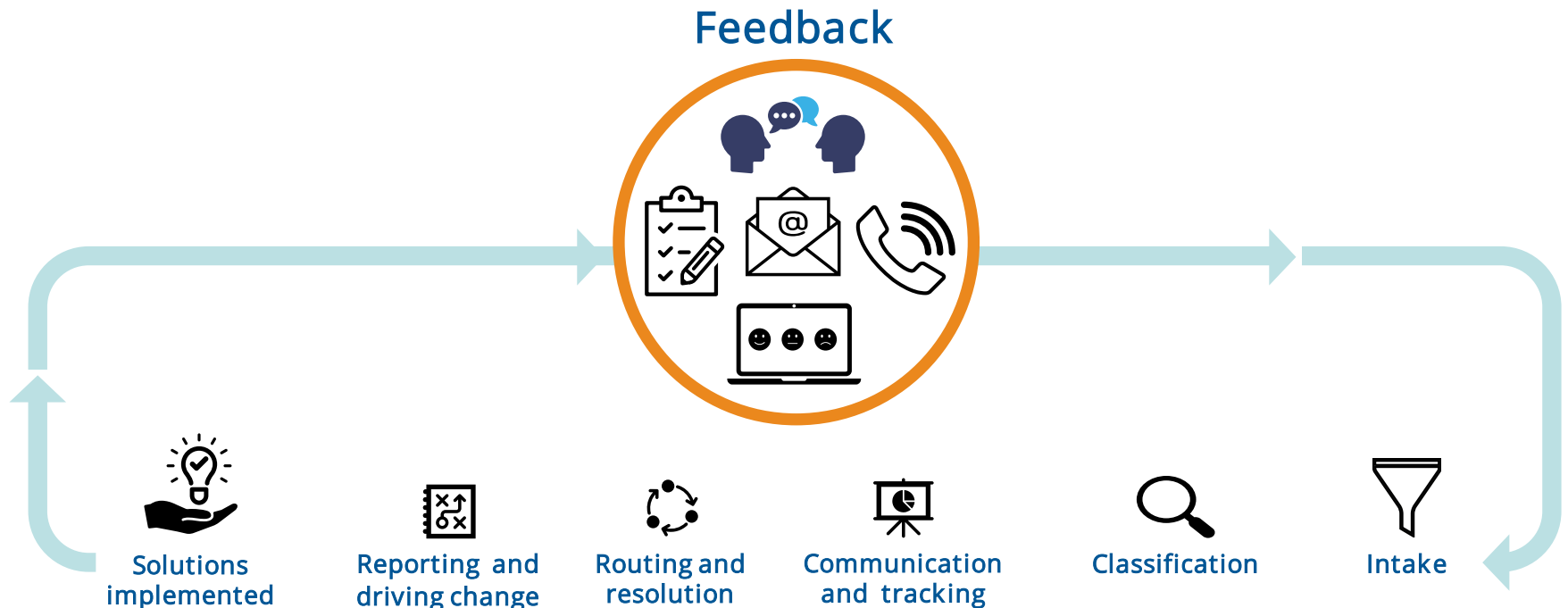
- Multipronged effort to encourage people to update their contact information
- Staff to verify with every contact; give CCOs ability to make updates
- Use proven outreach approaches for people who are unhoused

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?

