
Community and Partner Workgroup (CPWG)

Meeting 15
February 9, 2023

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Meeting Objectives

1. Continue to build relationships among members
2. Discuss the CPWG recommendations flagged for further discussion.
3. Metropolitan Group to present on research findings and messaging testing for populations with specific needs.

Agenda

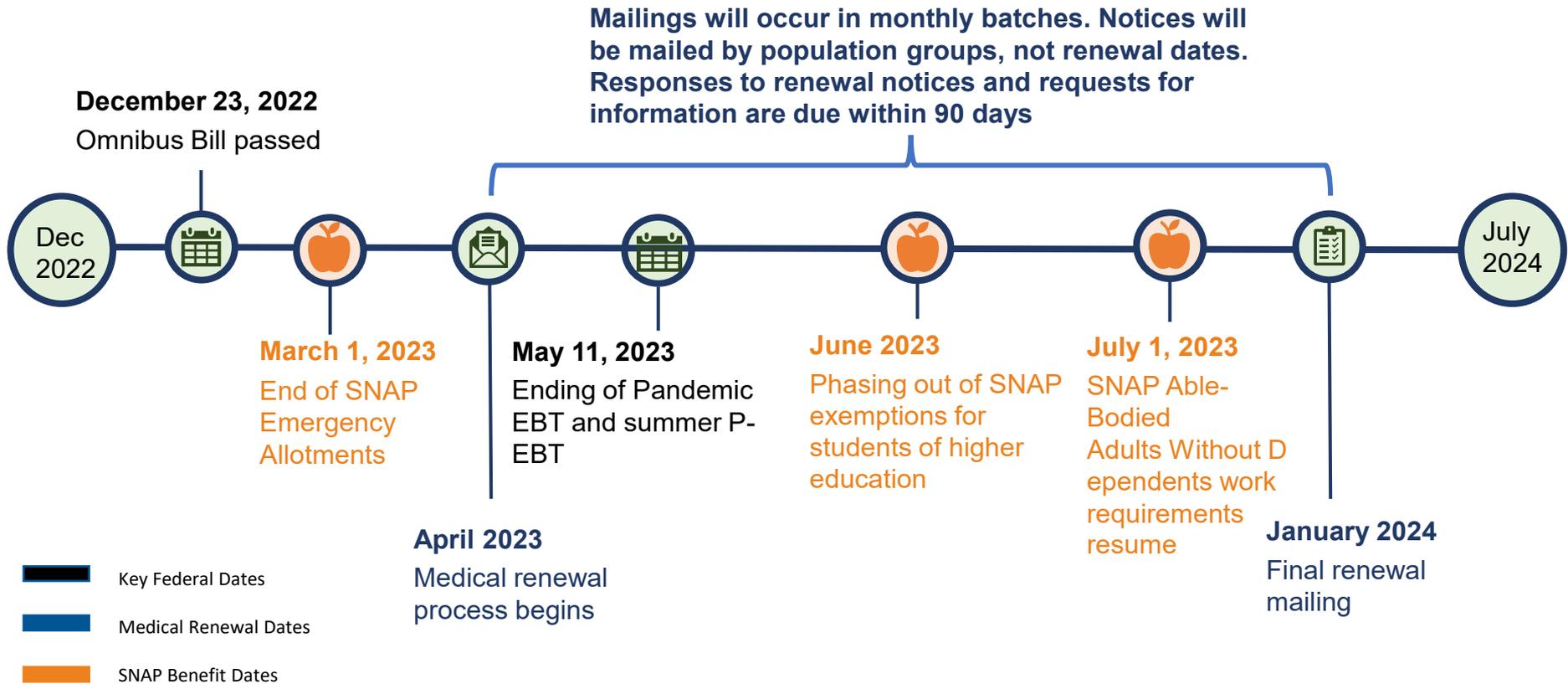
- Welcome and introductions
- Updates and follow up
 - End of the PHE announcement
- Continue Discussion on CPWG recommendations
- Met Group presentation on research and messaging testing for populations with specific needs
- Wrap up

Introductions

Please share your:

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

Unwinding Timeline



End of the COVID-19 PHE

On Jan. 30, 2023, President Biden announced that the COVID-19 Public Health Emergency (PHE) will continue through May 11, 2023. The end of the PHE impacts:

- **SNAP Able-bodied Adults Without Dependents (ABAWD):** Work requirements will resume on July 1, 2023, for SNAP recipients who meet the criteria for ABAWD status. Clatsop, Lincoln and Tillamook Counties are exempt from this requirement. The Cow Creek, Grand Ronde, Klamath, Siletz and Warm Springs Tribes also are exempt.
- **SNAP Temporary Exemptions for Students:** SNAP temporary exemptions for students of higher education will begin phasing out in June 2023. The exemptions allowed more students to be eligible for monthly food benefits.
- **Pandemic and Summer PEBT:** These food benefits have been issued periodically for children whose access to adequate and quality food may have been impacted by COVID-19 and will end when the PHE ends. Oregon will issue retroactive Summer PEBT benefits for 2022 in mid-March 2023.

Survey results: For further discussion (mixed results)

Community Partners

Maximize the use of Community Based Organizations (CBOs) and other community partners organizations that partner with the agencies by increasing the scope of the support they can provide to medical/ Oregon Health Plan enrollees to include other ONE Eligibility benefits.

To achieve this 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 and should fully implement this change during the first six months of 2023.

Survey results: For further discussion (flagged)

Community Partners and Jails

OHA and ODHS should prioritize Community Partner application assisters in each jail in Oregon. Onsite jail and prison staff should be trained as assisters to sign people up for OHP, and the State should ensure that this assistance be integrated into the release process.

Survey results: For further discussion (mixed results)

Community Partners/ One System

Allow providers of services for people experiencing homelessness to access the ONE system similarly to community partners.

Survey results: For further discussion (flagged)

Use MMIS to flag those up for redeterminations

Flag people who are up for redeterminations in MMIS and provide talking points for providers and staff checking eligibility to see, so they can provide additional support to their clients.

Survey results: For further discussion (mixed results)

Eligibility Denials Appeal Data

Review of member appeals in response to eligibility denials by language, race and ethnicity, to determine if members with limited English proficiency or other populations are less likely to appeal eligibility denials.



Q&A

Unanswered questions from the January 26 meeting

Questions

- If a person changes CCOs, will authorizations that are in progress automatically extend to the next CCO?
 - Answer: generally, no. PAR 410-141-3850 identifies circumstances that required continued access to care.
- Request to spend additional time talking about the notification paperwork.
- For non-MAGI members who are aging into Medicare where interview is required, if they don't respond, is there any special effort made to reach out to them?

Stretch break

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



Survey results: For further discussion (flagged)

Community Partners

Provide proper training for agency staff and partners engaging in redetermination-related outreach and communications with MAP enrollees, community-based organizations (CBOs), Coordinated Care Organizations (CCOs), and other partners.

Survey results: For further discussion (flagged)

One System

Resolving the ONE system's technical and operational issues to:

- Minimize barriers to access and reduce loss of coverage for eligible clients, and
- Streamline the process of requesting and gathering additional information from OHP members.

Survey results: For further discussion (flagged)

7. Phase in renewals by population to help prioritize people with disabilities, elderly populations, and other groups who may utilize healthcare services more frequently or are in greater need of continuous, uninterrupted health coverage.

Survey results: For further discussion (flagged)

Unhoused populations

For unhoused populations, implement a presumptive eligibility process as is done within hospital settings at other health care provider settings including but not limited to doctor's offices, clinics and other health settings.

Survey results: For further discussion (flagged)

Community Partners

10. Increase trust and improve communication between agencies and community partners by:
 - Providing consistent avenues for community partners to share technical and operational issues that impact them most, and
 - Addressing issues and removing related barriers in a timely and transparent way.

Survey results: For further discussion (flagged)

Community Partners

Increase funding for assisters when assisters are asked to track more information, perform more services such as supporting health care navigation for individuals new to benefits, and conduct more reporting.

Survey results: For further discussion (flagged)

One System

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Priority population communication

OHP member and CBO engagement research insights
Initial direction for communication campaign plan

Presented to CPWG, Feb. 9, 2023

By Metropolitan Group

Objective: Engage and support populations that may miss OHP updates or need extra help

- Asian & Pacific Islanders
- Black & African Americans
- COFA Islanders
- Farm workers
- Latinos/as/x
- Native Americans
- Older adults (65+)
- People leaving judicial system
- People leaving private hospitals
- People living in remote areas
- People living w I/DD
- People living w mental illnesses
- People living w disabilities
- People w low or no literacy
- People w substance use disorders
- Recent immigrants
- Undocumented residents
- Unhoused or housing insecure community members
- Young adults, emancipated youth, and youth aging out of foster care

(recognizing the intersectionality between and among these groups)

Methodology for message testing and input

- Online survey of people receiving state benefits, reached 13 of the groups
 - Shared via OHA/ODHS channels and CBOs
 - 1,155 replies
- CBO input sessions with 13 of the groups (5 pending)
- Focus groups with five populations
 - Members of Oregon's nine sovereign nations
 - Older adults (65+)
 - People with intellectual or developmental disabilities
 - People living in rural/remote areas
 - People with low or no literacy
- Facebook ad testing

Finding: Need for urgency, support, clarity

- **Balanced tone—urgency + care—will be critical**
 - Alert-oriented language (e.g. "Change is coming" or "It's renewal time")
 - Survey: "Make sure your benefits are there when you need" vs. "don't risk losing your benefits."
 - Underscore that action is do-able and meaningful
 - "Act now ... and we're here to help "
- **Clear, simple instructions of *what to do***
 - People already understand the value of coverage—no need to convince
 - The "why" of redetermination is not important; mentioning COVID and PHE are merely confusing
- **Tap into relevant, shared, values: family/aspiration, health, equity**

Finding: Friendly and clear creative tests best



Replace icons with OHP related icons



Change headline:
Do you get OHP?

Adjust color, font,
font size

Make the "steps"
match the "steps"
in the messages

Finding: Clear, simple message needed—in many languages

Change is coming to OHP. (Or OHP renewals are starting again.) Take action to keep covered.

Step one: Update your address so we can reach you with important information. You can do that online, by phone or in-person.

Step two: Watch your mail for a letter from OHP. Sign up for a text or email alert to let you know when the letter is coming. When it comes, do what it asks right away.

Free help is available online, by phone or in-person.



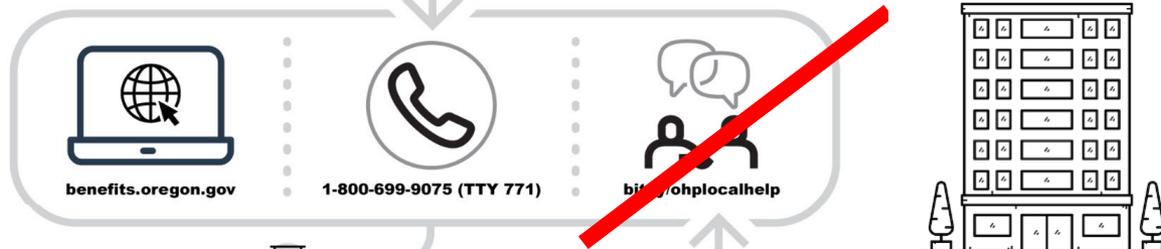
+ specific details by audience, e.g., what adaptations are covered for people living with a disability, what to do if you don't have a stable address, etc.

Finding: Visual icons works; simplicity needed

1



Take action
or get free
help:



2



Finding: Use existing channels + word of mouth

- Social media
 - Facebook, Instagram, YouTube, WhatsApp
- Online
 - Job search sites, community resources
- Text
- Healthcare settings
 - ER/ED, CCOs, clinics, behavioral health centers, veterans' services, first responders
- Community connections
 - Grocery, library, laundromat, malls, bookstores, coffeeshops, faith settings, events, foodbanks, thrift stores, schools, senior centers, pharmacies
- 1:1 connections and word-of-mouth
 - Outreach teams, peer assisters, CBOs, faith community, DHS offices, CPOP
- Ads
 - Billboards, radio, public transit, direct mail

Findings specific to people experiencing homelessness or housing insecurity

Existing strong communication

- Many have mobile phones
- Networks and assisters are effective

Barriers to typical OHA communication

- Lack of permanent mailing address
- Lack of internet or technology
- Lack of trust in government and/or trusting relationships with providers
- Age (e.g., minors unable to change their benefits)

Specific communication solutions

- Waterproof materials for outreach workers
 - List / map of community assisters, with phone, address, hours
 - Half sheet for outreach workers
- Information for emergency room staff

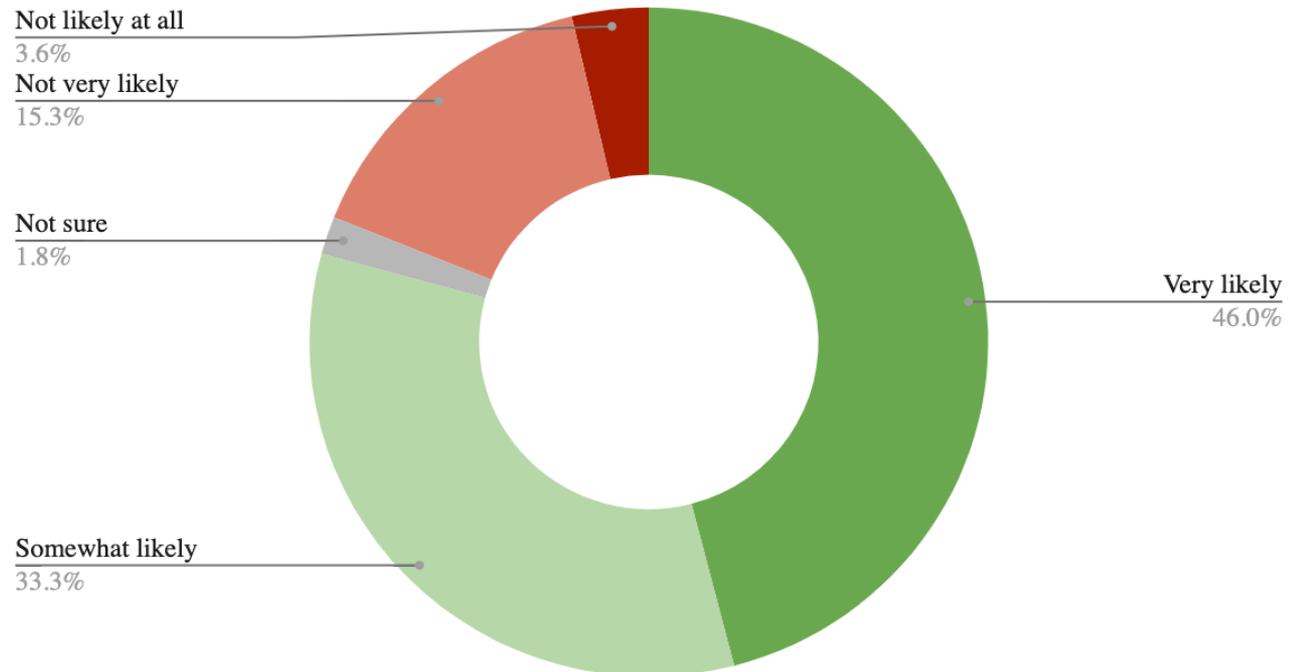
Significant intersectionality with other audiences including youth, rural, Latino/a/x, Black, Native American, living with disability or behavioral health need

Finding: In survey, 79% are likely to update info

Survey

- 90% “somewhat” or “very” (65%) likely to want to learn more based on messaging
- 79% likely to update contact info
- Most want to update online—but survey was online

Q48: Likelihood of confirming or updating their contact information



Finding: Frustration, overwhelm are barriers

Frustration with the system or the process	<p><i>“If I didn’t have to wait on the phone long, and the Q&A went by quick.”</i></p> <p><i>“Because they are never easy to reach, especially by phone.”</i></p> <p><i>“Easier renewal. Count income and not adoption subsidy and foster care payments/CANS, or parent caregiver funds that are not taxable due to pandemic and no workers being available.”</i></p> <p><i>“I am mute and mostly immobile ... the state of Oregon has a subpar online service for those with extreme disabilities.”</i></p> <p><i>“[I need] a simplified way to communicate through text.” “Not having to talk on the phone.”</i></p>
Misunderstanding of the need or the process	<p><i>“I am very healthy and already have good benefits.”</i></p> <p><i>“If I need to know something, they will get ahold of me.”</i></p> <p><i>“My information hasn’t changed.”</i></p> <p><i>“I would wait for a confirmation from them.”</i></p>
Complacency	<p><i>“It doesn’t seem too important to me.”</i></p> <p><i>“Just seems like too much trouble to go through.”</i></p>
Overwhelm	<p><i>“Because I am too busy surviving.”</i></p>
Distrust	<p><i>“I prefer not to have them have my personal information ...my address and phone number.”</i></p>

Finding: Discussions emphasize proactive outreach and 1:1 help

- Focus group participants are likely to take action unless they are:
 - Scared into freeze mode or avoidance
 - Unaware what the change is about or that it is relevant to them
 - Overly skeptical that the process will work for them (e.g., anticipating long holds, dropped calls, challenges with the website, poor treatment in state offices or call centers)
- There is a need for proactive communication in addition to the letter
 - Phone calls, texts, emails and flyers from CBOs, CCOs, social workers or peers
 - In-person support and/or tutorials and workshops
- Persistent challenges continue to come up
 - Mistrust, complex information and process, long wait time up against short breaks and no flexibility in work schedule, language barriers, lack of stable address to receive letter
- CBOs are highly engaged, hungry for information, eager to reach out and support redetermination

In process communication strategies

- A - Serve OHP members with clear, focused info
- B - Equip the network of messengers
- C - Say it multiple times and ways, in the environment
- D - Be publicly accountable and transparent
- E - Adapt and respond

Finding: Many barriers transcend communication

- Lack of permanent address, unreliable mail
 - Provide other ways to get the letter (download, email, etc.)
- Technology gaps
 - Website not mobile-friendly until later this year
 - Many lack (internet-enabled) phones or have unreliable cell/internet service
- Inadequate OHP customer support
 - Assistors are available only M-F, 9-5
 - Long wait times at the call center
 - People lack transportation and/or time off work to get to DHS office
 - Social workers are also stretched thin

"If I could text or if ONE Oregon was mobile-friendly, it wouldn't be frustrating. I would know they got my text and they'll text me back whenever they process it. I wouldn't have to waste a whole day of my life as a parent..."

Finding: Barriers beyond communication, cont.

- Need to build capacity for culturally responsive, respectful service among OHA/ODHS staff
 - Many CBOs offered to provide resources or training for call center and other staff working with cultural communities, older adults, people with disabilities
 - At minimum, work with each CBO to create a tip sheet on supporting their population

"My family coach...she is the only human being in that entire big building that makes me feel like I'm not wasting her time...They [State benefits office staff] make it seem like we're an inconvenience."

"I feel like a burden to whoever I come into contact with [at State offices]" (specifically mentioned "a racial scene thing" as a mother of children of color)

Next steps

- Feb. 23: MG presents communication plan to CPWG
- Week of Feb. 27: MG finalizes plan with OHA/ODHS
- March: MG begins creating core materials in multiple languages and distributing to CBOs ASAP
 - Specific release dates of campaign materials/phases TBD
- April (TBD): Paid media launches
- April – December+
 - MG implements full campaign
 - MG works with CBOs, Feedback App team and all other channels to listen and evolves
 - MG serves emerging needs through TA Bank

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

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?

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.

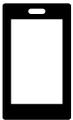
Meeting Info and Resources

Date	Materials	Notes
May 26, 2022 3:00 pm – 5:00 pm	5.26.22 Materials	5.26.22 Notes

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 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!

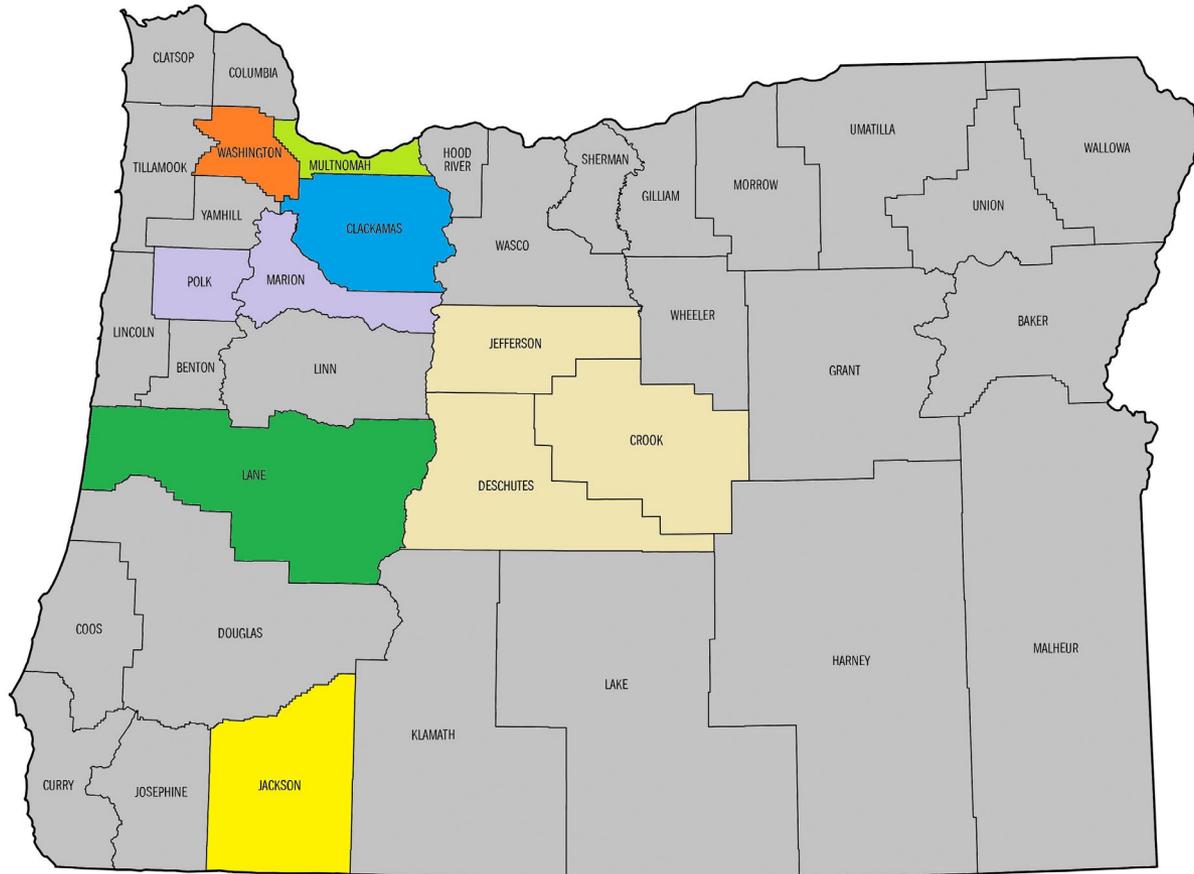
Youth Experiencing Homelessness Program (YEHP)

- 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

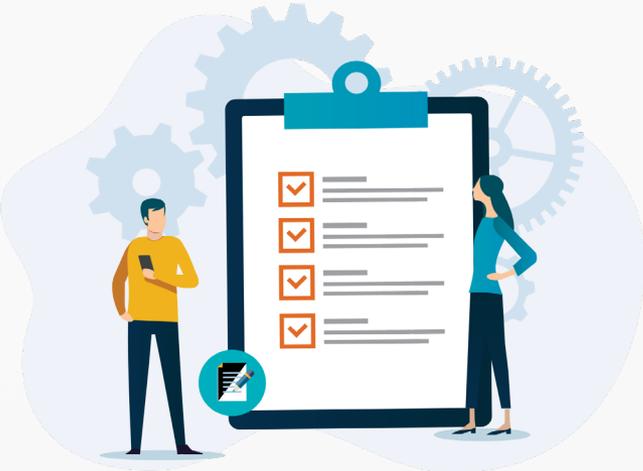
People receiving benefits and partner organizations will be paying attention. Now is the moment to clearly and proactively communicate so we can help them navigate the transition and build trust.

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>			



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

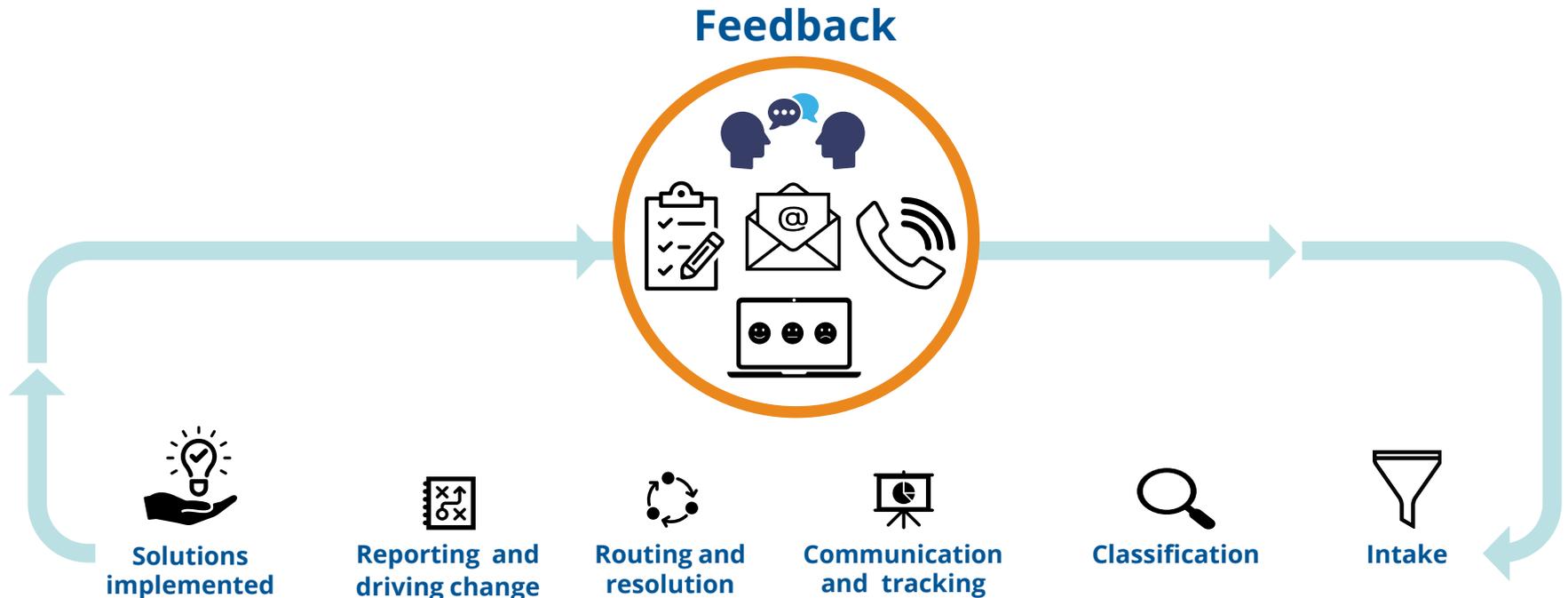
- Multipronged effort to encourage people to update their contact information
- Staff to verify with every contact; give CCOs ability to make updates
- Use proven outreach approaches for people who are unhoused

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?

