
Community and Partner Workgroup (CPWG)

Meeting 7
September 15, 2022

Sarah Dobra, External Relations Division
Maria Castro, Division of Equity and Inclusion
Megan Auclair, PHE Unwinding Project Lead
Michael Anderson-Nathe, Consultant

Meeting Objectives

1. Continue to build relationships among members
2. Continue conversation on redetermination sequencing and populations of interest

Agenda

- Welcome and introductions
- Updates and follow up
- CPWG member open space
- Continued discussion on redetermination priority populations and sequencing
- Meeting close and next steps

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
- What questions or concerns are you hearing in your community or with those you work about public health emergency unwinding/redeterminations?

Updates and follow-up

Updates and follow up on issues raised

CPWG Member Open Space

Open time for members to raise questions, present topics they want this group to look into, or provide input.

Stretch break

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



Stretch break

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



Priority Populations and Redetermination Sequencing

Goal: Review identified redetermination approach and make CPWG recommendations around approach.

Today's Goal: Review population order, finalize any workgroup recommendations for sequencing

Today we will:

- review each population,
- the population's proposed approach,
- and determine if the Workgroup agrees with that approach or makes other recommendations.

In future meetings will look at:

- communication and programming strategies for any populations Workgroup identifies population.

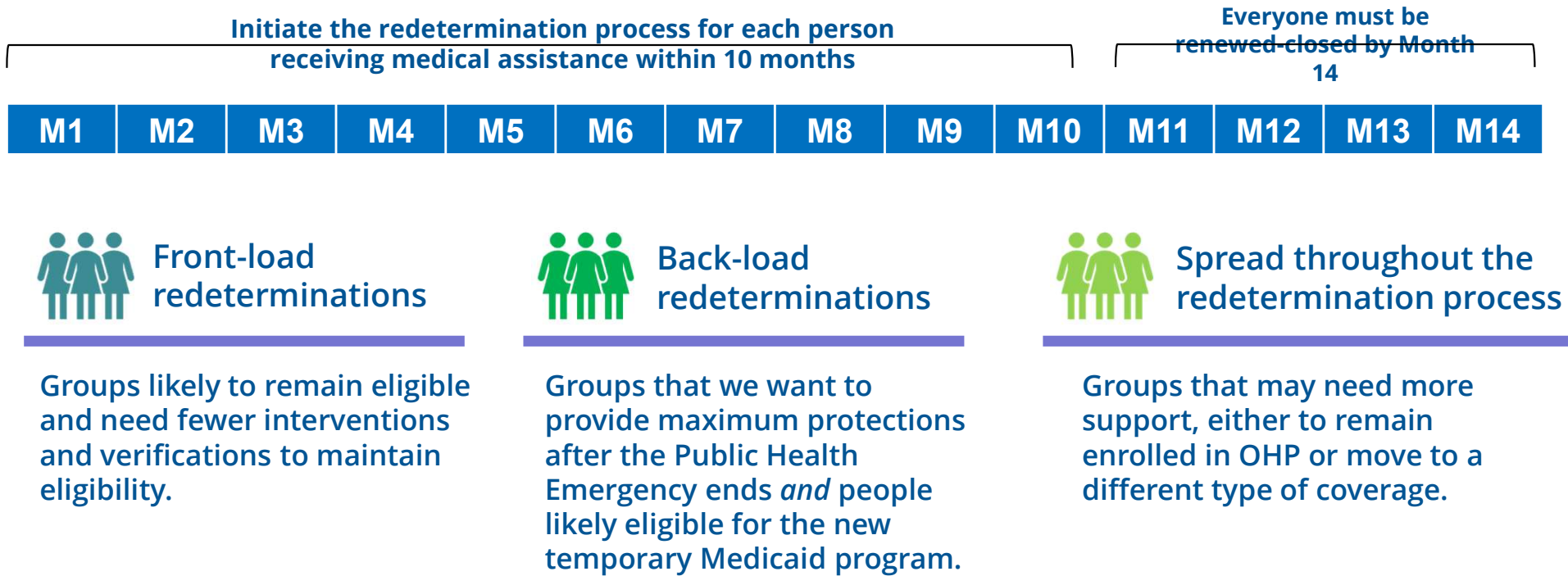
Updates to the Slides

Est. #
136,858

Since our last meeting:

- Added the estimated number of cases to each of the 8 population groups
 - Please note:
 - these represent cases, not individuals
 - These numbers are a snapshot at a specific point in time and fluctuate over time. These are the number of cases as of July of this year
- We will pick up where we left off:
 - We agreed on the proposed sequencing approach for:
 - OHP Plus and Long-Term Care Services 1
 - OHP Plus and Long-Term Care Services 2
 - Pregnancy and Newborn
 - Start at Parent Caretaker








Renewal approaches supporting continued access



- Practical considerations:
 - Months with fewer staff & agency and community resources (Nov, Dec, Jan)
 - Marketplace enrollment

Population groups that can have one of the three approaches taken with them (8 groups)





CPWG has opportunities to recommend approaches to prioritize WHEN these populations go through redeterminations & additional communications and programmatic support we should implement.

 	 	 	
OHP Plus and Long-Term Care Services 1 At least one individual receiving OHP Plus and Long-Term Care Services whose income is over the regular OHP limits – they're eligible at a higher income threshold because of their Long-Term Care Service	OHP Plus and Long-Term Care Services 2 At least one individual who is eligible for OHP Plus and is also receiving Long Term Care Services.	Pregnancy and newborn At least one individual receiving program benefits indicating that they are pregnant or within the postpartum eligibility period, or indicating that they're a child under the age of 1 year	Parent Caretaker: At least one individual receiving program benefits which indicate they are a parent or caretaker relative of a child in their home
Spread-throughout	Spread-throughout	Back-load	Front-load

 The star indicates that the CPWG discussed the population group at the August 18th meeting and recommended the sequencing approach described above in the green bar.

Population groups that can have one of the three approaches taken with them (8 groups) continued

CPWG has opportunities to recommend approaches to prioritize WHEN these populations go through redeterminations & additional communications and programmatic support we should implement.





 Child Benefits At least one individual receiving Medicaid under the age of 19 Front-load	 Supplemental Security Income benefits At least one individual receiving Supplemental Security Income benefits Front-load	 Medicaid Savings Plan At least one individual not receiving Oregon Health Plan coverage, but receiving assistance paying for their Medicare premiums Spread-throughout	 Others Any case with no individuals captured by the groups listed above Spread-throughout
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Recommendations SCOPE: CPWG can make communications and programmatic recommendations about additional populations, however additional populations cannot be added to redeterminations timeline

Populations with additional considerations

CPWG has opportunities to recommend approaches to prioritize WHEN these populations go through redeterminations & additional communications and programmatic support we should implement.

 Bridge Plan At least one individual likely to be eligible for the Bridge Plan; they meet all non-financial eligibility criteria, with income below 200% FPL	 COVID Exemptions At least one individual who is identified as receiving a financial or non-financial COVID exemption, indicating that they've maintained eligibility solely due to PHE protections	 Presumptive Disability Population At least one individual who is receiving presumptive disability benefits and have not provided verification of disability, but have remained open due to the PHE	 American Indian/ Alaska Native At least one individual who is identified as American Indian/Alaska Native
Back-load	Front-load	Spread-throughout	Spread-throughout

Populations with additional considerations continued

CPWG has opportunities to recommend approaches to prioritize WHEN these populations go through redeterminations & additional communications and programmatic support we should implement.



Houseless Population

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

Spread-throughout



SNAP

At least one individual who is receiving both medical and SNAP benefits

Spread-throughout



Non-English Language

At least one individual who indicates that their primary language is something other than English

Spread-throughout



Others

Individuals not captured by the groups listed above

Spread-throughout

Population Sequencing: OHP Plus and Long-Term Care Services 1

At least one individual receiving OHP Plus and Long-Term Care Services whose income is over the regular OHP limits – they're eligible at a higher income threshold because of their Long-Term Care Service needs.

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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
17,557



OHP Plus and Long-Term Care Services 1

**Planned approach:
Spread-throughout**

Population Sequencing: OHP Plus and Long-Term Care Services 2

At least one individual who is eligible for OHP Plus and is also receiving Long Term Care Services.

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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
31,623



OHP Plus and Long-Term Care Services 2

**Planned
approach:
Spread-
throughout**

Population Sequencing: Pregnancy and newborn

At least one individual receiving program benefits indicating that they are pregnant or within the postpartum eligibility period, or indicating that they're a child under the age of 1 year

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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
19,581



Pregnancy and
newborn

**Planned
approach:
Back-load**

Population Sequencing: Parent Caretaker

At least one individual receiving program benefits which indicate they are a parent or caretaker relative of a child in their home. Generally, under 55% of the FPL. If lose eligibility they move into adult program

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est.
cases
87,449



Parent Caretaker

**Planned
approach:
Front-load**

Population Sequencing: Child Benefits

At least one individual under the age of 19. This is the Medicaid child with income under 138% of Federal Poverty Level; this is not Children's Health Insurance Plan (CHIP where child eligibility is up to 305%); SNAP likely companion

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
136,858



Child Benefits

**Planned
approach:
Front-load**

Population Sequencing: Supplemental Security Income Benefits

At least one individual receiving Supplemental Security Income benefits

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
50,159



Supplemental
Security Income
Benefits

**Planned
approach:
Front-load**

Population Sequencing: Stand-Alone Medicare Savings Program

Stand-Alone Medicare Savings Program: at least one individual not receiving Oregon Health Plan coverage but receiving assistance paying for their Medicare premiums. State pays out-of-pocket Medicare costs.

Does the workgroup agree with planned approach for this population?

- Yes / No
 - 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?

Est. cases
66,511



Medicare Savings
Plan

**Planned
approach:
Spread-
throughout**

Population Sequencing: Other

Any cases with individuals not part of the listed groups

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
697,724



Other

**Planned
approach:
Spread-
throughout**

Populations with additional considerations: Bridge Plan

At least one individual likely to be eligible for the Bridge Plan;
they meet all non-financial eligibility criteria, with income below
200% FPL

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
32,286



Bridge Plan

**Planned approach:
Back-load**

Populations with additional considerations: COVID Exemptions

At least one individual who is identified as receiving a financial or non-financial COVID exemption, indicating that they've maintained eligibility solely due to PHE protections

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
63,577



COVID Exemptions

**Planned approach:
Front-load**

Populations with additional considerations: Presumptive Disability Population

At least one individual who is receiving disability-based OHP who self-attested to being disabled during the Public Health Emergency. Disability verification by the Social Security Administration or the Presumptive Medicaid Disability Determination Team pending.

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
823



Presumptive Disability
Population

**Planned approach:
Spread-
throughout**

Populations with additional considerations: American Indian/ Alaska Native

At least one individual who is identified as American Indian/Alaska Native

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
8,048



American Indian /
Alaska Native

**Planned approach:
Spread-
throughout**

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?
- Yes / No
 - 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

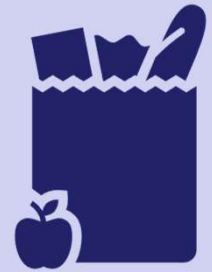
**Planned approach:
Spread-
throughout**

Populations with additional considerations: SNAP

At least one individual who is receiving both medical and SNAP benefits.

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
90,500



SNAP

**Planned approach:
Spread-
throughout**

Populations with additional considerations: Non-English Language

At least one individual who indicates that their primary language is something other than English

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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
60,087



Non-English Language

**Planned approach:
Spread-
throughout**

Populations with additional considerations: Other

Individuals not captured by the groups listed above

- Does the workgroup agree with planned approach for this population?
 - Yes / No
 - 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?

Est. cases
495,678



Other

Planned approach:
Spread-throughout

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

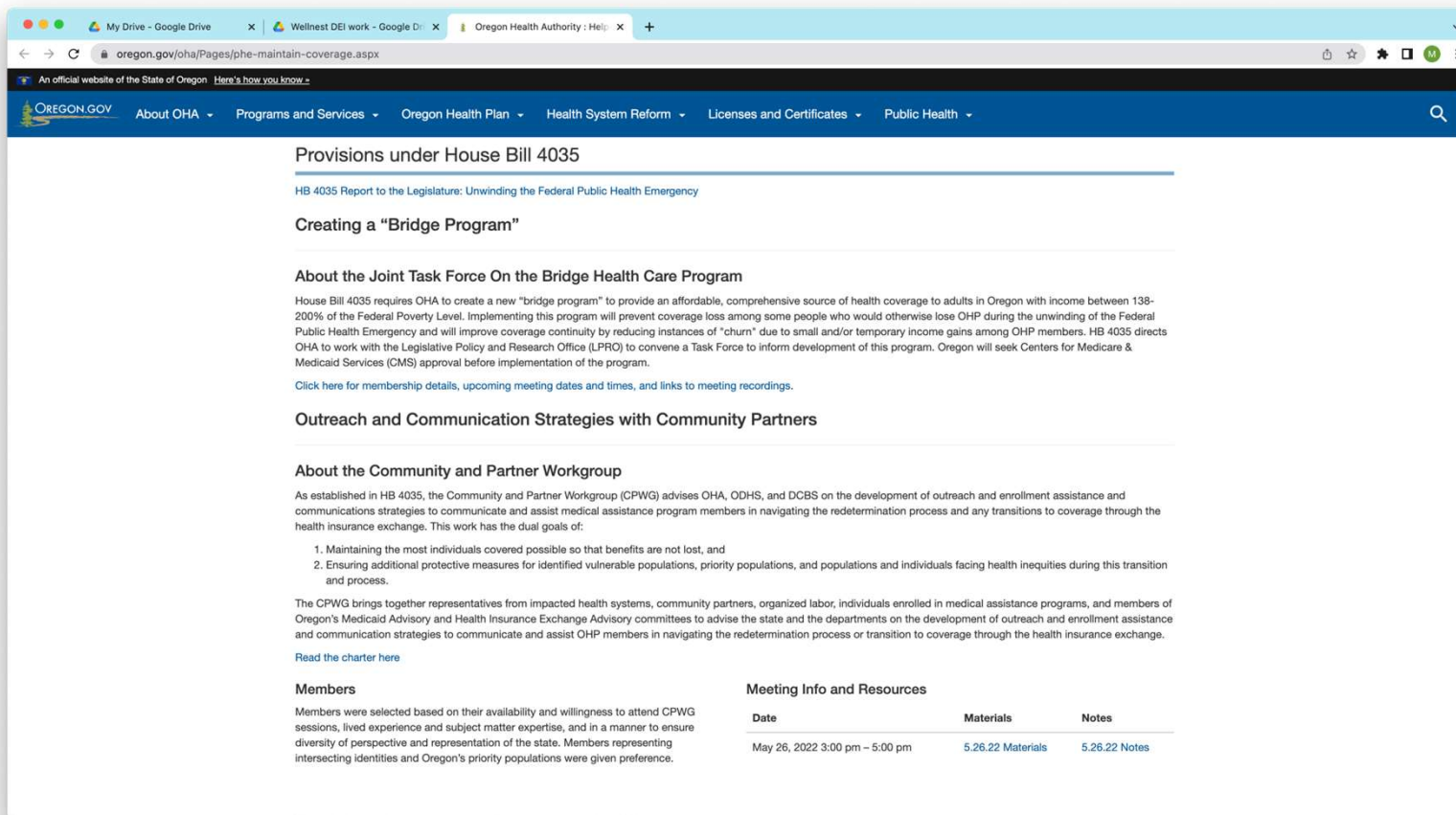
**What is
missing or
what would
you add?**

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>



The screenshot shows a web browser displaying the Oregon Health Authority website. The page title is "Provisions under House Bill 4035". The main content includes:

- 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”



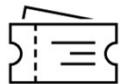
Media platforms: social media, radio, television, other methods of advertising – recommended in 10/76 (13%) responses.

- “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.

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.”



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

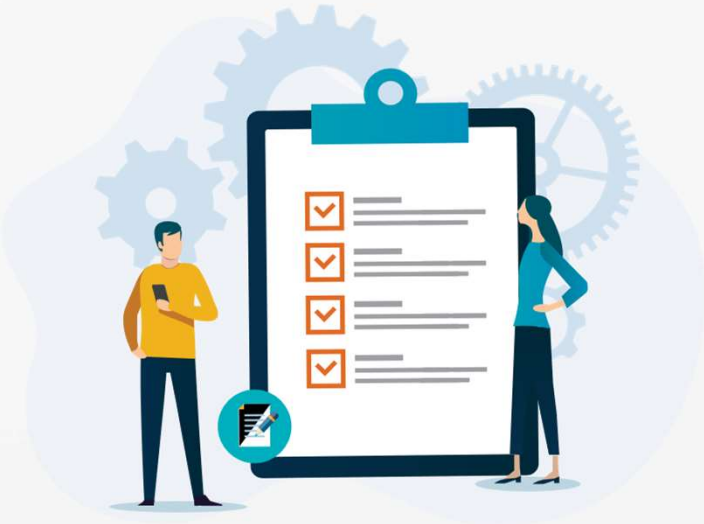
People receiving benefits and partner organizations will be paying attention. Now is the moment to clearly and proactively communicate so we can help them navigate the transition and build trust.

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	Encourage people to update their contact, income and household information.	<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.
Solicit and use partner, benefit recipient and Community Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHE-unwinding efforts.			



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!

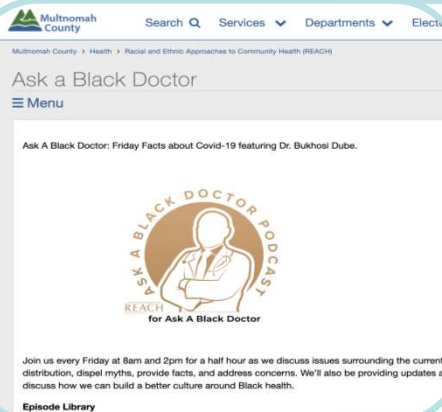
Share your comments, concerns and questions about the Oregon Health Authority's COVID-19 response.

Ways to share

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

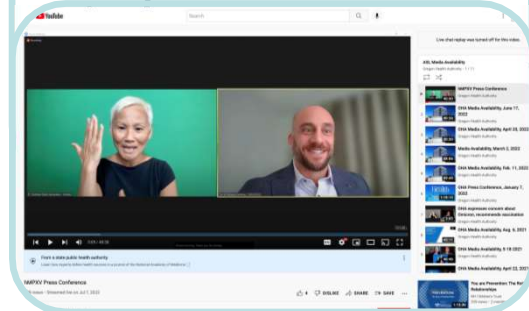


Solicit and use feedback from beneficiaries and partners to improve operations, communication and outreach



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

Build accessibility into our channels and



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

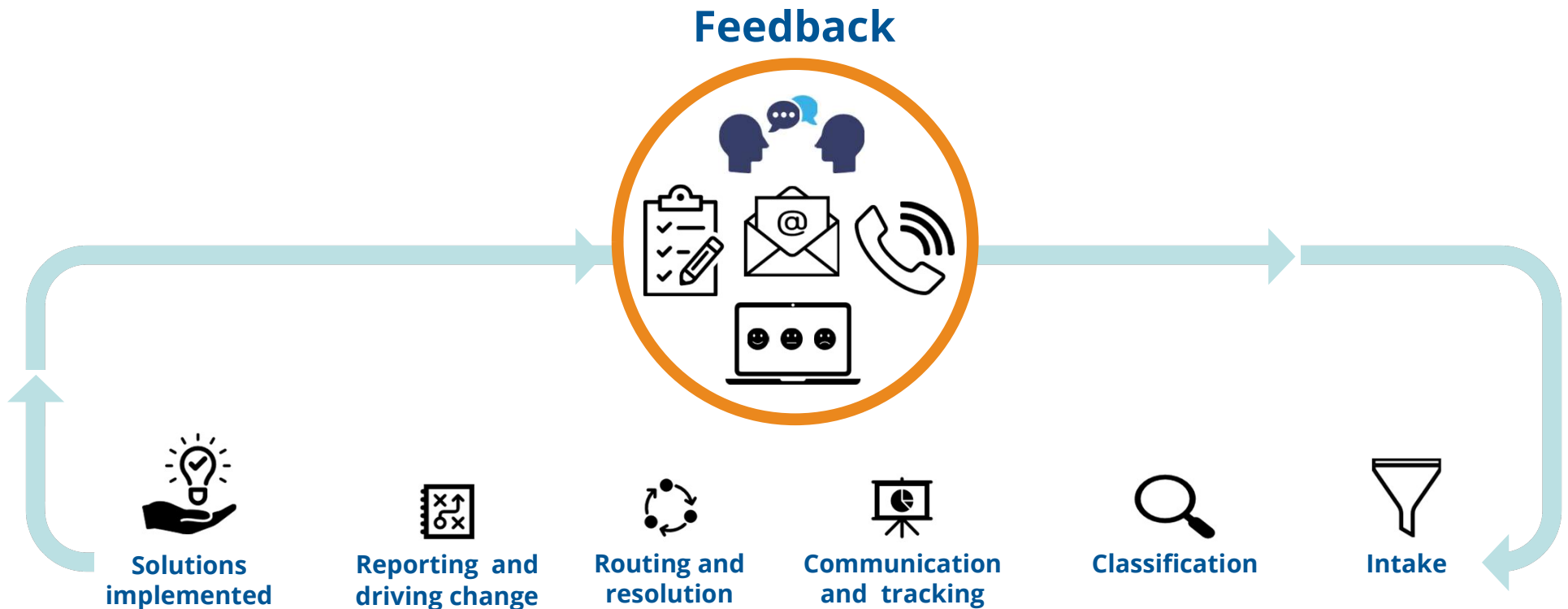
- Multipronged effort to encourage people to update their contact information
- Staff to verify with every contact; give CCOs ability to make updates
- Use proven outreach approaches for people who are unhoused

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?

