



Listening First: Early Lessons in HRSN Provider Engagement in Lane County

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Presentation Presenters



Elliot Sky
Health-Related Social Needs
Program Manager, PacificSource



Dominique Lopez-Stickney
Senior Director, Medicaid / Health
Equity Co-Administrator, Trillium
Community Health Plan

Conflict of Interest

- Neither presenters have actual or potential conflict of interest in relation to this presentation.

Outline

- HRSN Services overview
- HRSN Provider engagement
- Key themes
- Early steps taken
- Lessons learned/takeaways

Health-Related Social Needs



Housing
Supports



Nutrition
Supports



Climate
Supports



Outreach &
Engagement

HRSN Services Overview

Timeline	
March 2024	Climate (Home Changes for Health)
August 2024	Community Capacity Building Funding (CCBF) Round 1
November 2024	Housing Supports
January 2025	Nutrition Services: Medically Tailored Meals and Nutrition Education
October 2025	CCBF Round 2
June 2026	Nutrition Services: Pantry Stocking and Fruit & Vegetables

Who are our HRSN Service Providers?

- Local Community Based Organizations
- Non-profits
- For-profits
- Government agencies
- Community Action Agencies
- Housing Providers
- Food Providers

Engagement Approach



Key Themes



Effective Communication

- **More checklists:** Providers would like checklists for all the different touchpoints. E.g., a checklist for CCBF funding, for contracting etc. They also suggested a checklist for members.
- **One point of contact with each provider:** Providers need a clear contacts at each CCOs: for questions, problems etc.
- **CCO Hotline:** A quick way to get immediate assistance while helping a member, from someone who knows the process.



Streamlined Workflows

- **Clearer articulation of process flow using a visual flowchart:** Visualize the end-to-end process.
- **Fix pain points with Unite Us:**
1. Paying back rents is a challenge.
2. Community members have to submit documents twice: to Unite Us, then CBOs.
- **External referrals process:** Need to collect better, detailed information so the member outreach is contextualized and trauma-informed.
- **Having seed money:** To bridge financial gaps when needed.



Training, Technical Assistance, Other Resources

- **More granular, role-specific training:**
1. Providers want training that is specific to a process step and more of a deep dive (e.g., invoicing). 2. Video trainings that work as a refresher, all saved in one place for easy access on-demand.
- **Platform for providers to connect with each other:** Open forum for providers (like a Reddit) to ask questions, share learning.
- **Training that helps providers and members bridge gaps:** Between HRSN services and other supporting services.

Early Steps Taken

Feedback has influenced our approach and priorities for ongoing support to our HRSN Service Providers.

- Identifying CCO internal areas where more staff support is needed for our Providers.
- Developing new onboarding systems with checklists, improvements to contracting, and trainings.
- Continued focus on CCO collaboration and information sharing to minimize workflow variations.
- Taking HRSN Provider feedback to Unite Us to advocate for system enhancements.
- Continuation of in-person and remote HRSN Provider meetings.

Lessons Learned/Takeaways

- Building new HRSN Networks is challenging and evolving - there isn't a current blueprint for building out these services.
- It is important to consider current Social Services systems as we develop and grow HRSN workflows.
- HRSN creates a reason to make connections and increase collaboration between Social Service and Medical partners.
- There is a collective desire to align on a long-term vision for our community.



"Our community came together to figure out how to best serve our neighbors. I know more about other orgs and how they help the community because of this work."

HRSN Provider



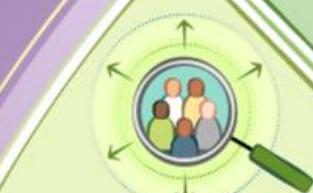
"Rental assistance allowed me to pursue my dreams..."

HRSN Participant



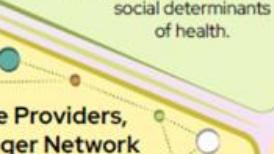
Member-Centered Care

Community feedback shapes services to meet real needs.
Support evolves with members for long-term stability.
Members have access to a range of services for holistic support.



Wider Access, Greater Impact

More people receiving services, especially underserved groups.
Early intervention, focusing on social determinants of health.



More Providers, Stronger Network

Expanded provider diversity, capacity, and collaboration.
Providers become partners and create a referral network.
Resources and education readily available for all.
More stakeholders working together—providers, CCOs, landlords, and more.



A Community Invested In Its Neighbors' Wellbeing

We build a stronger community together.
This is our community, and these are all our neighbors.



Proven Results, Real Savings

Small investments lead to significant savings in lives and costs.
Oregon's successful HRSN model is rolled out nationwide.



Highly Collaborative, Integrated Model

Hub model with HRSN at the center, integrated referrals, coordinated entry.
Breaking down silos for better communication and collaboration.
HRSN integrated with safety net and social services.



Smart, Connected Technology

One-stop 'Health Benefits' platform links housing, healthcare, other services.
Unified database eliminates fragmentation and inefficiencies.
Integrated records ensure smooth access to all resources.



Sustainable Funding, Lasting Solutions

Increased long-term funding for stability.
More investment in a diverse range of housing solutions.
Sustainable support for all providers, especially smaller and newer ones.

Health-Related Social Needs (HRSN) Vision 2030

Co-created by Lane County Housing Providers and CCOs



OREGON'S INNOVATIVE MEDICAID APPROACH

**Connecting Care, Strengthening Communities,
Supporting the Whole Person**

"HRSN saved my family home. I now feel empowered to live my best life successfully!"

HRSN Participant

"Oregon creates model program – HRSN rolled out nationwide"

In the News





Thank You.