



Yamhill Community Care Organization Community Health Hub Referral

All referrals should be faxed to:

503-857-0767

Questions? Contact Jennifer Jackson at 503-376-7426 or jjackson@yamhillcco.org.

Use this form if you have a patient who needs additional support. You may request a specific service (see back/page 2) or simply describe the patient's needs and we will direct the patient to appropriate care.

PATIENT/MEMBER/INDIVIDUAL BEING REFERRED

Name: _____ DOB: _____

Phone #: _____ YCCO/Medicaid ID #: _____

Address: _____ Language: _____

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

Please provide as much information as possible so that your referral can be assigned to the appropriate resource. (see back/page 2 for more information.)

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| <input type="checkbox"/> Frequent ED visits | <input type="checkbox"/> Lack of support system (crisis management, socialization) |
| <input type="checkbox"/> No PCP engagement | <input type="checkbox"/> Chronic disease management |
| <input type="checkbox"/> Complex health issues (Call 503-416-8055) | <input type="checkbox"/> Weight or nutrition management |
| | <input type="checkbox"/> Needs MDT discussion (see back/page 2) |

Additional Information: _____

PERSON MAKING THE REFERRAL

Date of Referral: _____ Your Name: _____

Name of Clinic/Hospital/Organization: _____

Contact Phone #: _____

Preferred Method of Contact (fax # or email address): _____

Office Use ONLY:

Date referral received: _____ Eligible? - Yes / No - If NO, reason: _____

Date this referral forwarded: _____

Forwarded to: MDT coordinator / CHW / Project ABLE / Community EMS / Self-Management / Pain Clinic / OTQL

Community Health Hub Resources

Patients should meet at least one of the criteria for referral

Check box to refer

<h2 style="margin: 0;">Multi-Disciplinary Team</h2>	<p>Multiple members of a high-need patient’s care team (primary care, behavioral health, etc.) meet to discuss intensive coordination of care for their patient.</p> <p>Attendance by the person who made the initial referral is encouraged. MDT meetings occur monthly at the CCO offices on the 4th Thursday of the month, 3-5pm. Each discussion is estimated to take approximately 15 minutes.</p>	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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Available only to CCO members 18 years or older:

<h2 style="margin: 0;">Community Health Worker</h2>	<p>Community Health Workers partner with members to remove barriers to being healthy, receiving health care, and navigating resources.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> High utilizer of ED or repeated inpatient hospital stays Has one or more chronic conditions Not engaged with Primary Care Provider 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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<h2 style="margin: 0;">Persistent Pain Program</h2>	<p>This 8-week program aims to reduce opioid overuse and help patients manage chronic pain in more holistic, effective ways.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Patient with chronic pain who is struggling to manage it 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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Available to all patients who meet criteria:

<h2 style="margin: 0;">Community EMS Services</h2>	<p>Community EMS services offers mobile healthcare, reducing the transportation barrier and reducing expensive and preventable ED visits .</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> High utilizer of healthcare services in Yamhill County Patient with chronic diseases needing routine care Care does not qualify for Home Health Services Needs post-discharge follow-up care 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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<h2 style="margin: 0;">Health and Wellness Workshop</h2>	<p>Health workshops, like Living Well and Walk with Ease, encourage patients’ empowerment in their own care and small steps towards healthier lifestyles.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Anyone with a chronic disease Family members or caretakers of someone with a chronic disease 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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<h2 style="margin: 0;">Project ABLE</h2>	<p>Project ABLE provides individual, team-based, and phone support to vulnerable patients, as well as employment resources and wellness activities.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Are coping with complex health, mental health, or co-occurring disorders Have children with complex health, mental health, or co-occurring disorders May be isolated or lack a support system 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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<h2 style="margin: 0;">Student Nutrition and Activity Clinic for Kids</h2>	<p>SNACK helps children and families make healthier lifestyle choices by providing one-on-one mentor sessions, education resources, and activities.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Child must be 17 years of age or younger. 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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