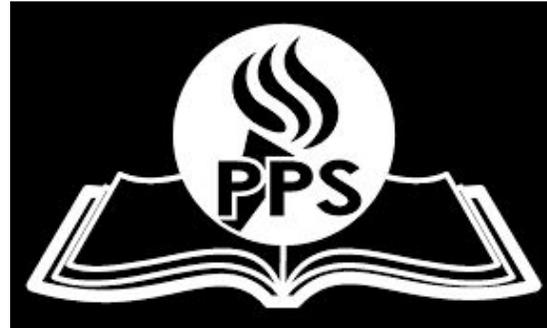

OHP Referrals for Portland Public Schools



March 2025



AGENDA

- Introductions
- CPOP overview
- OHP Referral Form for PPS staff
- Questions



What is the Community Partner Outreach Program (CPOP)?

Our team works towards achieving a stronger, healthier Oregon.

Through passion and collaboration, we elevate both the beauty in diversity and unique community needs.

Our mission is to engage communities across Oregon to advance an equitable and responsive health system.

What does CPOP do?

- Our work mainly centers around the Oregon Health Plan (OHP), its applicants and its members.
- Support a statewide and diverse network of more than 1,600 partners.
- Also support a statewide network of hospital staff who help with health coverage.
- Help on a regional and statewide level through training, education and by offering a dependable connection with the state.
- Provide grants to some of our Community Partner organizations.



2023 Community Partner Summit

OHP Referral Overview



OHP Referral Form for Portland Public Schools Staff



OHP Referral Form for Portland Public Schools

This is the Community Partner Outreach Program (CPOP) referral form to serve Portland Public Schools students/ families who are seeking Oregon Health Plan (OHP) assistance. To submit a referral to an OHP Certified Organization outside PPS, please refer to the Find Local Help page: <https://healthcare.oregon.gov/Pages/find-help.aspx>

IMPORTANT: Response time will be within 2-4 business days. If this is an emergency, please go to the nearest emergency room or call 911. Call 988 and press 1 for any mental health crisis.

Thank you for your patience.

Referrer Information

1. Name of person completing this form: *

Name

Phone Number *

Email *

2. Title/ Role: *

3. Consent to release Referred Individual Information obtained by PPS? *

- Yes
 No

4. Urgency Level *

- High
 Moderate
 Low

Client Information

Form here:

<https://app.smartsheet.com/b/form/e378a5fb9a454265a784eadf8cf7e511>

Consent to release Referred Individual Information obtained by PPS?

- OHA/CPOP cannot accept referrals without prior consent to release Referred Individual Information by PPS.
 - **consent can be verbal.**
- OHP Referral Form: Cannot move forward with the referral if answer is “**No**” to this question.

Participating Organizations

- African Refugee Immigrant Organization
- Cascade AIDS Project
- Central City Concern
- Lutheran Community Services
- Pacific Northwest Refugee Support Group
- Somali American Council of Oregon

OHP Referral – CLAIMED

OHP Referral Claimed

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Dear PPS staff,

Your OHP referral for {{Referred - First Name}} submitted on {{Date Submitted}} has been CLAIMED by {{Grantee}} organization and is currently being processed. We will circle back once it has been completed.

Thank you,
Metro Regional Outreach Coordinators
OHA | EXTERNAL RELATIONS DIVISION
Community Partner Outreach Program



OHP Referral - COMPLETED

OHP Referral Complete

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Dear PPS staff,

Your OHP referral for {{Referred - First Name}} submitted on {{Date Submitted}} has been COMPLETED. To protect client privacy, we cannot share additional case details with you. Thank you for understanding.

Respectfully,
Metro Regional Outreach Coordinators
OHA | EXTERNAL RELATIONS DIVISION
Community Partner Outreach Program



Client Privacy Notice

- Due to "Personally Identifiable Information (PII)" laws; both state and federal, among many other ones, we cannot release any OHP case details to Portland Public Schools staff.



Contact us!

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