**Community Health Hubs Venue Summary Report Template**

**Purpose of Template:** This template is for **identifying, planning and monitoring** community reach

* Patient pathway for Navigation and Health Coaching must be submitted. Sample pathway for Navigation on website: Venue-Navigation to Screen Pathway.pdf
* There is a **maximum** of $4000.00 to be used towards community venues. No pre/post venue time will be reimbursed.
* Venues are payable when they have a minimum of 10% of reach navigated.

All priority populations reached at the venue must have a risk assessment

**Venues without 10% of reach navigated will not be payable.**

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| **Community Health Hub:** **Submitted By:** | **Venue Target Reach:**❑ Women 18-39 ❑ Women 40-74 |
| **Venue Name:** | **Venue Date:**  | **Venue Location:**  |
| **Venue Type** Community Based Local Health DeptFaith Based School SiteHospital Site Worksite | **Venue Health Focus** Describe Health Focus |
| Describe this venue and any partnerships with venue? |
| What makes this a good community venue for reaching priority population with the goal of Navigation and/or Health Coaching? |
| Have you participated in this venue in the past and was it successful in reaching clients in need of Navigation and/or Health Coaching? |
| **Internal Use Only: Pre Venue** |
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| **DHHS Approval** |
| ❑ Reasonable expectation of being a successful venue met❑ Pathway to navigation logical and meets requirements❑ Pathway to health coaching and HBSS logical and meets requirements❑ Appropriate Patient Pathway submitted |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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**Venue Information**

Number of Individual Encounters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Women Reached in the Priority Age Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Women Reached in need of Navigation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Women Reached in need of Health Coaching:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Non-White:

Number of Hispanic:

Number of Uninsured:

Venue Time and Staff Name:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total time:\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total time:\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total time:\_\_\_\_\_\_\_\_\_\_

Pages 1 and 2 must be submitted together for determination of reimbursement for all venues except Monthly HUB venue

**COMMUNITY HUB MONTHLY VENUE Page 2 submitted only.**

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In House Monthly Walk in and Phone Call venue Page 2 filled out and submitted with check box marked and Name of HUB along with Month and Year. Example: : LLCHD March 2023

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 HUB Name Month Year