

**Navigator Network Workgroup of the
CJCC Early Intervention & Prevention Committee
September 13, 2022 at 2:00 p.m. via Zoom**

Present: Rachel Stoll, Kalene Engel, Marissa Gerke, Shannon Sullivan, Katelyn Auferdhar, Jen Breitlow, Andy Kranz, Patrick Michener, Loice Odoul, Chris Meyer, Amanda Rodriguez, Lisa Howard

Minutes by: Kalene Engel

Presentation on Winona Community Hub: Rachel Stoll, Community Wellbeing Coordinator for Livewell Winona and HUB Manager, provided an overview of the Winona Community Hub Program.

For a powerpoint about the program, see the Navigator Network Google Drive:
<https://drive.google.com/drive/folders/1sgL5G1BnSmz01jnrpjTGAf9dpFxuSZxT?usp=sharing>.

Key takeaways from the presentation are as follows:

- The Hub was started in 2016 by the Winona Wellbeing Collaborative which was looking for a way to better address health outcomes. After evaluating options, the WWC selected the Pathways Community Hub Model which had proven successful in Ohio.
- In recognition of the fact that health is only the tip of the iceberg and that many factors outside of the clinic walls influence health, the Hub takes a systems level approach to change by breaking down barriers between agencies and providers and bridging gaps.
- The Hub uses community health workers (also called community connectors (CCs)) to link participants to health and social services and to address identified areas of need, called pathways.
- The CCs takes a holistic approach and works with everyone in the household.
- CCs focus on common metrics to identify, track and address risks.
- The CCs are employed by different agencies, but all use a common software program and common metrics. All current CCs either have a community health worker certificate or are working towards a certificate.
- Under the pathways model, once a CC successfully completes a pathway, the CCs employing agency receives payment from the participant's insurer. Currently, the payment agreements are being worked out with different health insurers. Last week, the first agreement (with BCBS) was signed!
- Examples of the types of services provided by the CCs include the following:
 - Monthly check ins in the home or community setting.
 - Navigating healthcare and other systems
 - Health education and goal setting for behavior change
 - Supporting a patient in the management of a chronic disease
 - Supporting a patient in medication adherence
 - Depression screening

- Supporting patients in building capacity to achieve wellness
- Addressing social determinants of health via referrals
- Anyone can make referrals to the HUB; there are several agencies that have referral access to the HUB software.
- Once a referral is made, the CC reaches out to the family and uses standardized forms to address risk, which triggers pathways. Each pathway has specific steps that must be completed before payment is earned.
- There are currently four CC's (Winona Health-2, HVMHC-1, Volunteer Services-1) and two needing to be hired (FCC and Catholic Charities).
- To qualify for the HUB, a person must be a Winona County resident and have one of the following:
 - Screen positive for food insecurity OR
 - Diagnosed with or self-report mental health issues OR
 - Experiencing homelessness OR
 - Been to the emergency room more than 5 times in the past 12 months.
- Qualifying criteria is reviewed and changed by the Winona Wellbeing Collaborative. The emergency room criteria was just added a couple of months ago.
- There is no “substance abuse” criteria to qualify, but there is a substance use pathway.
- Kalene has worked with several of the CC and is very impressed with the work they have done for the WRAP+ participants.

Organizational Announcements:

- Catholic Charities is hiring a Community Connector
- Kalene and Karin Sonneman are presenting on WRAP+ to a national audience tomorrow.

Meeting adjourned: 2:38 p.m.

Next Meeting: October 11, 2022 at 2pm