



<b>Pathway</b>	<b>Outcome</b>
<b>Adult Education</b>	<b>Confirm that participant completes educational goal.</b> <input type="checkbox"/> Course/class successfully completed <input type="checkbox"/> Training program completed <input type="checkbox"/> Quarter/semester completed <input type="checkbox"/> Other: _____
<b>Developmental Referral</b>	<b>Developmental evaluation completed.</b>
<b>Employment</b>	<b>Participant is still working 30 days from date of hire.</b>
<b>Family Planning</b>	<b>Family Planning Completed (check one):</b> <input type="checkbox"/> Permanent Sterilization <input type="checkbox"/> Long-Acting Reversible Contraceptive <input type="checkbox"/> 30-Day confirmation for other methods
<b>Food Security</b>	<b>Household member(s) had access to adequate food for 30 days without CHW assistance.</b>
<b>Healthcare Coverage</b>	<b>Confirm that participant has healthcare coverage.</b>
<b>Housing</b>	<b>Household member(s) have maintained safe and stable housing for 30 days from move-in date.</b>
<b>Immunization Referral</b>	<b>Provider, pharmacist, or clinic confirms that participant's immunizations received and are up to date.</b>
<b>Learning</b>	<b>Participant demonstrates understanding of learning materials.</b>
<b>Medical Home</b>	<b>Confirm that participant kept the appointment.</b>
<b>Medical Referral</b>	<b>Confirm that appointment was kept.</b>



**Pathways Community HUB Institute® Model**  
**21 Standard Pathways and Outcomes**

<b>Medication 1 - Screening</b>	<b>Verify with primary care provider or pharmacist that Medication Screening Tool was received.</b>
<b>Medication 2 - Reconciliation</b>	<b>Primary care provider and/or pharmacist and participant agree on prescribed medications.</b>
<b>Medication 3 - Adherence</b>	<b>One month from reconciliation visit, participant reports that there are no barriers and he/she is taking medication(s) as prescribed.</b>
<b>Mental Health</b>	<b>Confirm participant has kept 3 scheduled mental health appointments.</b>
<b>Oral Health</b>	<b>Confirm that appointment was kept.</b>
<b>Postpartum</b>	<b>Confirm postpartum appointment kept and answer postpartum information questions.</b>
<b>Pregnancy</b>	<b>Singleton birth weight baby of 5lbs 8 oz or more (2500+ grams). Twins greater than 35 weeks gestation. Triplets greater than 32 weeks gestation.</b>
<b>Social Service Referral</b>	<b>Confirm that the needed item or service was received, appointment was kept, or attendance was confirmed.</b>
<b>Substance Use</b>	<b>Participant kept appointments and treatment related to substance use for 30 days.</b>
<b>Transportation</b>	<b>Household member(s) had access to adequate transportation for 30 days without CHW assistance.</b>