

Peer Navigator

1. Assist participants with understanding and completing reentry case plans, including treatment and intervention services. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)
2. Staff the Probation Service Center during center hours. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)
3. Provide release connection support in the community outside of normal center hours. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)
4. Enroll and provide orientation to clients accessing Service Center services. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)
5. Meet with clients upon release from custody and connect them to service providers. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)
6. Support clients in accessing public benefits such as CalFresh and Med-Cal. (4 – Health related Outreach) (8 -Facilitating Medi-Cal Application)
7. Assist in the data collection, tracking, and reporting of client data. (6 – Health related Referral, Coordination and Monitoring of Medi-Cal Services)
8. Manage all incoming participant referrals, eligibility screening and service assignment. (6 – Health related Referral, Coordination and Monitoring of Medi-Cal Services)
9. Support the Probation Department to develop and establish program evaluation measurements and outcomes. (15 & 17 – Health related Program Planning and Policy Development)
10. Identify and address barriers to successful service engagement and completion. (15 & 17 – Health related Program Planning and Policy Development)
11. Prepare proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration. (15 & 17 – Health related Program Planning and Policy Development)
12. Assist in the process of identification of new partners and expanding services. (15 & 17 – Health related Program Planning and Policy Development)
13. Attends training related to the performance of MAA. (20 – MAA Implementation Training)

Participant Signature (please sign in blue ink)

Date

Participant Name (Please print)