Peer-led Community Navigation in East Harlem:
An evaluation of the Community Navigators Program at the Silberman School of Social Work at Hunter College

SUBMITTED TO
CUNY Institute for State and Local Governance

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Executive Summary: Peer-led Community Navigation in East Harlem - An evaluation of the Community Navigators Program at the Silberman School of Social Work at Hunter College

Introduction

The Community Navigators Program was launched in 2017 by the Silberman School of Social Work at Hunter College and is overseen by the City University of New York’s Institute for State and Local Governance, as part of the Manhattan District Attorney Office’s (DANY’s) Criminal Justice Investment Initiative (CJII). It operates with the stated purpose of developing a network of trained community navigators to identify individuals disconnected from services and helping them locate, connect, engage, and stay involved with services they need to meet and achieve their goals.

The program is located in the East Harlem community of New York City and is designed to address the immediate needs of community residents by:

- Helping participants identify their strengths and develop an action plan for success,
- Connecting participants to services,
- Empowering participants to advocate on their own behalf,
- Building the capacity of service providers within East Harlem to meet community needs,
- Offering economic empowerment and training for community navigators, and
- Supporting stronger communities overall.

In 2020, DANY selected Metis Associates to undertake an intensive process evaluation of the Community Navigators Program. Guided by a set of research questions, Metis researchers partnered closely with program staff to understand and capture the Community Navigators Program’s design, implementation, and best practices. Metis integrated data from a broad array of primary and secondary sources including program documentation; interviews with program stakeholders, leadership, staff, participants, and representatives of community partners; selected case notes; and program and administrative data recorded through December 2020.
Program Overview

The Community Navigators Program deploys peer navigators hired from within the community to work with a caseload of approximately 20 community residents with whom they share lived experiences. They provide a combination of referrals and high-touch coaching to clients through a trauma-informed, client-centered, and social-work grounded approach, with oversight from MSW-level social work supervisors. The program is led by a program director and a principal investigator, further supported by a program-funded coordinator and data and information technology administrator, and is fully housed within the Silberman School of Social Work. Support and training for peer navigators is a critical element of the program model. Navigators participate in an in-depth orientation, which covers social work and navigation strategies, facilitated introductions to community partners and stakeholders, training in outreach techniques, background on East Harlem and needs of populations served by the program, and extensive role-playing facilitated by social work supervisors. After this orientation, navigators receive supervisory support through weekly case reviews and meetings, professional development, and peer learning, as well as ongoing in-house and external training to further expertise and specialization in areas of personal interest.

Program participants are recruited into the program through one of four primary strategies: direct community outreach, co-location of navigators at community sites, referrals through robustly cultivated community partnerships, and self-referrals from current participants and community members. Once enrolled in the program, participants work closely with their peer navigator to identify their goals and develop an action plan. Navigators work with program participants on an iterative basis, making referrals and providing coaching until participants are both attached to services and confident in their own ability to seek out and connect with service providers independently. Once a participant’s initially-identified goals have been attained or they are no longer actively engaging with their navigator, their cases are closed, yet are welcome and encouraged to return to the program as new needs arise.

From the program’s start in 2016 through December 31, 2020,1 over 1,680 individuals were enrolled as participants. Within this time period, the average participant was most likely to be 21 years of age or older (78% of participants), female (65% of participants) and Latinx (46% of participants) or Black (44% of participants). Consistent with program’s articulated focus, slightly more than half of participants (53%) were disconnected from the service sector (defined as not having been enrolled in a program or receiving services) within six months of program enrollment, and approximately a quarter of participants reported having experienced crime (27%) or interacted with criminal justice system at some point (24%).

Participants generally entered the program with one to three overarching goals, which coalesced around three major needs: employment (39% of participants presented with this need), housing (36%), and education (34%). Additional needs commonly identified upon enrollment in the program included registration for government benefits (19%), obtaining government ID and other forms of documentation (13%), youth programming (11%), and counseling (7%).

1 This represents the timeframe for the program and administrative data provided to Metis Associates by the Community Navigators Program.
Program Implementation

Program outreach and engagement

The Community Navigators Program is predicated on the idea that individuals should voluntarily engage with the program, making outreach and recruitment an especially critical element of the program design. Yet, because of the program’s intention to serve individuals who are otherwise disconnected from the service community and/or have barriers that prevent their independent pursuit of services, recruitment is also challenging. Within this context, the development of trust on four scales — between the program and the community at-large, the program and community organizations, navigators and community organizations, and navigators and participants — was identified as the most important feature of the approach to outreach and recruitment.

The approach includes four key strategies to recruit participants, often using a combination of strategies at once to overcome the inherent challenges with each individual strategy. These strategies are: direct community outreach, co-location of navigators at community sites, referrals through community partnerships, and self-referrals. Each strategy is summarized below.

Direct community outreach

Navigators recruit participants "on the street," at community events, and through personal connections—often using a "zoned approach" or a designated geographic area to work within.

❖ **Benefits:** Leverages credibility of peer navigators and can be carried out independently from any community partnerships.

❖ **Challenges:** Navigators are responsible for recruiting their own caseloads. Lesser ability to intentionally focus on target populations.

Co-location of navigators at community sites

Navigators are given physical space and resources within community partner organizations and receive access to partner’s clients.

❖ **Benefits:** Navigators gain critical space and resources unavailable directly through the program, and partnerships are strengthened through navigators’ on-site presence. Warm-handoffs are common, increasing the likelihood that individuals engage with the Community Navigators Program.

❖ **Challenges:** Significant risk of on-site navigators taking on extra responsibilities on behalf of co-location partners. Assignment of cases to the navigation team is based on navigators’ co-location instead of interest and expertise.
The Community Navigators Program has also developed a referral pathway with the NYPD’s Youth Coordinating Officers, which although a later addition to the program model, was found through the evaluation to be effective. According to an interviewed stakeholder with the NYPD, Youth Coordinating Officers often do not have internal resources to provide referrals directly to young people who are at risk of criminal justice involvement or “being victimized.” In response, the Community Navigators Program developed a carefully-tailored online form with input and approval from the NYPD’s legal team to provide navigators the minimal information necessary to make initial contact with potential participants. (And, in turn, the Community Navigators Program intentionally limits the information shared with precinct officers to help preserve the confidentiality of those served.)

**Relationship building and the peer model**

Once participants are recruited and enrolled in the navigator program, effective participant-navigator relationships play a necessary role to help participants engage in the program, participate in honest goal-setting activities, gain trust to pursue offered opportunities and referrals, remain engaged in the program during delays and difficult circumstances, and build confidence and self-advocacy skills. In developing relationships with navigators, participants most valued:

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### Referrals through community partnerships

Referrals are made by partner staff either by informing their clients of the program or informing navigators of potential participants. They often utilized an online referral form to facilitate this process.

- **Benefits:** Navigators gain access to potential participants, program visibility is increased, and likelihood of participation among those contacted is significantly increased. When facilitated by a warm hand-off, credibility and trust is transferred from the community partner to the Community Navigators Program.
- **Challenges:** Unique nuances within the partnership can lead to misunderstandings around the program scope and purpose.

### Self-referrals

The Community Navigators Program operated a physical space, which allowed for residents to “walk-in” and meet with a navigator to “self-refer” themselves for participation.

- **Benefits:** A low-stakes strategy, which increases the program’s openness to the community and has the potential to enhance residents’ perception of the program.
- **Challenges:** Self-referred individuals were not found to have higher rates of engagement in the program, despite the proactive nature of their initial involvement.
✓ face-to-face and video-based interactions, which fostered familiarity within the relationship, and
✓ frequent and flexible modes of communication, combining in-person/video, phone, text, and email, depending on the specific nature of the interaction.

Furthermore, the peer model was found to be critical to the Community Navigators Program’s success. The use of peer navigators was cited as the primary reason that navigators were able to truly understand participants’ needs and connect with them in an effective manner. A set of shared lived experiences was found to directly inform the qualities of an effective relationship, such as honesty and a sense of authenticity. For example, participants reported being able to speak to and interact with navigators without worrying about how they presented themselves because of these shared identities. And, as a result of their peer nature, navigators were more likely to be viewed by participants as “real people” with their own interests and “struggles” and not as mere extensions of a service provider. Participants were put at ease by the intentional positioning of navigators as equal partners instead of “figures of authority,” which was also facilitated by the peer nature of the relationship.

The understanding, however, of who constitutes a peer varied greatly across the program and among program stakeholders. For some, being a “peer” required a similarity in outward characteristics (e.g., race and gender presentation) but for most, being a “peer” was understood as being able to draw on similar experiences, interests, or goals as their own. Specifically, as peers, navigators generally focused on the broader importance of understanding what it was like to live in marginalized communities without easy access to social services and/or what it is like to experience New York as a Black or Brown community member.

**Core program services**

Navigator activities critical to achieving participant outcomes fall into three categories:

✓ Collaborative **goal-setting**
✓ Provision of concrete **referrals**, service opportunities, and recommendations
✓ **Coaching** and accompaniment

Navigators are responsible for collecting basic background information about participants, including their precipitating reasons for joining the Community Navigators Program (intake). After that, navigators work collaboratively with participants to identify their long-term goals (assessment) and develop an action plan for reaching them (goal setting). This goal-setting process is critical to the program’s success, as it guides
all subsequent work undertaken by both the participant and the navigator. While participants sometimes know what their goals are, they often need the help of a navigator to create a sequence of steps that will help them achieve their longer-term aims.

Navigators provide participants with referrals based on their goals and particular challenges. Since program inception, approximately two thirds of participants (68%) received at least one referral, with 29% of participants receiving two or more. Once a referral is made by a navigator, participants have the choice whether or not to pursue the opportunity. Overall, 86% of referrals were successfully utilized by participants, and 90% of participants utilized at least one referral offered to them. Overall, referrals closely aligned, as expected, with participants’ goals at intake. Referrals in support of employment, housing, and education were most prevalent and together made up almost two thirds of the referrals provided through the program. Referrals were also found to be utilized at similar rates across topic areas.

Another key service provided by navigators is actively coaching participants in how best to interact with service providers and community programs through frequent communications, ranging from brief text messages to extended in-person sessions. For most participants, navigators also provide accompaniment, which ranges from providing an in-person presence while a participant obtains services (e.g., joining the participant during a visit to an HRA office) to providing simultaneous coaching when participants reach out to service providers by phone or email (e.g., remaining on the phone with a participant while they ask to speak with a manager when an initial service request was denied). A review of program data indicates that two fifths of participants (41%) received coaching from a navigator while enrolled in the Community Navigators Program, and 16% of participants received virtual or in-person accompaniment.

The length of time that participants remained enrolled in the program varied greatly, with just over half of the participants (54%) exiting within 90 days of their first interaction with navigator and 20% remaining in the program for more than 180 days. Length of enrollment depended on a complex combination of factors including the approach taken by the assigned navigator, the participants’ needs and competing priorities, and the timelines imposed by external service providers.

**Characteristics of effective navigators**

Effective navigators were found to embody five central characteristics—they are:

- judgment free,
- fearless at approaching new individuals,
- empathetic,
- credible, and
- excellent communicators.

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2 Total referrals utilized are based on the number of referrals for which utilization data was available (N = 2,418). For an additional 199 referrals, information was either unavailable or the referral remained pending as of December 2020.
Training and support for navigators

The Community Navigators Program emphasizes and centers training for navigators as a core element of its program design. Navigators are provided a robust initial training, which is followed by ongoing professional development and support. Most importantly, the program accounts for the complexity of hiring and deploying peers as navigators by supporting navigators’ emotional health, as well as providing opportunities to develop and refine job-specific skills. Furthermore, the program’s training approach is designed to complement the program’s focus on hiring individuals with shared lived experience over individuals with traditionally defined workplace skills. This support is anchored by commitments to:

✓ Using social work practices
✓ Encouraging navigators to specialize and gain expertise depending on their interests
✓ Supporting navigators’ own emotional and physical health and safety
✓ Increasing navigators’ self-sufficiency
✓ Creating a culture of peer support among the navigation team

You can hear it in all their voices when [navigators] describe what they do day-to-day... motivation and support and energy and passion.... It is exactly the right move to go out there and find these highly motivated individuals. But then on top of that, we think very seriously about the economic empowerment piece of [this program]. Because the experiential learning matched with that ongoing learning journey that’s offered by the program is second to none. Which, I hope, makes [navigators] highly marketable if [they are] thinking about moving on from the program. (Program Stakeholder)

The evaluation found that the Community Navigators Program was positioned, at all times, as a workforce development program, and decisions around the provision of training and support most often accounted for both the immediate benefits to the program’s implementation and the long-term benefits for navigators’ future career interests.

Program Outcomes

Participant outcomes

The Community Navigators Program is designed to achieve two types of participant outcomes. Participants are expected to exit the program with their immediate needs met, as detailed in the action plans, and with an increased ability to pursue services independently by clarifying their own goals, identifying appropriate opportunities, and obtaining the services that they need.

61% of participants exited the program with a positive outcome, with 37% of those exiting having been linked to providers for all identified needs and 24% of exiting participants having been linked to providers for some identified needs.
The evaluation found that navigators are adept at sequencing participants’ goals to ensure that functional needs such as access to food, medical care, and housing are immediately addressed. The long-term impact of addressing these immediate challenges first was described by navigators as “astronomical” within the context of the deep-rooted challenges facing residents. Participants also described a reduction in stress and anxiety as a result of working with their navigators, which led to increased hope, optimism, and perseverance concerning the future. Participants consistently described the Community Navigators Program as placing them on the pathway towards greater success, often with significant positive outcomes for their loved ones and family members. The long-term outcomes expected by participants as a result of completing the program coalesced around several core achievements: gaining independence and self-empowerment (“finally feeling free”), gaining a sense of stability, and gaining the necessary skills to obtain future opportunities. In totality, participants described having their “barriers removed.”

The Community Navigators Program was found to be well equipped to serve all eligible populations. In addition, the program model encourages navigators to research and explore referral opportunities on a case-by-case basis, which lends the necessary flexibility for the program to accommodate a participant with any combination of needs. As a result, and because of the program’s focus on building capacity of participants to seek out services independently, the program was understood by those interviewed to bring the most benefit to those with the least social capital or pre-existing experience obtaining the help they need (a population described by one navigator as those who “feel the most marginalized and oppressed”). In fact, a review of case outcomes revealed that participants entering the program disconnected from the service sector (defined as six months without any program participation or receipt of services) were more likely to exit successfully linked to providers for all identified needs. Specifically, 71% of participants disconnected from services upon intake exited the program with a positive connection compared to only 56% of participants who were not disconnected from services upon intake.

Positive participant outcomes were also found to be directly associated with receipt of coaching and accompaniment by a navigator. In fact, 78% of participants exited the program with a connection to a social service provider after accompaniment compared to only 57% of participants who were not accompanied by a navigator. Similarly, participants who received coaching were also more likely to exit the program with a connection to a social service provider compared to those who did not receive coaching.

**Service sector outcomes**

The Community Navigators Program has the potential to impact the service sector within and outside of East Harlem in several ways. First, the program, following its pilot phase described in this report, was intended to begin shifting the outreach and intake practices of service providers, thereby reducing the structural and systemic barriers faced by community residents seeking services. Second, the program was also intended to support broader efforts by community groups and other
CJI grantees to dismantle barriers between organizations, thereby leading to greater cohesion among related service providers in East Harlem.

Findings indicate that the Community Navigators Program achieved some initial success at attaining these service sector outcomes, and was most successful in impacting organizations that partnered with the program on outreach and recruitment of participants (rather than organizations to which program participants were only referred). Through partnership, organizations gained:

✓ Access to expertise;
✓ An ability to provide case management to their participants;
✓ An expanded capacity to provide one-on-one support;
✓ An infusion of social work perspectives into organizational programming; and
✓ Concrete service connections for participants.

Partnership also led organizations to understand the importance of:

✓ supporting access to benefits for their own participants;
✓ enhanced intake procedures to better identify their participants' needs and challenges;
✓ increasing staff knowledge around the range of issues participants face; and
✓ creating capacity for staff to make their own referrals and service connections.

**Navigator outcomes**

In addition to serving the needs of residents in East Harlem, the Community Navigators Program was intentionally designed by DANY to be a workforce development initiative for community residents of East Harlem, and navigators and program leaders generally described this goal as being achieved. Specifically, the program was considered a "great stepping stone" for navigators and a "nice place to get their feet wet." Navigators noted that the program offered them "formal recognition" and compensation for the work that they often were already doing. Navigators also reported that the program was a "safe" opportunity to learn skills due to the supportive atmosphere created by the program director and supervisors.

**Adjustments to program design resulting from COVID-19 pandemic**

The COVID-19 pandemic is an immeasurable crisis for New York City that has devastated communities, residents, and transformed the social service sector. The harm to individuals has accrued unequally, with communities such as East Harlem shouldering a greater burden as the pandemic exacerbated preexisting inequalities and caused further challenges to individuals seeking services.

Yet, the Community Navigators Program has remained operational throughout the pandemic, pivoting as necessary to provide continuity of services to participants and community residents. In fact, the Community Navigators Program was described as even more important during the height of the crisis, due to the difficulties that individuals faced. Furthermore, the program’s core strategy remained effective during the pandemic: navigators were able to cultivate and maintain relationships with participants despite a lack of in-person interactions.
Conclusion and recommendations

The Community Navigators Program is a robust demonstration of how peer navigation can be utilized to address the needs of community residents otherwise disconnected from the service sector. At the center of the program model is the navigator-peer relationship, through which navigators are able to coach community residents and provide them with referrals to relevant programs. The Community Navigators Program is equally profound in its focus on hiring individuals based on their lived experience and providing professional development accordingly, with the ultimate goal of empowering the navigator staff as well as the program’s participants. Evaluation findings suggest that the Community Navigators Program has been able to transform the manner in which workplace qualifications are considered to the effect of hiring the best possible team of staff to work with community residents. Finally, the Community Navigators Program has been able to pilot, and show convincing evidence, on the comparative merits of several outreach techniques, with the most successful being the development of strong community partnerships. Here too, evaluation findings also show where the Community Navigators Program could be improved: primarily around the creation of partnerships with service providers accepting referrals, through which the Community Navigators Program could better achieve its goal of impacting the service sector more broadly.

Recommendations for enhancing the Community Navigators Program

1. Increase service-sector outcomes by enhancing the process for making referrals to nonprofit organizations and agencies.
2. Increase transparency and involvement of participants during the process of researching and identifying potential opportunities and referrals.
3. Increase support for navigators’ own growth through structured mentorship, goal-setting, and partnership with external organizations.
4. Re-envision the process for participant deactivation to increase intentionality, transparency for participants, and satisfaction of both participants and navigators.

Recommendation for the expansion or replication of the program model

We strongly recommend that the Community Navigators Program model be considered for replication and expansion. Overall there was an abundance of interest in increasing the geographic scope of the program and few downsides were voiced, apart from the difficulty of managing navigator caseloads which could be addressed through an expansion the program workforce. Furthermore, the elements of the program design which may have most interfered with an expansion—such as the place-based focus on East Harlem—were less critical in actuality. An expansion beyond East Harlem is feasible if lived experience remains privileged during the hiring process, and the rigorous level of training and ongoing support developed through the Community Navigators Program is maintained. In the event of the program’s replication or expansion, we make the following recommendations:

1. Retain the core tenets of the Community Navigators Program model.
2. Provide ample support for navigators to ensure that navigators’ own goals are met.
3. Consider the balance between warm-handoffs and the ease of online referral mechanisms when determining how best to recruit participants.

4. Develop formal relationships with city agencies and better utilize agency contacts to ensure that participants have better access to municipal services.

5. Improve ability for the Community Navigators Program to support participants facing language-related barriers to accessing services.

6. Continue to provide navigators with the necessary resources to build strong relationships with their assigned participants.
Introduction

The Community Navigators Program (CNP) was launched in 2016 by the Silberman School of Social Work at Hunter College as part of the Manhattan District Attorney Office’s (DANY’s) Criminal Justice Investment Initiative (CJII), whose goals are to “improve public safety, develop broad crime prevention efforts, and promote a fair and efficient justice system in New York City." The Community Navigators Program – focused in the East Harlem neighborhood of New York City—is overseen by the CJII funding and oversight intermediary, the City University of New York’s Institute for State and Local Governance (ISLG). The purpose of the Community Navigators Program is to

*develop a network of trained community navigators to identify individuals disconnected from services and help them locate, connect, engage and stay involved with services they need to meet and achieve their goals.*

In addition to addressing the immediate needs of East Harlem residents, the program is intended to (a) help individuals and families identify their needs and develop an action plan for success; (b) connect participants to services; (c) empower participants to identify personal strengths and resources and advocate on their own behalf; (d) build the capacity of service providers within East Harlem to meet community needs; (e) offer economic empowerment and training for community navigators; and (f) support stronger communities overall. CNP utilizes a trauma-informed, client-centered, social work-grounded approach throughout its work. As of July 31, 2021, the Community Navigators Program has served over 1,830 participants and has expanded beyond East Harlem to serve neighboring communities through an array of community partnerships and outreach strategies.

Toward the end of the initial funding period for the program, the Manhattan District Attorney’s Office selected Metis Associates, a national consulting firm headquartered in New York City, through a competitive solicitation to undertake an intensive process evaluation of the Community Navigators Program. Guided by a set of twelve research questions, Metis researchers partnered closely with program staff to understand and capture the Community Navigators Program’s design, implementation, and best practices. As navigation programs gain recognition within New York City and nationwide, it is the hope that the findings presented herein will be used to enrich discussions around the importance of peer navigation as a potent strategy for addressing barriers to service connection among those marginalized and prevented from obtaining the resources and supports they need to thrive.

About Metis

We are a national consulting firm that delivers highly customized research and evaluation, grant writing, and data management services. We have over four decades of experience providing data-informed solutions across the social service sector. We support our clients’ missions and take pride in building their capacity with our knowledge, skills, and technical expertise. You can find us at www.metisassociates.com
This report is structured around three sections, beginning with an overview of the program model, followed by evaluation findings associated with program implementation (including outreach and recruitment, the development of effective navigator-participant relationships, and service delivery) and the training and support provided to navigators. The report ends with a section on program outcomes (for navigators, the social service sector, and participants), as well as our recommendations for enhancing the Community Navigators Program and considerations for the program’s expansion or replication.

**Methodology**

This evaluation was centered on a mixed-method approach, combining quantitative and qualitative data collection methods to address a pre-determined set of research questions, presented in Exhibit 1 below.

**Exhibit 1 – Evaluation research questions**

1. What is the rationale for a Community Navigators Program in East Harlem?

2. What outreach and engagement strategies are most effective?

3. What supports and services does the program provide to participants?

4. How does the program address the dynamics of serving families within the program?

5. How are “peer” relationships facilitated and what role does being a peer have in the overall effectiveness of the community Navigator approach?

6. What are the primary participant outcomes (expected and realized) of the program?

7. How does the program partner with service providers in East Harlem?

8. What changes have occurred among providers as a result of the program?

9. What is the nature and quality of training and support provided to Navigators?

10. What are the primary outcomes (expected and realized) for peer navigators employed through the Program?

11. What best practices have emerged through the work of the program? Where can the program be improved?

12. What are the best options for program sustainability beyond the duration of the CJII Initiative?
To address these questions, Metis integrated data from a broad array of primary and secondary sources including program documentation; interviews with program stakeholders, leadership, staff, participants, and representatives of community partners; selected case notes; and program and administrative data recorded through December 2020. Information from each data source was analyzed by research question and blended together on an iterative basis. Initial findings were used to inform and guide subsequent data collection activities. Program stakeholders were informed of evaluation findings on a quarterly basis. All evaluation activities were designed to follow Metis’s policies for the protection of human subjects in research and all activities, protocols, consent procedures and materials, and approaches to analysis were reviewed by our duly constituted Institutional Review Board.\(^3\) Given the importance of non-interference with ongoing activities, program leadership were consulted at regular intervals to ensure that research activities were minimally burdensome. Due to the advent of the COVID-19 pandemic prior to the start of the evaluation, all data collection activities were conducted remotely. Interviews were conducted by phone or videoconferencing software (e.g., Zoom) and outreach and recruitment of interview subjects took place by email, telephone, and text message.

Data collection activities encompassed:

- **Program documentation review and community research.** Metis conducted a detailed review of program documentation at the start of the evaluation. Documentation was requested from both the Community Navigators Program and ISLG and was received using a secure FTP server. Materials received included employee and program handbooks, reference guides, tools used by navigators to conduct intakes and assessments, and monthly, annual, and ad-hoc reports prepared by the Community Navigators Program for ISLG and DANY. In addition, Metis conducted background research on East Harlem using online resources to better understand the place-based nature and context of the program.

- **Review of navigator-related academic literature.** Metis developed a comprehensive literature review of Community Navigators Programs. The purpose of the literature review was to situate the Community Navigators Program within the broader academic field. In addition, Metis undertook a benchmarking process to identify similar Community Navigators Programs operating within New York City. Background information highlighting commonalities and differences was subsequently collected for these programs.

- **Program and administrative data analysis.** Metis requested and received all program and administrative data collected by the Community Navigators Program from program inception through December 31, 2020. Metis received data exports from current and prior databases and

\(^3\) Metis’s IRB is registered with the U.S. Department of Health and Human Services (IRB #00003465) and assures compliance with Federal-Wide Assurance (FWA) requirements for the Protection of Human Subjects (#FWA00004755). The IRB reviews all program designs and consent forms to ensure that they meet the standards set by the American Evaluation Association (AEA) and the Joint Committee Standards (JCS).
subsequently merged background, referral, interaction, and outcome data into a unified dataset. In the absence of a unique identifier, Metis used participant name and intake date to link records.

• **Case note review.** Metis requested and received 25 case notes covering a range of pre-selected case typologies identified through initial interviews with program leadership and navigators. Each case note was de-identified by program staff prior to submission. These case notes were reviewed against themes which emerged through program leadership, navigator, and participant interviews.

• **Program stakeholder, leadership, and navigator interviews.** Metis conducted semi-structured interviews with the following groups of individuals:
  
  o **Program stakeholders** \((N = 7)\) including representatives of DANY, ISLG, and the Silberman School of Social Work.
  
  o **Program leadership** \((N = 5)\) including the current (at the time of the evaluation) and prior program directors and principal investigators, the program coordinator, and the program’s data technician.
  
  o **Program staff** \((N = 12)\) including social work supervisors, navigators, and interns.

All interviews took between 1 and 1.5 hours and were conducted over the phone or using videoconferencing software. Interviews were audio-recorded, transcribed, and analyzed using a combination of content analytical methods. Interviews were first analyzed using a “top-down” approach driven by the evaluation research questions, followed by a “bottom-up” approach designed to identify and explore emergent themes in an iterative manner.

• **Community partner interviews.** Metis conducted 16 semi-structured interviews with representatives of key organizations and agencies partnering with the Community Navigators Program. Interview candidates were identified in consultation with program staff and ISLG. Attempts were made to interview New York City Police Department precinct officers but NYPD policy and procedural factors limited access to these stakeholders. Interviews were audio-recorded, transcribed, and analyzed using content analytical techniques.

• **Participant interviews.** Metis conducted 23 semi-structured interviews with current and past participants. Participants were given the opportunity to interview in English or Spanish and were provided with a $40 gift card to Target as an incentive for participation. Interview candidates were identified using a stratified random sampling procedure that balanced participant age (under 21 and over 21), current and deactivated participants, manner of initial recruitment, and demographic characteristics. Once candidates were identified by Metis, the list was shared with program staff and navigators, who removed any individuals for whom an interview would potentially disrupt their program experience. Among those interviewed, 13 were active participants and 10 were prior participants and seven interviews were conducted in Spanish. In addition, the 23 interviewees were served by 13 different navigators, ensuring a range of perspectives on the program experience. Candidates were recruited using telephone, email, and
text message. Interviews were audio-recorded, transcribed, and analyzed using content analytical techniques.

Finally, in support of the process evaluation, Metis also undertook a systematic and comprehensive review of published research relevant to this evaluation, culminating in the literature review included as Appendix C. The objectives of this literature review were to: (a) situate the Community Navigators Program within existing research by summarizing academic, evaluation, and publicly available literature on navigator and related peer-driven social service models; (b) benchmark the Community Navigators Program against similar models; and (c) identify strengths and opportunities within the current research literature.
Community Navigators Program Overview

The Community Navigators Program was launched in 2017 as a funded initiative within the District Attorney of New York’s Criminal Justice Investment Initiative to connect individuals to supportive services available to them. After an initial three-month planning period, the program transitioned into an ongoing, iterative pilot, during which time program practices and policies were further refined as the program matured. In early 2020, the Community Navigators Program – along with the entirety of the service sector in New York City – pivoted in response to the quick emergence of the COVID-19 pandemic. As of November 2021, the Community Navigators Program continues to operate in East Harlem under the auspices of the Silberman School of Social Work at Hunter College, with the possibility of further expansion to other locations and to serve a broader swath of people, thereby causing ripple effects on the broader social services field in New York City.

In this section of the report, we provide a deeper overview of the Community Navigators Program’s origins, lead partners, and program design. This is followed by a brief exploration of reasons the program is needed in East Harlem and New York City more broadly.

Program origins

As part of their development and management of DANY’s CJII, the Institute for State and Local Governance (ISLG) undertook an intensive and participatory research and discovery process which included over 250 background and informational interviews. Through this work, ISLG and DANY identified the pervasive disconnect between residents and available social services as an urgent concern in New York City. Community residents, leaders of community groups, and representatives of city agencies were found to be in agreement that large swaths of New York City residents are excluded from accessing the help and services that they desperately needed. And, as retold by a program stakeholder, representatives of city agencies were equally frustrated by this pervasive issue, remarking that “we hold nonprofits accountable to reaching specific program targets – and, often, these targets are not met.”

In response to this challenge, DANY and ISLG co-developed a potential solution: the deployment of peer navigators to assist residents in accessing services. The Community Navigators Program was subsequently launched as a means of piloting this intervention. Through the broader CJII initiative, DANY was “looking for areas of investment where they could test new practices and add something to the field” and within this context, the Community Navigators Program was seen as a clear fit. Although the program’s design evolved.
over the duration of the program’s planning, pilot, and demonstration phases, there was a clear vision for the role of peer navigators from the start, as this was “something that [DANY] felt very close to and strongly about.” In fact, the value of peer navigation remained the kernel and anchor of the program model throughout all subsequent changes and modifications to the intervention’s design.

As part of the initial development process, ISLG and DANY made the determination to locate the Community Navigators Program within East Harlem at the Silberman School of Social Work at Hunter College, an institution of the City University of New York. This choice had three significant implications for the program design. First, it ensured that the program was operated independently from any particular social service provider, which was an intentional decision by DANY to ensure that peers could operate in a way that would “de-silo systems across New York City”, avoid duplicating efforts by existing nonprofit organizations, and connect participants to existing providers through partnerships and a referral system. Second, it ensured that the program adopted a social work framework as its guiding principle (see Exhibit 2 on the guidance the social work discipline provided). Third, it meant that the program would operate within East Harlem, one of the target neighborhoods for the CJII initiative. In fact, the location of the Silberman School within East Harlem, and the schools’ own All-In East Harlem initiative – created in 2011 to “forge new partnerships” – were an especially beneficial confluence of factors.

Exhibit 2 – Role of social work within the program model

From the beginning, ISLG and DANY wanted the “social work expertise [of the Silberman School of Social Work] to be infused into the program.” And, navigators, program leaders, and stakeholders unanimously agreed that the social work discipline was the correct guiding framework for the Community Navigator Model. The field of social work provided staff with a range of strategies that were rooted in a commitment to helping others, while also protecting their sense of agency and empowerment in the process. Social work furthermore offered supervisors and the peer navigation team with the mechanisms to record, discuss, and provide oversight over the navigation process through the use of case notes, case reviews, and group-based case presentations. According to one program stakeholder,

*I think the core values of social work are in line with sort of the core values of this program. So what are some of the core values? Social justice. Equity. Reaching the client where they’re at. Engaging people. Community-building. You know, understanding the uniqueness of every human being, their inherent dignity, their uniqueness. I think that’s what this program embodies.*

Program lead partners

The Community Navigators Program is managed through a “co-governance model” with “equity” between the three lead partners: ISLG, DANY, and the Silberman School of Social Work. Each lead partner communicates directly with the program leadership and with one another, and monthly standing meetings were developed to discuss the progress of the initiative through the planning, pilot, and demonstration phases. In addition, each partner has different governance responsibilities. These included the following:
• **Institute for State and Local Governance** is primarily responsible for co-creating the Community Navigator Model, providing funding and program oversight through quarterly and ad-hoc data requests, acting as a liaison and advocate for the program when interfacing with city agencies and other third-parties, and integrating the Community Navigators Program into the Criminal Justice Investment Initiative’s broader portfolio of projects across New York City.

• **The Silberman School of Social Work** is primarily responsible for staffing and operating the Community Navigators Program as well as providing physical space and resources. In addition, the Silberman School was also initially expected to support the Community Navigators Program by leveraging the support of the school’s professorial and academic community and creating dedicated, ongoing training and professional development pathways between the program and the Silberman School itself.

• **The Office of the District Attorney of New York** is primarily responsible for the funding of the program and providing initial and ongoing conceptual and design leadership as well as remaining involved in program course-corrections and changes to the program design as needed.

Overall, this co-governance approach allowed the program to benefit from the expertise of each program partner and created a high degree of transparency among all involved parties. At the same time, certain challenges to the effective implementation of the program design also arose from this governance approach. These challenges, which were viewed by multiple stakeholders as limiting the potential of the program model, included (a) conflicting priorities and ideas between partners for how best to carry out the program, (b) perceived or actual shifts in program expectations (which contributed to confusion about the program’s direction and goals and a lessening of trust between partners), and within this context (c) unforeseen difficulties in positioning the program within an independent institution not otherwise providing direct social services.

**Program design**

The Community Navigators Program is designed to address six goals:

1. Help participants identify their strengths and develop an action plan for success,
2. Connect participants to services,
3. Empower participants to advocate on their own behalf,
4. Build the capacity of service providers within East Harlem to meet community needs,
5. Offer economic empowerment and training for community navigators, and

To accomplish these goals, the program prioritizes trauma-informed, client-centered, and social-work grounded approaches. In addition, the program is designed to elevate the support and empowerment of the navigators as a goal equal to those intended for participants. This commitment to supporting the peer navigators themselves is embedded throughout the program’s design, from the intentional hiring of individuals with lived experience to a robust training agenda and ongoing professional development.
Housed within the Silberman School of Social Work, the program is structured around a core team of peer navigators who carry out the majority of work with program participants. Each navigator holds a caseload of approximately 20 community residents, who are recruited into the program through an array of outreach strategies ranging from direct street outreach to partnerships with local community-based organizations and city agencies such as the NYPD. This team of peer navigators is supervised by two Social Work supervisors and is supported by interns who are enrolled in social work degree programs at the Silberman School. As of 2020, the program employed twelve peer navigators and two social work interns. In addition to the peer navigators, interns, and social work supervisors, the Community Navigators Program also employs a program coordinator, who functions as a human resources officer and manages community relationships, and a data and information technology administrator. Finally, the program is led by a program director and a principal investigator. The program director closely oversees all aspects of the program while the Principal Investigator acts as the liaison between the program and the Silberman School of Social Work as well as provides additional support to the program director as needed.

As a pilot and demonstration project, the Community Navigators Program’s target population fluctuated as the program model continued to evolve. While the program was originally envisioned to target specific sub-populations such as young people and survivors of domestic violence, as of 2020 the program broadly engaged youth and families with a cross-section of needs and backgrounds, as long as they shared a connection, broadly defined, with East Harlem (e.g., lived, worked, went to school in East Harlem, or participated in another East Harlem-based program). By broadening the program’s eligibility criteria, the program was also able to align its target population to those demonstrating most need for the program and was able to include individuals who were disconnected from services and who had prior criminal justice involvement or experienced crime. Exhibit 3 presents the population-level need for the program in greater detail.

Outreach strategies:
- Direct community outreach
- Co-location of navigators at community sites
- Referrals through community partnerships
- Self-referrals
Exhibit 3 – Barriers to service uptake experienced by potential participants

The Community Navigators Program was positioned to engage and serve community residents who lacked experience and comfort in independently navigating the social service sector. Potential participants were those less able to access services and often had fewer people and resources to whom they could turn for assistance in these pursuits. In addition, according to those interviewed, participants also experienced innumerable hurdles which led to their exclusion. These included, for example, unspoken dress codes at community-based organizations and agency offices (which, if not followed, led to lessened service), to unspoken rules for self-advocacy, such as needing to ask for a supervisor after having an initial request rejected. Additional examples included the exclusionary nature of services that required lengthy trips on public transportation or were located outside of East Harlem in predominantly white neighborhoods. Participants also faced challenges resulting from the lack of partnerships between service agencies. Since many organizations were less likely to make referrals on behalf of community residents, it became the responsibility of individuals themselves. Participants, as result, described their experience in neighborhood programs as often "isolating" in this context.

Additional challenges cited by participants, navigators, and program stakeholders included:

- A lack of services available in languages used by community residents. Services were often unavailable in participants’ primary languages (e.g., Spanish). In addition, for many residents who speak less common languages (e.g., speakers of indigenous Latin American languages), services were unavailable in both their primary language and a secondary language that they might otherwise use when necessary (e.g., Spanish).

- A lack of mechanisms to research and access services. Participants who did not have reliable phone or internet access found it difficult to obtain services. And, certain service providers required access to more advanced technologies during the COVID-19 pandemic. For example, HRA required individuals to have access to a smartphone to access benefits remotely.

- A lack of experience understanding the sequencing of actions necessary to achieve goals. Navigators described how community residents were often unable to identify why they were being rejected by service providers and as a result were unable to prioritize their activities accordingly. For example, individuals may not know that documentation or an ID might be necessary to apply for a permanent address, which by extension allows for entry into certain employment search programs.

- A lack of services for non-citizens or additional barriers to services (e.g., stigma, fear, misinformation in addition to systemic barriers related to eligibility). Participants and navigators expressed concern over the lack of services available to undocumented individuals and those without full citizenship. Among this population, participants were also more likely to feel “underestimated” and that they were “not getting the attention from service providers that they need.”

- Potential for traumatizing experiences during the pursuit of services due to the challenges presented above. For example, community residents endure discrimination based on language, citizenship status, and or lack of prior experience to obtain the services they require. As one navigator explained, “another challenge that I’ve seen in my work is that people ... are traumatized by these systems [otherwise intended to help them.]”
Once an individual is enrolled in the program, they work closely with their assigned peer navigator to identify their goals and develop an action plan. Navigators are most often assigned to a participant based on the manner in which an individual is initially recruited into the program. For participants who join the program through direct outreach, their assigned navigator is usually the navigator that they first met and who cultivated the initial relationship. For participants who join the program through a referral pathway, their assigned navigator is usually the navigator that works closely with that particular organization or agency. Other considerations that influence navigator assignment include the balancing of navigator caseloads – each navigator is expected to hold around 20 cases at any given time – and the intentional matching of navigators with participants according to shared lived experience and or areas of expertise.

Subsequently, navigators work with each participant in their caseload on a flexible basis, operating with a good deal of discretion but in almost all cases providing a combination of two major services:

- Referrals to service providers, and
- Coaching and virtual or in-person accompaniment during the pursuit of services.

Once a participant’s initially-identified goals have been attained or they are no longer actively engaging with their navigator, they are discharged from the program. However, participants are welcome and encouraged to re-enroll when it is clear that it would benefit them to work with a navigator again. Exhibit 4 presents a depiction of the participant trajectory as developed by the program.

**Exhibit 4 – Case life-cycle (Source: CNP presentation to ISLG on 8/6/18)**
Navigators themselves were supported through a combination of training, professional development, and supervision, including:

- **In-depth orientation** which includes training in social work and navigation strategies, facilitated introductions to community partners and stakeholders, training in outreach techniques, background on East Harlem and needs of populations served by the program, and extensive role-playing facilitated by social work supervisors,

- **Supervisory support** including weekly case reviews and meetings designed to support navigators’ personal and professional development,

- **Weekly day dedicated to professional development**, case reviews, and peer learning, and

- **Ongoing in-house and external training opportunities** designed to further navigators’ expertise and specialization in areas of personal interest.

Finally, the Community Navigators Program initially operated with limited physical space of its own. During this period, navigators were often co-located with program partners and met program participants in public and Silberman School of Social Work-run spaces (e.g., the school library). In 2020, the program was provided a street-facing office in 2020, which was open only briefly before New York City declared a state of emergency in March 2020 due to the COVID-19 pandemic, resulting in a required shift to virtual and remote work and service provision.

A logic model encompassing the program design is presented in Appendix A
Program Implementation

The implementation of the Community Navigators Program, along with challenges and best practices, is described in the following sections on program outreach and engagement, relationship building between participants and navigators, and service delivery. These sections are preceded by a brief snapshot of the participants served.

Snapshot of participants served

Over 1,680 individuals were enrolled as participants in the Community Navigators Program between the program’s start in 2016 and December 31, 2020. Within this time period, the average participant was most likely to be 21 years of age or older (78% of participants), female (65% of participants) and Latinx (46% of participants) or Black (44% of participants). In addition, consistent with the focus areas held by program stakeholders, slightly more than half of participants (53%) were disconnected from the service sector (defined as not having been enrolled in a program or receiving services) within six months of program enrollment and just over one quarter of participants (27%) reported having experienced crime. Finally, 24% of participants were also reported to have interacted with criminal justice system at some point. As described later in this report, participant characteristics were influenced by a combination of factors, including program eligibility, recruitment methods, community resident needs, and navigators’ comfort conducting outreach. Exhibit 5 presents a full breakdown of Community Navigators Program participants served.

Exhibit 5 – Participant characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (N = 1,649)</td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>18%</td>
</tr>
<tr>
<td>18 through 20</td>
<td>16%</td>
</tr>
<tr>
<td>21 through 29</td>
<td>27%</td>
</tr>
<tr>
<td>30 through 39</td>
<td>15%</td>
</tr>
<tr>
<td>40 through 49</td>
<td>11%</td>
</tr>
<tr>
<td>50 through 59</td>
<td>7%</td>
</tr>
<tr>
<td>60 through 69</td>
<td>4%</td>
</tr>
<tr>
<td>70 or older</td>
<td>2%</td>
</tr>
</tbody>
</table>

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4 This represents the timeframe for the program and administrative data provided to Metis Associates by the Community Navigators Program.
### Characteristics

<table>
<thead>
<tr>
<th>Gender (N = 1,648)</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>65%</td>
</tr>
<tr>
<td>Male</td>
<td>34%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity (N = 1,605)</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latinx</td>
<td>48%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>45%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3%</td>
</tr>
<tr>
<td>White</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service disconnection* (N = 781)</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>53%</td>
</tr>
<tr>
<td>No</td>
<td>47%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminal justice involvement* (N = 686)</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24%</td>
</tr>
<tr>
<td>No</td>
<td>76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experienced crime* (N = 661)</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27%</td>
</tr>
<tr>
<td>No</td>
<td>73%</td>
</tr>
</tbody>
</table>

*Percentages calculated out of subset of participants with known information. Note that high levels of missing data are due to changes in recordkeeping (e.g., the addition of new items) over the duration of the Community Navigators Program.

Upon enrollment in the Community Navigators Program, participants work collaboratively with their assigned navigator to identify concrete goals. Participants generally entered the program with one to three overarching goals (see Exhibit 6), which coalesced around three major needs:

- Employment (39% of participants presented with this need),
- Housing (36% of participants presented with this need), and
- Education (34% of participants presented with this need).
Additional needs commonly identified upon enrollment in the program included registration for government benefits (19% of participants), obtaining government ID and other forms of documentation (13% of participants), youth programming (11% of participants), and counseling (7% of participants). The extent to which participants’ goals were found to overlap depended greatly on the individual. In some instances, goals were described as intersecting (e.g., an employment goal would lead to a housing goal) and in other instances both participants and navigators viewed the goals as largely independent.

**Exhibit 6 – Number of initial needs at program enrollment**

<table>
<thead>
<tr>
<th>Number of presenting needs</th>
<th>Percent (N = 838)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>50%</td>
</tr>
<tr>
<td>Two</td>
<td>28%</td>
</tr>
<tr>
<td>Three</td>
<td>11%</td>
</tr>
<tr>
<td>Four</td>
<td>5%</td>
</tr>
<tr>
<td>Five or more</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Percentages calculated out of subset of participants with known information.

**Program outreach and engagement**

The Community Navigators Program is predicated on the idea that individuals should voluntarily engage with the program, as opposed to being mandated to participate. As a result, outreach and recruitment is an especially critical element of the program design and an ongoing area of attention for program leadership, staff, and stakeholders. At the same time, recruitment is especially challenging for this program because of its intention to serve individuals who are otherwise disconnected from the service community and/or have barriers that prevent their independent pursuit of services. That is, community residents who would benefit most from the Community Navigators Program are also those who may be least likely to approach the program and enroll on their own.

While the Community Navigators Program has utilized several distinct methods of recruitment since inception, the core strategy has been the same: transition individuals into the program through the cultivation of trusting relationships with navigators. To this end, the definition of who is considered a “participant” was defined as completing the initial intake form that was used to identify basic characteristics and needs. Nonetheless, there remained inconsistency or ambiguity over what constituted intake “completion” among navigators, and navigators often worked with individuals who weren’t considered participants but who nonetheless received navigator support. That said, navigators were found to be profoundly effective at building trust with individuals once initial contact with a potential participant was made. This immediate effort to build trust was independent of any given outreach or recruitment strategy.

In fact, the development of trust was identified as the most important feature of the Community Navigators Program’s approach to outreach and recruitment. Navigators, supervisors, and program stakeholders
unanimously described the development of trust as critical to the program’s success – both within the context of participants’ ongoing relationships with their navigators throughout their enrollment in the program, and also during the recruitment process. Trust was developed, and in certain instances tested, at four levels:

- Between community organizations and the program
- Between community organizations and navigators
- Between participants and navigators
- Between the program and the community at-large

Community organizations indicated trust of the Community Navigators Program and trust of the individual navigators as critical to their willingness to develop partnerships and/or provide referrals. In terms of community organizations’ trust of the program, this was most often tied to the program’s leadership. For example, those interviewed in 2021 spoke very highly of the then program director and her leadership ability. The hosting of the program at the Silberman School of Social Work and the funding of the program by the District Attorney’s Office of New York were considerably less important considerations. Additional details on the perceptions of the programs’ host and funder are presented in Exhibit 7.

**Exhibit 7 – Perceptions among community organizations of the funder and host institution**

| Perceptions of DANY | Organizations varied in their opinion of DANY's role as a program funder, with some interviewees indifferent, some critical, and some supportive of this funding stream. Those who viewed it favorably noted that it signified the legitimacy of the program. Organizations also saw it as an indication of DANY's interest in prevention, social services, and community-based initiatives. Organizations with hesitations were concerned about the notion of sharing data with a criminal justice entity* and were concerned that it would reflect badly on their own work in light of recent and ongoing police violence against communities of color. |
| Perceptions of SSSW | Organizations also varied in the level of importance they granted to the involvement of the Silberman School of Social Work. Organizations that viewed the involvement favorably found it meaningful to have the program supported by a prestigious school of social work and believed that the school’s involvement would ensure that “trauma-informed practices” and “clinically informed practices” would be used by navigators. Organizations also appreciated the use of the school’s campus for program activities. At the same time, in interviews with community partners, a small number of them described the school’s sometimes contentious relationship with the East Harlem community (including pushback against the school’s campus and associated critiques of gentrification and exclusion); and that these attitudes could influence willingness to engage with the program. |

* DANY does not receive any identifiable data through the Community Navigators Program
In terms of trust of specific navigators, this was tied to navigators’ credibility, status as community peers, and individual qualities. In fact, trust of specific navigators was so important that multiple community partners—organizations working with the Community Navigators Program to recruit individuals—shared that they would feel it necessary to reflect on the merits of their partnership, and possibly reconsider their working relationship, if the navigator they were assigned were to change. Community residents also focused largely on their trust of the navigators themselves and only rarely considered the broader program. In fact, the broader program was generally unimportant to those interviewed, and the roles of both the Silberman School of Social Work and the DANY were largely unknown. For potential participants, trust was cultivated over time through minor interactions with navigators, the public perception of navigators, and the endorsement of navigators by already trusted community organizations. The latter was found to be a critical element of both the partnership-based and co-location outreach strategies.

Within this broader context, the Community Navigators Program’s specific outreach strategies can be categorized into four types. These are briefly summarized in Exhibit 8 along with their major benefits and challenges.

**Exhibit 8 – Outreach strategies utilized by the Community Navigators Program**

<table>
<thead>
<tr>
<th>Outreach strategy</th>
<th>Description</th>
<th>Benefits and challenges</th>
</tr>
</thead>
</table>
| Direct community outreach | Navigators directly approach potential individuals “on the street,” at community events, and through personal connections. At times, navigators used a “zoned approach,” which entailed assigning each navigator a small geographic area to work within. For this strategy to be effective, it is critical to create visibility in the community as a precursor to direct engagement. | **Benefits**: Leverages credibility of peer navigators and can be carried out independently from any community partnerships.  
**Challenges**: Navigators are responsible for recruiting their own caseloads. Lesser ability to intentionally focus on target populations. |
| Co-location of navigators at community sites | Navigators are given physical space and resources within community partner organizations and receive access to partner’s clients. Navigators both receive referrals and have the opportunity to directly approach potential participants in these settings. | **Benefits**: Navigators gain critical space and resources unavailable directly through the program. Community partnerships are strengthened through navigators’ on-site presence. Warm-handoffs are common, increasing the likelihood that individuals engage with the program.  
**Challenges**: Significant risk of on-site navigators taking on extra responsibilities on behalf of co-location partners. Assignment of cases to the navigation team is based on navigators’ co-location instead of interest and expertise. |
<table>
<thead>
<tr>
<th>Outreach strategy</th>
<th>Description</th>
<th>Benefits and challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals through community partnerships</td>
<td>Community partnerships are developed between the Program and local organizations and agencies. In some instances, navigators directly engage with and recruit individuals. In other instances, referrals are made by partner staff either by informing their clients of the program or informing navigators of potential participants. Recently, the Community Navigators Program has created an online referral form used by partnering agencies such as the NYPD to facilitate this process.</td>
<td><strong>Benefits:</strong> Navigators gain access to key populations through partnering organizations. Program visibility is increased. By focusing on referrals, likelihood of participation among those contacted is significantly increased. When facilitated by a warm hand-off, credibility and trust, from the perspective of the potential participant, is transferred from the community partner to the Community Navigators Program. <strong>Challenges:</strong> Challenges are limited and largely confined to the nuances of the partnership and can include misunderstandings around the program scope and purpose.</td>
</tr>
<tr>
<td>Self-referrals</td>
<td>The Community Navigators Program operated a physical space, which allowed for residents to “walk-in” and meet with a navigator. In addition, this strategy includes receiving individuals who were informed of the program by peers or other community residents.</td>
<td><strong>Benefits:</strong> A low-stakes strategy, which increases the program’s openness to the community and has the potential to enhance residents’ perception of the program. <strong>Challenges:</strong> Self-referred individuals were not found to have higher rates of engagement in the program, despite the proactive nature of their initial involvement. However, a greater level of program resources may be needed to allow for self-referrals (e.g., a physical space to facilitate walk-ins, staff available to monitor email or phone lines).</td>
</tr>
</tbody>
</table>

According to administrative data collected by the Community Navigators Program, the vast majority of participants served since program inception were recruited through direct outreach (61%). This was followed by outreach through community partnerships (18%), self- and peer-referrals (13%) and co-location (8%). These findings are presented in Exhibit 9.
Exhibit 9 – Participants served by referral strategy

<table>
<thead>
<tr>
<th>Referral strategy</th>
<th>Percent (N = 997)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Outreach</td>
<td>61%</td>
</tr>
<tr>
<td>Co-Location Referral</td>
<td>8%</td>
</tr>
<tr>
<td>Community Partnerships</td>
<td>18%</td>
</tr>
<tr>
<td>Self-referrals (including referrals from peers and community members)</td>
<td>13%</td>
</tr>
</tbody>
</table>

Importantly, no particular strategy emerged as the most effective for the program overall, given its broad recruitment goals. Each strategy had its merits and challenges, and evaluation findings indicate the importance of drawing on multiple approaches in tandem. By combining strategies, the program was able to capture a breadth of residents across populations. Furthermore, while co-location and community partnerships were possibly the most effective, they had the drawback of limiting recruitment to those who were already connected to the service sector in one way or another. Direct outreach, while more challenging, since it placed the responsibility of creating credibility and trust directly in the hands of the program, allowed for the program to better reach individuals who otherwise may not have had any experience working with a community program or city agency. Finally, while online referral forms were described as remarkably low-effort by program stakeholders, they also circumvented the opportunities for warm-handoffs and close-relationship building that otherwise characterized the success of the community partnership approach. That said, direct outreach, by virtue of its direct engagement approach, was most effective at helping fulfill the Community Navigators Program’s goal of engaging individuals who were otherwise disconnected from social services and programs.

In the following sections, each outreach strategy is described in greater detail.

**Direct community outreach**

Direct community outreach was the initial outreach strategy adopted by the Community Navigators Program and has remained, over the course of the program’s evolution, a critical recruitment approach. Essentially, with this strategy, navigators are responsible for directly identifying and connecting with potential participants. This was primarily carried out through “street outreach” where navigators would circulate within the East Harlem neighborhood and either approach individuals who seemed to be “in need” and/or make themselves available for questions from community members. Navigators would work in teams of two and would wear “branded”

Outreach and recruitment has changed a lot. Yeah, in the beginning, we used to do street cold outreach, meaning we would go out and speak to people in the community with our little clipboard and our blue shirts. But then as our social work team got more creative, and even as our own navigators got more creative, we saw that there are different ways to access people.

– Community Navigator
clothing to increase the visibility of the Community Navigators Program and bring credence to their claims when approaching strangers (e.g., navigators found it easier to question a stranger when clearly identified as a community navigator).

This outreach strategy was very appealing to both navigators and program stakeholders due to its relatively straightforward design and ability to be carried out across the neighborhood. Through the navigators, the Community Navigators Program was able to take advantage of personal relationships, membership in community groups, familiarity with housing developments, and pre-existing credibility within the neighborhood. Navigators were also encouraged to draw on their own areas of expertise. For example, one navigator was encouraged to utilize their community connections and relationships with elected officials when it was clear that “walking the streets and handing out fliers” did not work for them.

Navigators were most successful at recruitment when they anchored participants’ initial experiences in the program to specific goals, and, wherever possible, showcased the potential of the program by offering immediate help through a referral opportunity, coaching, or specific resources (e.g., materials on resumé building or educational options). One navigator gave, as an example, their opening statements as:

> Hi, how are you? How you doing? My name is this, I am here in the community. I’m working with the Community Navigators Program. [or] We are in connection with Hunter, and we’re here to serve the community, if you need any assistance, or you have any need. Do you have anything right now that you need assistance?

Navigators also made educated guesses about participants’ needs based on a constant review of program data. According to one navigator, for example,

> How I pitched it to everyday people in the street is that “Hey, like we have this great program. We help connect you to the service you need” and then I list examples, like employment, housing, education — and I list the top three on purpose because I know that is based on data, and just based on conversations, I see that’s the one people want the most.

Navigators were challenged, however, by the lack of community awareness about the program. Community residents were described by navigators and community partner staff as knowing little about the program, and it was recommended that the program take explicit steps to increase its visibility through additional public-facing materials and greater explanation to participants of the program’s structure and eligibility requirements. On the other hand, after being introduced to the program, participants had few hesitations about participating. Among those with hesitations, the most common was a concern that they would be required to partake in the referrals or opportunities offered to them. In addition, participants also viewed the program as an exceptional opportunity and were concerned that they did not “deserve” to participate or that they would be unable or unwilling to actively participate to the perceived extent required.

**Zoned outreach**

The direct outreach strategy was further refined into “zoned outreach” as the program matured. For this approach, navigators were assigned specific geographic areas to cover. By increasing the localism of the
outreach, navigators were more likely to further entrench themselves in the community, more easily gain the trust of individuals prior to reaching out, and more effectively identify individuals who may need the help of the program.

The effectiveness of this approach, however, was complicated by the immediate bonds that navigators often created with participants during the initial engagement phase. These bonds resulted in some participants becoming reluctant to be assigned to someone other than the navigator they first met (usually done so for the purposes of caseload balancing or to provide a participant with a navigator who has the most expertise in their area of need. In fact, findings indicate that the majority of individuals choose to participate in the Community Navigators Program because of the specific navigator they would be working with and not the program’s overall goals or services. As a result, it was difficult to reduce navigator caseloads by reassigning participants even when caseloads became imbalanced due to certain navigators’ greater competence in direct outreach and engagement.

Co-location of navigators at community sites

The strategy of co-locating navigators at community sites was developed in response to a lack of sufficient, dedicated program space in which navigators could operate. As explained by one program stakeholder,

They could not fit all the navigators into [the] one office. And, implementation hit in the fall, so the program rolls out when the weather’s about to get cold. So… outreach and engagement [became] a real struggle. That’s where the idea of co-locations came up. The idea being, people need a place to put their coats. People need a home base. People need a bathroom that they can use. Especially with winter coming. We needed somewhere indoors and safe.

Once introduced, this approach quickly became the dominant method of recruiting participants for a period of time in the program’s history. Navigators were placed at a series of partnering organizations and were given space to operate and access to the organization’s clients. In most instances, co-located navigators worked closely with partner staff to define their daily responsibilities, which created the challenge of co-located navigators being asked to take on tasks that exceeded their role as navigator (e.g., providing direct program services in support of the partnering organization or administrative assistance). This challenge often overshadowed the benefits gained from close proximity to community residents. As shared by one community stakeholder,
The valuable piece is that you're embedded in an agency. But, once you are embedded in an agency, there's a very short time before you begin to think that you are part of the agency as opposed to part of the navigators [program]. So, identity crisis was a problem.

Program leaders addressed these situations by working directly with community partners to clarify and reinforce boundaries and by empowering navigators to "push back" when necessary. In fact, co-location was described as most effective when the navigators placed among community partners were those most able to "hold their own."

At the same time, navigators appreciated the credibility that was granted to them through their physical presence at a trusted organization. And, community partners equally valued the co-location of navigators and found that it significantly benefited their organization's overall programming. The co-location experience was described by interviewed community partners as "collaborative" and "leading to stronger relationships" between each organization. Community partners who worked with both co-located and off-site navigators largely described having someone onsite as "more effective" because of the ability to carry out warm hand-offs and face-to-face referrals and better than "sending clients to a different location." These sentiments are further illustrated in Exhibit 10.

Exhibit 10 – Community partner perspectives on co-location

| [There are] many, many benefits [to co-location]. Obviously, it just became easier to refer cases... We had that communication with the program built right into our kind of daily functioning. [Their] dedicated time and space for us, for our clients, with all of the needs that they have, has really been a very important addition to our center. | [The navigators had] a real presence [in their space]... that was very helpful because they [the navigators] became familiar faces, almost sort of part of the staff. And so that made it easier to sort of provide that warm-handoff... You know, from our client advocate to their navigator. And, you know, it was just a very productive relationship. |

Finally, by embedding themselves within a program, navigators were also more likely to build the trust of potential participants by presenting themselves as peers. One navigator, for example, was described as regularly participating in program activities alongside potential participants and gaining their trust through these shared experiences.

Referrals through community partnerships

Another predominant outreach strategy used by the Community Navigators Program has been the development of community partnerships with local organizations and city agencies. These partnerships are similar to co-locations, but do not require the sharing of physical space (and in fact, many of the organizations that hosted a navigator subsequently became a community partner when the program’s outreach strategies shifted). These organizations have ranged from settlement houses and youth development programs to organizations focused on reentry after incarceration. Although the details of each partnership are different, at the core is the creation of a referral pathway, which, as described in the program
outcomes section of this report, proved to be mutually beneficial for the Community Navigators Program and the organizations. Example partners are presented in Exhibit 11.

**Exhibit 11 – Example community partners active in 2020**

- Association to Benefit Children
- Action Center (DOHMH)
- Assemblyman Robert Rodriguez
- Bethel Gospel
- Boriken
- Bronx Community Solutions
- Common Justice
- Common Pantry
- Concrete Safaris
- Cooke School
- Councilwoman Diana Ayala
- Create Inc.
- Drive Change
- Eagle Academy
- East Harlem Community Partnership
- Exodus Transitional Community
- Good Shepherds Services
- Harlem Justice Center (multiple programs)
- KR3TS
- Innovation High School
- Legal Aid Society (multiple)
- Lenox Hill Neighborhood House
- Little Sisters of the Assumption (LSA)
- Living Redemption - Youth Opportunity Hub
- Manhattan Borough President's Office
- Manhattan Family Justice Center
- MAPS (Mayor’s Action Plan for Neighborhood Safety)
- Metropolitan Hospital
- Mt. Sinai Adolescent Health Clinic
- New York Foundling: Communities that Care
- NMIC (Northern Manhattan Improvement Corporation)
- NYCHA REES (Resident Economic Empowerment & Sustainability)
- Odyssey House
- Palante
- Promesa
- SAVE/GOSO
- SCAN NY
- Stanley Isaacs
- STEPS to End Family Violence
- Strive
- SUNY North Bronx
- Sweet Generation Bakery
- The Door
- The HOPE Program
- The Osborne Association
- Union Settlement – East Harlem Youth Opportunity Hub
- VIP Mujeres
- Volunteers of America
- Wadleigh High School
- Youth Action Youth Build
- Youth Represent
- Friends of New York
- 25th Precinct
- NYPD Community Affairs Bureau
- NYPD Collaborative Policing

Critical to the success of this outreach strategy was the development of the underlying community partnerships themselves. Potential partners were first identified by the program coordinator, who used his personal experience in East Harlem, as well as extensive community engagement to determine the optimal candidates. Program leaders remarked on the importance of having a resource such as the program coordinator on staff: someone who was able to understand the nuances of the East Harlem service landscape, including the tensions that existed between

[Our program coordinator] was very aware and understood those tensions in a way that maybe we didn’t. And it helped us come up with a model of how we were going to interact with all the different systems [within East Harlem].

– Program Stakeholder
neighborhood organizations. A key success of the program was its ability to overcome these tensions and position the navigators as neutral agents, able to operate with more than one community partner simultaneously. Here, the location of the program at a neutral third-party – the Silberman School of Social Work – became especially important.

Once the process of developing a community partnership began, navigators met with organizational leaders to ensure that navigators understood, in detail, what programs were being offered to residents and how each program operated. Conversely, community partners also described inviting a community navigator to join their meetings as a “typical staff member,” and one interviewed community partner representative described how the Community Navigators Program’s staff gave them guidance on how they should operate their programs and activities.

After a partnership was created, the process of referring individuals to the Community Navigators Program varied. In some instances, the community partner identified a client’s need for individualized support and contacted either the navigator or the program director. The navigator would then reach out to the individual and begin working with them directly. In these situations, the community partner usually maintained its own simultaneous relationship with the individual but coordination of services was limited. In other instances, navigators would participate in program activities and introduce themselves to clients and directly recruit them into the program. Finally, some community partners also worked with navigators to develop dedicated events and orientations through which the Community Navigators Program was publicized. Navigators were mostly described to potential participants as representing an independent organization, but a subset of community partners deliberately chose to introduce navigators as members of their staff. One community partner, for example, described how they “introduce [navigators] as part of the case management support team.”

The most common downside to the referral-based approach, as compared to direct outreach and recruitment, is that it was described as leading to a greater number of individuals who may not have authentically wanted to participate in the Community Navigators Program. These participants, in turn, were often described as being less communicative with navigators and more likely to lose contact prior to a successful completion of the program. Furthermore, navigators also shared a concern that a referral-based approach may lead to the perception that the program was mandated or inappropriately “encouraged,” which could reduce the level of trust that community residents had in the program overall. This issue was summarized by one navigator, who reflected that:

*We know there’s a difference [between referrals and direct outreach]. If I’m referred, that doesn’t mean I want it; you can call me, but that doesn’t mean I want it. We also have to deal with participants having some ambiguity around the services, because they’re trying to figure out why [they are being contacted]. [We have to] go back to the referring agency [and say] please make sure you are having a conversation with people before you’re referring them to us, because we’re not a mandated program.*
Creation of specialized community partnerships for youth

The Community Navigators Program also maintains two specialized referral pathways for youth, one with the NYPD and one with a local high school.

- **Referral pathway with the NYPD’s Youth Coordinating Officers.** Although it was a later addition to the program model, more recent evaluation activities suggest that the partnership between the Community Navigators Program and the New York City Police Department has been effective. This referral pathway is highly regarded by both program stakeholders and participating NYPD precinct officers. The NYPD values the work of the Community Navigators Program and views it as an important resource for the youth they encounter. According to an interviewed stakeholder with the NYPD, Youth Coordinating Officers often find that the young people they engage with are at risk of criminal justice involvement or at risk of “being victimized” due to a lack of service connections. Services needed range from mental health support to “something as simple as a sports program...that would occupy their time.” At the same time, the Coordinating Officers do not have the internal resources to provide the referrals directly, which leads to the importance of the NYPD’s partnership with the Community Navigators Program.

To facilitate this referral stream, the Community Navigators Program developed a carefully-tailored online form that was designed with input and approval from the NYPD’s legal team to provide navigators the minimal information necessary to make initial contact with potential participants. (And, in turn, the Community Navigators Program intentionally limits the information shared with precinct officers to help preserve the confidentiality of those served.) Coordinating officers use this form to make referrals after interacting with youth in several ways. First, an officer may refer a youth who was involved in a criminal justice interaction. In this scenario, an officer may “talk to the youth and find out what their underlying issues may be.” Alternatively, an officer may refer a youth who was brought to their attention by a parent or family member. Other examples include youth who have left home or are otherwise being victimized. Finally, officers may encounter and refer youth who participate in NYPD or Police Athletic League sponsored events.

This referral stream is considered by multiple stakeholders to be particularly effective. It is described as resting on a “foundation of respect” between the NYPD and the Community Navigators Program, in part facilitated by the involvement and credibility of the Manhattan District Attorney’s Office. The responsiveness and timeliness of the navigators has been especially important to the NYPD. According to an interviewed representative of the NYPD, “[the navigator program] doesn’t let anything fall through the cracks.” As of 2021, the referral pathway had grown substantially to become the central driver for the program’s expansion to adjoining neighborhoods.

- **Referral pathway with a local high school.** The Community Navigators Program has a long-standing partnership with Wadleigh High School, a public school located adjacent to East Harlem and serving many youth residents of the neighborhood. At Wadleigh, referrals take place in two
ways. First, a school-based team works closely with a Community Navigators Program supervisor to review the roster of eligible students and assign them to navigators using information provided by the school’s principal and guidance counselor. Second, the Community Navigators Program is introduced to students and parents through a letter home, by school guidance counselors, and during school-wide meetings.

This referral pathway was highly regarded by school administrators at Wadleigh High School, who especially appreciated the peer-nature of the program and the ability to connect students to navigators that held shared experiences. As explained by one interviewed community partner, the program works “really well because I was able to match my students with a navigator that best matched their overall needs…. My Hispanic students were able to get a Spanish-speaking navigator…. If I had an LGBTQIA+ student I was able to get them an LGBTQIA+ navigator…[and so forth.]” At the same time, this referral pathway differed from others insofar as students did not necessarily opt into the program before being assigned a navigator. As a result, referrals required more effort from navigators who often had to “chase down” students if they did not initially respond to outreach.

According to those interviewed, this pathway is most effective when navigators are closely matched to students in regards to shared experiences and when the school community has “bought into” the idea that organizations external to the school can be of value. As shared by one interviewed partner, there is power in having a “navigator who is closer in age [to students] and has the ability to converse with [students] and build a relationship outside of school norms.”

Self-referrals

A stated goal of the Community Navigators Program is to build knowledge of the program within the East Harlem community and encourage residents to reach out directly for services. Navigators consistently asked community members, even if they did not want to become participants, to share information about the program with others. Similarly, participants were encouraged to explain the program to their friends and family. Within this context, the Community Navigators Program encouraged individuals to reach out and contact them directly by phone, email, or by visiting their in-person office (staffed at any given time by a navigator and a program coordinator).

According to those interviewed, self-referred individuals were often the wariest of the program and usually arrived with clear questions and qualms about participating. In response, program staff intentionally created opportunities for individuals to learn more about the program in a safe environment and slowly ease them into the program.
Relationship building and the peer model

The kernel of the Community Navigators Program’s design is the relationship between the participant and navigator. Effective relationships are necessary for participants to:

✓ first engage in the program,
✓ participate in honest goal-setting activities,
✓ trust navigators sufficiently to pursue offered opportunities and referrals,
✓ remain engaged in the program during delays and difficult circumstances, and
✓ build confidence and self-advocacy skills through the mentorship of their navigator.

Most participants valued these relationships and recounted high levels of trust between themselves and their navigator. Effective relationships were co-created by participants and navigators, each actively participating in the cultivation of trust. In fact, participants consistently recognized that they needed to be equally honest and open about their own lives for the relationship to be successful. In addition to trust, participants valued “authenticity,” “transparency,” and the sense that navigators are being “honest” and “genuine.” One navigator described this strategy as entailing:

Be honest, and don’t let the participants think that you are gonna solve the problem. Let them know the reality and the truth; this is the situation and I’m going to help you as much as I can. I’m gonna do whatever is in my hand. And we gonna work together. I don’t guarantee nothing. I just guarantee that I’m going to be next to you.

A second navigator simplified this strategy as:

When you open yourself and just be real and human, people connect to you better. And it’s so much easier to work with that person because they’re willing to tell you [what they need and the barriers they are facing].

This relationship-building is important across the duration of the participant’s experience in the Community Navigators Program. For example, the ability for a navigator to immediately project authenticity and create trust is pivotal during the recruitment phase, as well as when navigators are providing coaching and accompaniment. In addition, this skillset was especially important for complex cases where navigators needed to lead participants through multiple sequential steps before a goal was reached (e.g., obtaining documentation before applying for a housing lottery). Finally, strong relationships were also especially important during periods when a participant was otherwise waiting for a response from a third-party organization or agency. The stronger the relationship, the more likely that the participant was to remain in contact with the navigator during this time.

It is a great relationship. We have had very open communication. [My navigator] has provided this safe space since the beginning where I feel very comfortable telling her exactly what I’m going through, what help I need, and why I need it.

– Program Participant
Navigators also establish and maintain effective relationships with participants through the frequency and mechanisms of their program interactions. While specific preferences varied, participants valued:

- ✓ face-to-face and video-based interactions, which created intimacy within the participant-navigator relationship, and
- ✓ frequent and flexible modes of communication, combining in-person/video, phone, text, and email, depending on the specific nature of the interaction.

Overall, navigators largely achieved this goal of creating effective relationships with participants. Approximately two thirds of participants interacted with their navigators between two and fifteen times during the course of their enrollment in the Community Navigators Program. Most of the remaining participants interacted either once (11%) or between 16 and 50 times (20%). Exhibit 12 presents the distribution of participants by total number of interactions. Importantly, the number of interactions were not found to be associated with program duration, which further suggests that interactions are driven by case-specific needs.

**Exhibit 12 – Number of interactions between participants and navigators**

<table>
<thead>
<tr>
<th>Number of interactions</th>
<th>Percent (N = 1,591)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One interaction</td>
<td>11%</td>
</tr>
<tr>
<td>2 - 5 interactions</td>
<td>36%</td>
</tr>
<tr>
<td>6 - 10 interactions</td>
<td>17%</td>
</tr>
<tr>
<td>11 - 15 interactions</td>
<td>10%</td>
</tr>
<tr>
<td>16 - 50 interactions</td>
<td>20%</td>
</tr>
<tr>
<td>51 - 100 interactions</td>
<td>5%</td>
</tr>
<tr>
<td>Over 100 interactions</td>
<td>1%</td>
</tr>
</tbody>
</table>

As described, navigators combined an array of strategies for engaging participants. Overall, 52% of participants interacted with their navigators over text message or email, 79% of participants interacted with their navigators through phone calls, voicemail, or video calls, and 51% of participants interacted with their navigators in person. Among participants who met with their navigators in person, these meetings took place at a variety of locations, including:

- • Co-location sites (32% of participants),

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5 Interactions include any contact deemed relevant by a navigator and includes, but is not limited to, email, voicemail, voice calls, text messages, and in-person meetings at locations such as the Community Navigators Program office, participant’s homes, and third-party locations.
• Community locations (14% of participants),
• Community partner sites (18% of participants),
• the Community Navigators Program office (16% of participants), and
• Participants’ homes (7% of participants).

Importance and implementation of the peer model

Interviewees almost universally touted the peer model as critical to the Community Navigators Program’s success. The program was deemed unique for its focus on “lived experience” and the value placed on “lived experience over credentialism” when hiring staff. The use of peer navigators was cited as the primary reason that navigators were able to truly understand participants’ needs and connect with them in an effective manner. And, participants also highly valued the peer nature of their community navigator relationship. In fact, the shared lived experiences were found to directly impact the aforementioned qualities of an effective relationship, such as honesty and a sense of authenticity. For example, participants reported being able to speak to, and interact with, navigators without worrying about how they presented themselves because of these shared identities. As a result of their peer nature, navigators were more likely to be viewed by participants as “real people” with their own interests and “struggles” and not as mere extensions of a service provider. Participants were also put at ease by the intentional positioning of navigators as equal partners instead of “figures of authority,” which was also facilitated by the peer nature of the relationship.

One of the greatest strengths of the program are our staff and their entire narrative: the fact that most of our team is either black or brown, and they’re from East Harlem or from the Bronx or surrounding areas, and just the beauty that comes from their lived experience.

– Program Stakeholder

If the navigators are what they appear to be to me... almost social workers who literally could reach into every aspect of your life that you needed help with... how can they do their job if they can’t understand the people that they’re serving? Would you send some billionaire from Wall St. down to the projects to help an at-risk kid?

– Program Participant

The Community Navigators Program, their goal is to tap into the power and resiliency that people already have. So they hired all of us based on lived experience. At the time I didn’t have any professional experience. So I used to think “oh that’s not valuable. My lived experience is not valuable.” But each of us are literally an embodiment of what we want to show to the community, that you know, you have strengths and skills.

– Community Navigator

Interviewed community partners agreed that the peer component was important to the Community Navigators Program model. In fact, for many, this was a defining factor that led them to develop an initial partnership. Selected comments from interviewed community partners are presented in Exhibit 13.
**Exhibit 13 – Community partner impressions of the peer model**

<table>
<thead>
<tr>
<th>That peer-to-peer support is, of course, one of the great values of the Community Navigators Program.</th>
<th>Enabling young people to relate to those who are peers, or near-peers, is helpful. And actually not just young people, but families, young adults. It kind of helps provide a certain level of support and credibility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think it is somewhat important, because they understand. They really, truly understand the journey of the participants that they’re serving. That connection is real. And so a lot of times our students are reluctant to speak to someone who they don’t feel have lived their journey, right? And so I think it’s somewhat important that these individuals have experience. They can understand and can relate. And it makes it a little bit easier for relationship-building.</td>
<td></td>
</tr>
</tbody>
</table>

**Defining what it means to be a “peer”**

While the use of “peers” to deliver services was critical to the program’s success, the understanding of who constitutes a peer varied greatly across the program and among navigators, participants, and program stakeholders. For some, being a “peer” required a similarity in outward characteristics (e.g., race and gender presentation) but for most, being a “peer” was understood as being able to draw on similar experiences, interests, or goals as their own. These shared characteristics were often deployed by navigators in an intentional manner. One navigator, for example, discussed how they emphasized their background (e.g., “okay, yeah, I got a master’s degree but I’m still hood”) as a means of counteracting the difference between their own formal education background and that of the participants with whom they worked. Similarly, other navigators described modulating the extent that they signal their shared characteristics to meet the needs of each specific situation. Being a peer was also understood by some participants as simply sharing personal interests. One participant, for example, discussed how they shared their favorite books, television shows, and future career plans with their navigator and while their navigator did not share exactly the same interests, they were able to bond over a similar love for certain activities.

Other characteristics that stood out to participants as potential attributes of a peer relationship included shared age, race, gender, family characteristics, educational background, residential history, language, and gender identity. Participants and navigators also suggested that the Community Navigators Program should intentionally increase representation among male navigators, transgender navigators, and navigators who speak indigenous South and Central American languages to be more accessible to community residents.

**Importance of East Harlem residency as a shared experience**

The Community Navigators Program was also designed to have an explicit place-based approach, one element of which was the initial expectation that peer navigators would be hired from within East Harlem and would work with community residents of the same neighborhood. According to one program leader, for example, a shared background of having lived in “East Harlem is really important” because the neighborhood is a “tight-knit community and people know each other there.” This program leader
continued, by stating that if a peer was not from East Harlem, they would “have to try to gain the trust of the community in a way that people from East Harlem don’t have to.” Yet, despite these intentions, many navigators live outside of East Harlem, as do a large number of participants (see Exhibit 14). In fact, while 39% of participants indicated East Harlem as their home neighborhood, another 36% of participants indicated residing in a nearby neighborhood or borough (The Bronx, Central/West Harlem, and Washington Heights) and 17% of participants resided in a neighborhood quite distant from East Harlem (Staten Island, Queens, and Brooklyn).6

**Exhibit 14 – Participants’ home neighborhoods, by percentage**

<table>
<thead>
<tr>
<th>Participant home neighborhood</th>
<th>Percent (N = 1162)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan: East Harlem</td>
<td>39%</td>
</tr>
<tr>
<td>The Bronx</td>
<td>24%</td>
</tr>
<tr>
<td>Staten Island/Queens/Brooklyn</td>
<td>17%</td>
</tr>
<tr>
<td>Manhattan: Central/West Harlem and Washington Heights</td>
<td>12%</td>
</tr>
<tr>
<td>Manhattan: Other Neighborhoods</td>
<td>5%</td>
</tr>
<tr>
<td>Other/Unknown/Outside of NYC</td>
<td>3%</td>
</tr>
</tbody>
</table>

Furthermore, when asked to reflect on the place-based approach, navigators generally focused on the broader importance of understanding what it was like to live in marginalized communities without easy access to social services and/or what it is like to experience New York as a Black or Brown community member. One navigator, for example, described how these “tangential experiences” create empathy:

> I don’t have to have been on welfare to know that in NYC going through the welfare system is a dehumanizing experience. I don’t have to have lived that to know that. I may have a friend or a family member, or maybe my mom went through that, maybe my mom went through it in her upbringing. This is just an example... but the point is it’s not just about lived experiences. It’s that people [navigators] enter spaces with empathy about people’s [participants’] situations. That is what I think is so vital.

Another navigator echoed this perspective, reflecting:

> Conscious that I’m not a mother and so I never had to live how a mother lives, in terms of how, you know, you have to develop a relationship with your children and you try to make sure they have everything they need, etc. I don’t have that lived experience. But I also know

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6 Residency in East Harlem was not found to be associated with any specific outreach or recruitment strategy. In fact, 80% of participants who joined the Community Navigators Program through a co-location strategy were from outside of East Harlem, as were 52% of those brought into the program through direct outreach and 40% who were recruited through a CBO partner.
that I’m a daughter. I have a mother who was very attentive to me, in terms of not just what I needed physically, or what I needed emotionally and what I needed mentally, and my mother was very understanding of the fact that as a child I needed to play and I needed to laugh.

**Program services**

Within the context of their relationships with participants, navigators provide a core set of activities that make up The Community Navigators Program. These activities take place after an individual is first engaged and before they exit the program. All individuals begin by going through an intake (which constitutes enrollment in the Community Navigators Program, i.e., at which time they officially become a “participant”), assessment, and goal-setting process with their navigator. The timing of this enrollment is at the discretion of each navigator, who is entrusted to determine when a sufficiently strong relationship has been built to sustain these activities (for example, 9% of participants had two more interactions with their navigator prior to enrollment). Once a participant is enrolled, the navigator carries out a combination of coaching, referrals, and accompaniment until a participant’s goals are met or they are discharged from the program. This process on average lasts almost four months (115 days, with a median of 84 days) but could be as brief as one or two interactions within a week and as long as several years. Exhibit 15 presents a breakdown of duration of participants’ engagement in the program.

**Exhibit 15 – Program length**

<table>
<thead>
<tr>
<th>Duration of engagement in program</th>
<th>Percent of participants (N = 1,103)</th>
<th>Cumulative percent of participants (N = 1,103)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days or fewer</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>31 to 60 days</td>
<td>17%</td>
<td>39%</td>
</tr>
<tr>
<td>61 to 90 days</td>
<td>14%</td>
<td>53%</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>28%</td>
<td>81%</td>
</tr>
<tr>
<td>181 days to one year</td>
<td>15%</td>
<td>96%</td>
</tr>
<tr>
<td>more than a year</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The majority of participants benefited from a combination of concrete referrals and coaching, reflecting that a high-touch approach is necessary for program success. As summarized by one navigator, the program is a combination of “connecting our participants with the services that they need” and “being supportive through the process.”
Specific program activities are described in greater detail below, followed by explanations of how families are served within the program and how decisions are made regarding participants’ discharge and program exit.

**Intake, assessment, and goal-setting**

Navigators were responsible for collecting basic background information about participants, including their precipitating reasons for joining the Community Navigators Program (intake). After that, navigators worked collaboratively with participants to identify their long-term goals (assessment) and develop an action plan for reaching them (goal setting). This action plan was guided by, and captured within, a formal planning document created by the Community Navigators Program leadership and completed by a navigator for each active participant. Specific components required of each action plan are presented in Exhibit 16.

**Exhibit 16 – Selected action plan components**

- Goal(s)
- Completion date and target date for goal achievement
- Steps necessary to obtain goal (up to three)
- Obstacles/barriers to completing goal
- Network of support
- How accomplishing goal will change participant’s life
- When participant hopes to attain goal
- Next steps

This goal-setting process is critical to the program’s success, as it guides all subsequent work undertaken by both the participant and the navigator. While participants sometimes know what their goals are, they often need the help of a navigator to create a sequence of steps that will help them achieve their longer-term aims. Navigators were largely flexible in how the goal-setting process took place, as long as an action plan was completed. It could take place in person or remotely and can be led by the participant or the navigator. One tenet of the program design, however, is that the program is voluntary, and participants need to own their selection of goals, so regardless of the process, navigators endeavored to ensure that participants established goals that are authentic to the participants’ own interests.

The initial intake and goal setting process also allowed each navigator to assess the level of coaching that will be needed. This is summarized by one navigator, who shared how:

*The initial conversation has to give me a sense of who [the participant is] and where they are in understanding — can they read, can they write, can they speak Spanish clearly, or English? Do I understand what they need, are they looking for clarification, are they looking for step-by-step support? Do they understand that they need to do A, B, and C, or do they need someone to clarify A, B, and C? Can they take the information that I’ve given them, and run off and do what they need to do, or do they need me to accompany them?*
A review of 523 action plans completed in 2020 indicated that navigators consistently completed all sections of the goal-setting document, working with participants to identify information for each field. Findings from the review showed that a majority of participants (67%) began the program with only one goal identified and that employment, housing, and education were the three most common goal types. Furthermore, the three most prevalent barriers cited within the action plans fell within the categories of: anxiety and mental health (8%); language barriers (8%); and motivation (7%). Additional common challenges were financial in nature (including unemployment and lack of income), scheduling difficulties and a lack of childcare; barriers related to immigration status; and lack of social supports. Together, these barriers demonstrate the importance of the Community Navigators Program’s multi-pronged strategy of combining referrals with coaching and accompaniment, the latter two of which are best suited to meet these challenges.

Referrals

Navigators provided participants with referrals based on their goals and particular challenges. Since program inception, approximately two thirds of participants (68%) received at least one referral with 29% of participants receiving two or more. Exhibit 17 presents the number of referrals provided to participants.

Exhibit 17 – Number of referrals received by participants

<table>
<thead>
<tr>
<th>Number of referrals received</th>
<th>Percent of participants (N = 1,684)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No referrals</td>
<td>32%</td>
</tr>
<tr>
<td>One</td>
<td>39%</td>
</tr>
<tr>
<td>Two</td>
<td>13%</td>
</tr>
<tr>
<td>Three</td>
<td>6%</td>
</tr>
<tr>
<td>Four</td>
<td>4%</td>
</tr>
<tr>
<td>Five or more</td>
<td>6%</td>
</tr>
</tbody>
</table>

Among the participants who received more than one referral, the majority received their referrals across more than one topic area. However, almost one third of participants (31%) also received more than one referral within the same goal area (e.g., housing or employment) and 9% received more than three referrals within the same goal area due to the complexity of the challenges they faced and or due to the inability to utilize the initial referrals that were offered.

The types of referrals provided varied greatly across cases, but largely fell into three types based on the degree of navigator involvement:

- **Low touch referrals**: navigators suggested that participants consult or reach out to resources, programs and agencies that have a public presence. Examples include suggesting that a participant make an appointment at the DMV or an online job search website.
• **Medium touch referrals**: navigators conducted independent research on how best to meet a participant’s needs and made referrals to lesser known or specialized programs within or outside East Harlem.

• **High touch referrals**: navigators contacted the program or agency in advance of making the referral to the participant. In these instances, navigators would work to ensure that the program or service is a good fit and/or determine how the participant could make the most convincing case for their request. To the extent possible, navigators tried to leverage their own relationships with service providers to ensure that referrals went smoothly.

Once a referral was made by a navigator, participants had the choice whether or not to pursue the opportunity. Overall, 86 percent of referrals were successfully utilized by participants, and 90 percent of participants were able to utilize at least one referral offered to them.\(^7\) In fact, only 15% of participants were offered a referral which was not successfully utilized afterwards. Reasons for unsuccessful referrals varied. Examples provided by navigators and participants included providers no longer offering the services expected, changes in eligibility or incorrect information about eligibility requirements, mismatch between participant needs and services offered, and burdensome service requirements, and rejection by service providers due to other factors. Also, some navigators provided participants with multiple options and as a result utilization of all referrals was not always expected). After each referral was made, navigators made a concerted effort to learn directly from the participant how it went and whether services were received, information which was then used to inform further coaching efforts.

Not all navigators, however, used the language of “referrals” when speaking with participants themselves. According to some navigators, this language reinforced or suggested a more formal provider-client relationship between themselves and the participants. Not only did this add considerable pressure on the participant, it unintentionally changed the tenor and effectiveness of the relationship. Instead, these navigators relayed options informally and leveraged the peer nature of the participant-navigator relationship to ensure that opportunities were pursued. One navigator, for example, described how they “remove certain words” and instead use language such as “oh girl, did you try this? I know this place over here does this” or “I went here before, and this is how they helped me.” For the navigator, this approach reportedly led participants to “feel more connected to where they need to go.”

Overall, the procedures for identifying referrals were found to be less consistently applied than other elements of the Community Navigators Program. Navigators, for example, were less likely to coordinate among each other when researching options. Similarly, navigators did not have a shared understanding of referrals or how to record them—including their contacts at organizations and agencies—in a consistent manner. In addition, referrals were often made to agencies, organizations, or online resources, without identifying specific people to speak with. As a result, opportunities to develop strong relationships with service providers were missed. Participants were also conspicuously less able to reflect on the referrals that

\(^7\) Total referrals utilized are based on the number of referrals for which utilization data was available (N = 2,418). For an additional 199 referrals, information was either unavailable or the referral remained pending as of December 2020.
they had been offered, suggesting that navigators may be less likely to explain the process they took to identify the referral opportunities or the background of the organizations and agencies. Finally, both navigators and participants described significant restraints in identifying and obtaining referrals pertaining to certain goals, such as housing and support for non-citizens in some instances.

Overall, the referrals provided to participants through the Community Navigators Program closely aligned, as expected, with participants’ goals at intake. Referrals in support of employment, housing, and education were most prevalent and made up almost two thirds of the referrals provided through the program (Exhibit 18). Referrals were also found to be utilized at similar rates across topic areas, as presented in Exhibit 19.

**Exhibit 18 – Referrals provided to participants, by topic area**

<table>
<thead>
<tr>
<th>Referral focus</th>
<th>Percent of referrals made (N = 2,612)*</th>
<th>Percent of participants receiving referral with this focus (N=1,684)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>32%</td>
<td>27%</td>
</tr>
<tr>
<td>Housing</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Education</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Benefits</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Legal Services</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>ID Documentation</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Youth programming</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Immigration</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*An additional 8% of referrals were in support of mental health (1%), child care (1%), financial planning (1%), entrepreneurship (1%), and other referrals (4%)*
Coaching and accompaniment

Another key service provided by navigators was actively coaching participants in how best to interact with service providers and community programs. Coaching was provided through frequent interactions, ranging from brief text messages to extended in-person sessions. Navigators provided tools and strategies to participants as well as moral and emotional support. For most participants, navigators also provided accompaniment, which ranged from providing an in-person presence while a participant obtained services (e.g., joining the participant during a visit to an HRA office) to providing simultaneous coaching when participants reached out to service providers by phone or email (e.g., remaining on the phone with a participant while they asked to speak with a manager when an initial service request was denied). One program stakeholder, for example, explained how they coached a participant to advocate for themselves during the process of obtaining repairs for their apartment. This navigator, through multiple interactions with the participant, shared “the strategies that worked very well in terms of helping people get simple repairs done in their apartment” such as:

Do you know that you have to get a person’s name? Do you know that you get a ticket number? Do you know how to follow up? Do you know that [becoming angry] is not going to get you anywhere, that you have to have a different tactic? .... Did you take a picture, did you get the person’s name?
This level of coaching was identified by navigators and participants as a unique feature of the Community Navigators Program, which differentiated it from other, similar programs. The particular impact of this coaching is shared by one navigator, who described how:

*We are resources for people who didn’t have that before, and I think that is so instrumental. Because in impoverished communities of color, you don’t really see an advocate being the liaison and the middle person, really getting them through that process; because for some people, even researching and accessing the services is such a challenge. As a navigator, I’ve seen how that could be so complex, and where you’re doing it alone, I could only imagine how intimidating that may be. So I think we’re there to be their cheerleaders, to be there [for them].*

The number of accompaniments and level of coaching depends on the needs of the participant. Some participants need navigators “for each and every appointment that they go on,” while other participants taper off in this regard more quickly. Within this context, evaluation findings indicate that what was most important, however, was the navigators’ work to make sure that by the end of the participant’s enrollment in the program they were comfortable engaging in services with a higher level of independence than when they first joined.

A review of program data indicates that two fifths of participants (41%) received coaching from a navigator while enrolled in the Community Navigators Program and 16% of participants received virtual or in-person accompaniment. The intensity of coaching and accompaniment varied, as presented in Exhibits 20 and 21. However, the likelihood of receiving coaching or accompaniment was not systematically associated with any specific participant or case characteristics (such as number of needs or home neighborhood). This supports the previous findings that navigators deploy these supports on a case-by-case basis depending on the level of skill and confidence held by the participant.

### Exhibit 20 – Frequency of accompaniment (among those receiving)

<table>
<thead>
<tr>
<th>Number of interactions</th>
<th>Percent (N = 253)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 interaction</td>
<td>47%</td>
</tr>
<tr>
<td>2 interactions</td>
<td>23%</td>
</tr>
<tr>
<td>3 interactions</td>
<td>11%</td>
</tr>
<tr>
<td>4 interactions</td>
<td>4%</td>
</tr>
<tr>
<td>5 interactions</td>
<td>4%</td>
</tr>
<tr>
<td>6 or more interactions</td>
<td>10%</td>
</tr>
</tbody>
</table>
Exhibit 21 – Frequency of coaching (among those receiving)

<table>
<thead>
<tr>
<th>Number of interactions</th>
<th>Percent (N = 695)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 interaction</td>
<td>32%</td>
</tr>
<tr>
<td>2 to 5 interactions</td>
<td>38%</td>
</tr>
<tr>
<td>6 to 10 interactions</td>
<td>16%</td>
</tr>
<tr>
<td>11 to 15 interactions</td>
<td>7%</td>
</tr>
<tr>
<td>16 or more interactions</td>
<td>8%</td>
</tr>
</tbody>
</table>

Services for youth and families

Families were served within the Community Navigators Program in a manner consistent with the program’s overall commitment to respecting participants’ agency and empowerment. Within this context, the program addressed the dynamics of serving families by recognizing that each member of a family may have different, and occasionally competing, goals and personal challenges. As a result, the navigators were consistently assessing whether it was appropriate to serve a family as a single unit or to assign different navigators to each family member. This decision was made at intake or at any subsequent point. In addition, also consistent with the program’s commitment to matching participants with a navigator best suited to their needs, family members were assigned different navigators if they were able to better relate to different individuals and/or if their needs required the expertise of a specific member of the navigation team.

Serving families as a single unit also became more complicated for navigators due to the nature of the peer model. It could be challenging for navigators to focus on their assigned participant when they associated more strongly with a different family member (e.g., working with the son when they may see themselves in the mother). This situation was addressed largely through the training and support that navigators received around protecting their boundaries and maintaining a professional distance from their participants.

When a young adult was served within a family unit, they worked directly with the navigator to develop an action plan and service goals. Parents and caregivers were informed and included in the process either at the behest of the participant or with the participant’s permission, but did not have an automatic say in determining the young adult’s needs (beyond providing the necessary legal consent for a young adult’s overall participation).

When navigators had the opportunity to work with a family as a unit, it was described as an especially effective approach because it allowed navigators to tap into and strengthen a family’s pre-existing support structure. Navigators also largely believed that if a young person needed assistance, it indicated that the family as a whole may need assistance as well.

Overall, however, despite the stated goals of the Community Navigators Program, the majority of cases were with individuals (adults or youth). Families served as units were considered rare by those interviewed. As summarized by one navigator, “I’ve never, honestly, had to deal with parents at any time.” Furthermore,
most young adults who were served through the program are first engaged through specific partnerships with local high schools and were primarily engaged around college and career planning, which did not necessitate a family-level intervention.

**Program completion and exit**

Since the Community Navigators Program’s inception, there has been considerable tension around the rules for discharging a participant from the program. Navigators, program supervisors, and stakeholders differed on the extent to which a participant should exit the program after an initial goal was met or continue their relationship with a navigator as initial goals are attained and new priorities emerged. At the crux of this disagreement were two perspectives on the program. One was that the program is goal-oriented, and the other was that the program is relationship-oriented. For example, one supervisor noted that “once an initial need is fulfilled, that case can come to a close,” and that they needed often to encourage navigators to deactivate individuals before “it shifts into counseling, coaching, and mentoring.”

In contrast, other interviewed staff members described the latter as the true impact of the program. Yet, the distinction was also found to be somewhat artificial as the program allowed and encourages participants to re-enroll in the program after discharge if they needed additional support. To that end, an exit from the program was seen by many staff as merely a period of dormancy in the relationship and a means of balancing navigator caseloads (20 participants per navigator at the time of the evaluation). This was summarized by one navigator, who shared how “we never necessarily lose participants, it’s just that there is nothing for us to do with them at the moment [until they are ready to reengage].” Current reasons for program discharge, and the percent of participants discharged for each reason, are presented in Exhibit 22.

**Exhibit 22 – Reasons for participant discharge**

<table>
<thead>
<tr>
<th>Positive discharge</th>
<th>Negative discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>61% of participants discharged during evaluation period</strong></td>
<td><strong>39% of participants discharged during evaluation period</strong></td>
</tr>
<tr>
<td>– Participant is fully or partially connected to necessary services.</td>
<td>– Inability to contact participant</td>
</tr>
<tr>
<td>– Participant goal(s) are met or participant is waiting to hear back on an outcome and a lengthy wait is expected.</td>
<td>– Participant shares that they do not need help anymore, despite unmet goals.</td>
</tr>
</tbody>
</table>

At the same time, participants were also often discharged due to an inability of the navigator to connect with the participant despite multiple attempts. In fact, this constituted 34% of participants who were discharged from the program during the evaluation period. This process was described by one program stakeholder as follows:

[Participant] Deactivation is probably one of the hardest things for me, because I have relationships with people, and they call me for everything. So it’s hard for me to deactivate
somebody. But if they don’t respond to me anymore, if I call five times, I deactivate them. I’ll send them a message, a text message, or I’ll leave a message on their phone and say, “Hey, you’re not responding. I’m going to deactivate you, but that doesn’t mean that you can’t pick up the phone and call me again.”

The length of time that participants remained enrolled prior to discharge varied greatly, with just over half of the participants (54%) exiting within 90 days of their first interaction with navigator. Exhibit 23 presents participants’ duration of program enrollment.

**Exhibit 23 – Duration of program enrollment**

<table>
<thead>
<tr>
<th>Length of time</th>
<th>Percent (N = 1061)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days or fewer</td>
<td>22%</td>
</tr>
<tr>
<td>31 to 60 days</td>
<td>17%</td>
</tr>
<tr>
<td>61 to 90 days</td>
<td>14%</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>28%</td>
</tr>
<tr>
<td>181 days to one year</td>
<td>15%</td>
</tr>
<tr>
<td>More than a year</td>
<td>5%</td>
</tr>
</tbody>
</table>

Evaluation findings indicate that length of time in the Community Navigators Program likely depended on a complex combination of factors including the approach taken by the assigned navigator, the participants’ needs and competing priorities, and the timelines imposed by external service providers. Notably, program duration was not associated with the number of needs a participant had at intake but was associated with the particular needs that participants first presented with. Specifically, among the top needs of housing, employment, education, registration for government benefits, application for government ID and documentation, counseling, and youth programming, participants were more likely to remain in the program for a year or longer if they presented with:

- A need for government ID and documentation (16% remained for more than a year),
- Housing (13% remained for more than year), and
- Counseling (10% remained for more than a year).

Program duration was also found to vary substantially by navigator, with some navigators working with participants fewer than 90 days on average and other navigators working with participants, on average, for more than six months. The extent to which participants requested case closure and the extent to which the program lost contact with a participant also varied substantially by navigator. For example, among the 13 navigators who worked with 25 or more participants during the evaluation period, the percent of cases with a positive closure ranged from 50% or less (3 navigators) to over 75% (3 navigators). Yet, it is also important to note that navigators varied in the types and complexity of cases that they were assigned which likely explains a portion of this variation.
Adjustments to program design resulting from COVID-19 pandemic

The COVID-19 pandemic is an immeasurable crisis for New York City that has devastated communities, residents, and transformed the social service sector. The harm to individuals has accrued unequally, with communities such as East Harlem shouldering a greater burden. The COVID-19 pandemic has exacerbated preexisting inequalities and caused further challenges to individuals seeking services. Examples include the physical closure of many programs and agency offices, the threat to personal health of taking public transportation or interacting with others in close contact, and the shift to online services which are more difficult for those without internet access or adequate personal technology (e.g., smartphones, home computers).

Yet, the Community Navigators Program has remained operational throughout the pandemic, pivoting as necessary to provide continuity of services to participants and community residents. In fact, the Community Navigators Program – and navigation services generally – were described by those interviewed as even more important during the height of the crisis, due to the difficulties that individuals faced. The major changes to the program model as a result of the pandemic were:

- The closure of the program office in March, 2020. Only several weeks after the program's physical space was opened, it was closed as a result of New York State’s PAUSE order which went into effect on March 14th, 2020.
- The conversion of in-person meetings between navigators and participants to remotely held meetings (primarily through telephone, but online video-conferencing platforms).
- The shifting of outreach and recruitment strategies to account for the temporary closure of community partners. As local organizations suspended services, they were unable to refer their own participants to the Community Navigators Program to the same degree.

Importantly, according to those interviewed, the program's core strategy remained effective during the pandemic: navigators were able to cultivate and maintain relationships with participants despite a lack of in-person interactions. In fact, navigators recounted reaching out to individuals they had worked with in the past who had exited the program to ensure that they were well-supported. According to one navigator, the responsiveness of these individuals was a testament to the strength of the relationships they had built:

*During COVID, we called all of our deactivated participants, just to check up on them and make sure they were okay. And everyone was very open to letting us know whether they were or whether they were not. [This reinforced my belief that] we don't lose [individuals]. I just think that deactivated for us means that right this moment, that they don't need anything.*
Training and ongoing support for navigators

The Community Navigators Program emphasizes and centers training for navigators as a core element of its program design. Navigators are provided a robust initial training, which is followed by ongoing professional development and support. Most importantly, the program accounts for the complexity of hiring and deploying peers as navigators by supporting navigators’ emotional health, as well as providing opportunities to develop and refine job-specific skills. Furthermore, the program’s training approach is designed to complement the program’s focus on hiring individuals with shared lived experience over individuals with traditionally defined workplace skills. To this end, program leaders and supervisors have worked in an iterative manner for the duration of the program to identify essential navigator competencies and incorporate them into the training and support being provided. Overall, the Community Navigators Program has anchored its training and approach around commitments to:

- Using social work practices, including case reviews, to train and support navigators
- Encouraging navigators to specialize and gain expertise depending on their interests
- Supporting navigators’ own emotional and physical health and safety by helping navigators develop strong boundaries around their own work
- Increasing navigators’ self-sufficiency through scaffolded support
- Creating a culture of peer support among the navigation team

In addition, the Community Navigators Program was positioned, at all times, as a workforce development program, and decisions around the provision of training and support most often accounted for both the immediate benefits to the program’s implementation and the long-term benefits for navigators’ future career interests. This dual approach was captured by a program stakeholder, who explained:

“You can hear it in all their voices when [navigators] describe what they do day-to-day. All you’re hearing is motivation and support and energy and passion....It’s exactly the right move to go out there and find these highly motivated individuals. But then on top of that, we think very seriously about the economic empowerment piece of [this program]. Because the experiential learning matched with that ongoing learning journey that’s offered by the program is second to none. Which, I hope, makes [navigators] highly marketable if [they are] thinking about moving on from the program.”

Throughout the evolution of the Community Navigators Program, leadership and staff also grappled with an ongoing tension between expectations for navigators’ professionalism and ability to deploy social work
skills and an equal emphasis on hiring and supporting peers from the community who may not have this background. As explained by one supervisor, without intentional supervision and training, there is the “potential to cause harm” in prioritizing the hiring of individuals based on their lived experience. The supervisor continued by arguing that this aspect of the program model is effective “if and only if you are providing training, resources, and supports to develop [navigators].” This tension especially materialized around the program’s internal and external documentation/reporting requirements (e.g., ability to write case notes and record key information) and the extent to which navigators were able to immediately incorporate social work practices in their engagement of participants. Concerns also emerged regarding the extent to which the responsibilities envisioned for navigators were aligned with the program’s commitment to, and preparation for, hiring peers. As explained by one program leader,

> When you’re recruiting people from the community who don’t necessarily have an academic background, only have a high school diploma, you find that there’s a lot of things you didn’t consider to begin with... [For example, staff] may be great at reaching out to people and connecting. But then when they have to [keep case records], it just doesn’t work... all that had to be worked out, and figured out. That is, “what are the ideal things that our workforce needs?”

As the program matured, program stakeholders continued to consider how best to approach this dilemma. An interest grew in exploring the importance of certain navigator responsibilities around writing and entry of case notes, which remained a challenge for navigators and a concern of funders and program leadership. Stakeholders disagreed on the importance of these skills. Certain interviewees viewed them as essential to the operation of the program and its internal and external transparency, and others viewed them as an unnecessary barrier for navigator success. While this remained a topic of debate, an approach proposed by one supervisor was to remain focused on the instrumentality of each job requirement, including the entry of case notes. Within this context, case notes were described as essential for allowing program leadership and supervisors to oversee the work of navigators without burdening them with questions and the need for in-person reports. And, case notes were essential for providing navigators a means of personal recordkeeping, especially as the needs of participants shifted over time. In response to these questions, DANY and ISLG offered several recommendations, including developing a simplified record-keeping process that limited the need for writing, a reduction in expectations regarding the minimum level of detail included in case notes, and exploring technology that would allow for voice-recording and transcription of case notes. However, and possibly because of the role that detailed case notes held in the supervision and training process, the Community Navigators Program chose to retain a more traditional requirement in this area.

Hiring peer navigators also meant that the program needed to accommodate navigators’ processing of their own experiences and personal histories. Navigators and supervisors universally described the challenge of encountering situations that were similar to their own, and program leadership equally remarked that a complexity of the peer model is that navigators are not infrequently requiring the same services as the participants to whom they are assigned. Throughout the evolution of the program, leadership and staff attempted to address this issue by increasing attention to self-care and emotional support throughout their trainings. As explained by one stakeholder, this challenging situation also emerged within
the trainings themselves as navigators were faced with content that may be re-traumatizing based on their past experiences:

What ended up happening was the navigators, as they were being introduced to this workforce, were also kind of making amends with experiences that they had lived in their own circumstances. It wouldn’t be uncommon for, during any training, for someone to be crying, for someone to have an emotional outburst, for someone to have different reactions, in short.

An additional precept of the program, addressed through the support provided, was the belief that each navigator has a “unique trajectory” that should be developed and, by extension, navigators should be encouraged to build individual areas of knowledge. As such, the navigation team was encouraged to specialize and rely on each other as content-area experts. In parallel, navigators were encouraged to directly seek the advice of their colleagues as part of their own work. To support this specialization, supervisors assigned cases to navigators according to their stated interests and also requested that each navigator attend two professional development sessions of their own choosing each semester. By asking navigators to seek out the trainings on their own, the program encouraged navigators to facilitate their own specialization and learn how to build a capacity for self-development. In addition, navigators were encouraged to present on their areas of personal experience during the program’s professional development activities.

Finally, according to program supervisors, leadership, and participants, effective navigators also embody certain qualities that extend beyond their training and professional development. These skills, presented in Exhibit 24, are best considered during the recruitment of navigators and program staff.

Exhibit 24 – Characteristics of effective navigators

<table>
<thead>
<tr>
<th>Effective navigators are:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgment free</strong></td>
<td>Navigators need to balance the insights that come with personal (shared) experiences against the necessity of granting participants independence and agency in their own life choices. Once hired, navigators receive constant support in maintaining boundaries and creating self-care routines, but interviewed program leaders consistently indicated that navigators also needed to hold this inclination as a point of departure. As explained by one supervisor, a navigator should “allow participants to make human errors.”</td>
</tr>
<tr>
<td><strong>Fearless at approaching new individuals</strong></td>
<td>Street outreach and direct recruitment is inherent to the program model, and while navigators are taught the best messaging to use and strategies for developing trust with potential participants, they need to be comfortable in approaching new people. The most effective navigators at outreach were those described as “fearless” in knocking on doors and introducing themselves to strangers.</td>
</tr>
</tbody>
</table>
Effective navigators are:

<table>
<thead>
<tr>
<th>Effective navigators</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathetic</td>
<td>Empathy was highlighted as a trait independent of having shared lived experiences. Supervisors indicated that they looked for “staff that are affirming of all communities.” Supervisors noted empathy as different than cultural competency, which was dismissed, according to one supervisor, because “I don’t think you can be competent in a culture. There’s not a competence mark for that…but you can have an awareness…and an openness to learn.”</td>
</tr>
<tr>
<td>Credible</td>
<td>Credibility was described as an amorphous quality that transcended any specific shared experiences, characteristics, cultural traits, or behavior. Effective navigators were described as presenting credibility in an almost automatic manner. These navigators were able to present themselves as authentically belonging to, or at minimum being allowed to traverse, the communities they serve regardless of the extent they were or were not a “peer” of the community’s residents. These navigators demonstrated an ability to “fit in” and avoid the perception of being a “stranger.”</td>
</tr>
<tr>
<td>Excellent communicators</td>
<td>Program leadership and supervisors adamantly differentiated between effective communication skills and the specific requirements of the navigator position (e.g., ability to write case notes, identify and convey challenges during case reviews). While the nuances of the program model and the requirements of workplace “professionalism” were considered teachable, successful navigators were described as experienced communicators who are able to deliver information in a way that it was heard and accepted.</td>
</tr>
</tbody>
</table>

Within these contexts, training and support for navigators is provided through (a) an initial two-week orientation and training upon hiring, (b) ongoing support from supervisors, which includes case reviews and goal-setting, and (c) a dedicated day each week reserved for team-wide professional development and case reviews. These are described in greater detail below.

**Navigator orientation and initial training**

Upon joining the Community Navigators Program, navigators participate in an intensive two-week orientation. This training was crafted, at the inception of the program, by an associate dean at the Silberman School of Social Work, who worked in close coordination with a team of social work professors, each of whom lent their expertise on particular topics. This initial training package was then refined by the program’s second principal investigator, who

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Because the navigators have been defined as helpers, as people who are ... ferreting out people in need and then linking them to whatever it is that they need, I think social work is uniquely positioned [as a guiding discipline.] If you look at the gamut of human disciplines, the humanities, I can’t think of any other discipline that is better positioned to train navigators [than the field of social work.]

– Program Stakeholder
held a doctorate in social work. Subsequently, as the Community Navigators Program gained increasing independence, the orientation for new navigators was detached from the Silberman School of Social Work and provided in-house by the program director and supervisors. In addition to reviewing navigator responsibilities such as goal setting, researching and obtaining referrals, and accompaniment, topics covered during the initial training include:

- Background on the neighborhood, community movements, and history of East Harlem
- Background on each population targeted by the program (e.g., youth and families, individuals disconnected from the service community, families, system-involved individuals)
- Extensive role-playing held by social work supervisors to build navigators’ capacity and comfort operating in different situations
- De-escalation skills and professional presence
- Facilitated introductions to community stakeholders and partner organizations to build the visibility of each navigator

Additionally, the initial “structured curriculum” includes resources for peer navigators to address stress and burnout. Supervisors noted, for example, that despite being a natural element of the program, being “turned down” by numerous potential participants during the outreach process can be taxing after a period of time. Other topics related to self-care and emotional health that were covered during the orientation include life coaching and individual goal setting. These themes, while introduced upon a navigator’s hiring, were emphasized through the support provided to navigators.

**Supervisory support**

We usually have supervision every week, and we usually talk about every case, and if we have our intense case, and we focus our attention on that. I feel very comfortable being able to call my supervisor whenever I need it, because they’re available. And they’re there for like every question, like “What is the next step that I should take on this?” What are your suggestions? Why you what should I do? And they are extremely supportive, and I can tell you nothing wrong with my supervisors.

– Program Navigator

The Community Navigators Program reserves two staff positions for social work supervisors. In contrast to other program designs, these supervisors do not carry their own caseload and are primarily focused on supporting and providing oversight to the peer navigation team. Each supervisor is in close communication with their assigned navigators and works with them on the specifics of each case, as well as on their personal development within the navigator role. In addition to reviewing case notes, supervisors meet with each navigator weekly for approximately an hour. During these sessions, case notes are reviewed along with participants’ action plans. Supervisors also structure their sessions to intentionally encourage navigators’ critical thinking and initiative-taking skills, with the ultimate goal of ensuring that navigators do not become dependent on their supervisors but rather view them as a “resource” when they “don’t have the answer” or cannot figure it out among themselves. In part, this is intended by supervisors to counteract the systemic disempowerment that navigators face in their personal lives outside of the program.
Certain themes that emerge through the supervision process include a focus on creating appropriate boundaries within the navigator-participant relationship and how to protect against the unintended creation of negative power dynamics. As explained by one supervisor,

*We really dissect power dynamics when it comes to the role of the navigator. Because for many of them, they've always been on the other end of the spectrum. And now that you have power and authority, that tends to mess around with the delivery of this work that you say you want to do.*

Supervisors also regularly infused social work principles into their ongoing support. This primarily took the form of weekly case reviews, but extended to a conversion of social work’s theoretical underpinnings into “practice elements” that navigators could more easily incorporate into their activities with participants. For example, throughout their work with navigators, supervisors reiterated the importance of remaining “person-centered” and “self-aware.” Supervisors strive to embody these approaches in their own work as well and describe the practice of supervision within the Community Navigators Program as being about “transparency,” “trust,” and “sharing power.”

Supervision within the Community Navigators Program is also delivered in a trauma-informed manner, with a constant recognition that navigators’ past experiences and potential trauma inform their current actions, coping mechanisms, and job performance. According to navigators, through their supervisors they are able to learn how to better balance the utilization of their shared lived experiences as tools for relationship building (as expected of them by the program) without letting these experiences overtake them or affect their well-being. One supervisor, for example, grounds their weekly meetings in trauma-informed practice by always beginning with three questions: “How are you feeling today, what’s your goal for supervision, and who can you ask for help?”

Weekly professional development days and ongoing training

With the encouragement and approval of DANY and ISLG, the Community Navigators Program reserves each Friday for professional development, administrative functions, and team-wide meetings including group reviews of individual cases. While the content covered each Friday differ by the week, there was a unanimous belief among navigators, supervisors, and program stakeholders in the importance of reserving a day each week for this purpose. It was deemed essential to “create space” for navigators to reflect on their work on an ongoing basis and prevent burn-out among the program staff. Those interviewed almost universally cited this as a program element that merited preserving in any replication of the program model. Trainings highlighted by navigators as especially important included navigating conversations with participants, how to respond when encountering participants outside of the participant-navigator relationship (e.g., at the supermarket), topics around self-care, and the ability to obtain certificates in mental
health. Funding was also made available to the Community Navigators Program for advanced training for navigators on request.

Navigators especially valued the topic of self-care because they recognized that a situation where they were upset or frustrated was likely to bleed over into their relationship with a participant. This was considered especially important because each interaction was viewed not only as a means of gaining or conveying information, but as a way of modeling for participants the best-case scenario for receiving services (i.e., navigators demonstrated through their actions the level of respect and responsiveness that participants should advocate for in other service-sector encounters). This dynamic was best explained by one navigator, who shared:

Every time you speak with the participant, every time you pick up their call, every time conflict arises between the two of you, even though you help them, every scenario, you are literally teaching the participant how to work with others. How to ask for help, and you’re also teaching them how to speak up for themselves. That’s the point of the program. Amid all the other jargon, that’s the premise of the program.

Navigators also valued opportunities to receive professional development from community partners and other organizations and agencies, such as Good Shepherd Services, the Mayor’s Office of Criminal Justice, and the Credible Messenger Justice Center. Finally, supervisors, navigators, and program leaders voiced support for the opportunities for professional development provided through the program’s placement within Hunter College. This included professor-led trainings, access to social work courses and workshops, and tuition reimbursement through the City University of New York. Furthermore, a subset of navigators and program staff applied for enrollment at the Silberman School of Social Work as a result of their exposure to school through the Community Navigators Program. At the same time, those interviewed consistently indicated that professional development opportunities could be even further increased and the opportunity for tuition reimbursement better understood and utilized among navigators. Finally, multiple navigators also requested additional program-embedded training in case management to complement the training already provided.
Program Outcomes

Evaluation findings related to participant, service sector, and navigator outcomes are presented in the following three sections.

Participant outcomes

The Community Navigators Program is designed to achieve two types of participant outcomes. First, participants are expected to exit the program with their immediate needs met, as detailed in the action plans developed in collaboration with their assigned navigator. Second, participants are expected to exit the program with an increased ability to pursue services independently by clarifying their own goals, identifying appropriate opportunities, and obtaining the services that they need. Recognizing the challenges that participants face in obtaining services, the program is therefore also intended to increase participants’ capacity for self-advocacy and participants’ sense of empowerment.

Feedback from interviewed program leadership, navigators, participants, and community stakeholders indicate that the program has been partially successful at achieving the goal of meeting participants’ initial needs by connecting them to appropriate services. This finding is substantiated by case outcome data for participants who enrolled in the Community Navigators Program and were deactivated during the evaluation period (i.e., prior to December, 2020). Overall, program data indicates that

![61% of Community Navigator participants exited the program with a positive outcome, with 37% of participants exiting having been linked to providers for all identified needs and 24% of participants exiting having been linked to providers for some identified needs.]

In addition, 6% of participants requested case closure and 34% were unable to be located by navigator. And, when those who lost contact are excluded, the percent of participants deactivated for a positive reason increases to an admirable 92%.

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8 Data on participants’ exit from the Community Navigators Program is available for 1,179 participants who enrolled in the program and were deactivated prior to December 2020. Each deactivated participant was placed into one of four categories by program staff: (1) Participant successfully linked to providers for all identified needs; (2) Participant successfully linked to providers for some identified needs but refused further linkages; (3) Participant requested case closure without a successful linkage; and (4) Navigator unable to locate participant. For the purposes of this analysis, categories #1 and #2 are considered positive outcomes and reason #3 is considered a negative outcome, despite feedback from program stakeholders and navigators suggests that service linkage – directly through the Community

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The goal of the Community Navigators Program is to connect folks in East Harlem to services. And that is a pretty broad goal, but the specifics of it are that we want to provide tailored, one-on-one support to people who are in search of services and who might have trouble finding or connecting to services [on their own].

— Program Stakeholder
A qualitative assessment of program outcomes lends support and nuance to this finding. Participants highly valued the efforts of their assigned navigators and reported it to be a positive experience. In addition, findings indicate that most navigators have increased their focus on coaching and accompaniment as the program evolved over time, thereby increasing the likelihood that participants would achieve outcomes around self-advocacy and empowerment. Importantly, because program participation is not tied to a specific duration of time, navigators are generally able to continue serving individuals until outcomes have been met (assuming that effective communication between participants and navigators is maintained). As explained by one navigator,

[I continue to work with a participant until] their needs, their basic needs, are being met, and they feel confident to do these things on their own. That's the piece that's really important to me…. Only then does the case need to be closed.

Furthermore, stakeholders from community partner organizations unanimously described the program as having positive outcomes for participating individuals. Partnering organizations shared a sense of reward “when their members are helped and feel seen and heard and have their issues addressed.” Interviewed participants described achieving a range of concrete outcomes from obtaining employment and stable housing to connecting with immigration lawyers and therapists.

Navigators were also described as adept at sequencing participants’ goals to ensure that functional needs such as access to food, medical care, and housing are immediately addressed. In doing so, navigators were able to identify underlying needs which may be disrupting participants’ lives despite their inability or unwillingness to identify the needs themselves. As shared by one community partner,

The most rewarding part [of this partnership] is to actually look at our data and see that [the Community Navigators Program] provided a service that supported and strengthened our students. Because you could see it on their faces once they got, you know, attached to public assistance, medical. You know, you could just see a much more stable person. They are empowered… The students feel it. When you come to graduation, you are in tears hearing their stories. They’ll say, “I had no food, and they connected me to a navigator, and now I have food stamps. Now, I have food stamps. And it happened so fast. And, you know, I feel so much better. I don’t have to worry about taking $100 and making it last a month.”

The long-term impact of addressing these immediate challenges first was described by navigators as “astronomical” within the context of the deep-rooted challenges facing residents. Participants also described a reduction in stress and anxiety as a result of working with their navigators, which led to increased hope, optimism, and perseverance concerning the future. Participants consistently described the Community Navigators Program as placing them on the pathway towards greater success, often with

Navigators Program - should be considered a program strategy instead of a program outcome. Category #4, the inability for a navigator to locate a participant, presents a different challenge: it is difficult to ascertain whether or not the loss of contact took place before or after a participant’s needs were met. For these reasons combined, the conclusions that can be drawn from these data are limited.
significant positive outcomes for their loved ones and family members. Furthermore, the long-term outcomes expected by participants as a result of completing the program coalesced around several core achievements: gaining independence and self-empowerment (“finally feeling free”), gaining a sense of stability, and gaining the necessary skills to obtain future opportunities. In totality, participants described having their “barriers removed.” Further examples of the expected long-term benefits of program completion, according to participants, are shared in Exhibit 25.

Exhibit 25 – Examples of benefits of program completion, according to participants

<table>
<thead>
<tr>
<th>Outcomes expected from benefits-related goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ My family will have food in the house that is becoming scarce due to parents being unemployed due to the pandemic</td>
</tr>
<tr>
<td>✓ I will finally feel free</td>
</tr>
<tr>
<td>✓ It will relieve stress and make living affordable</td>
</tr>
<tr>
<td>✓ I will have milk for my baby</td>
</tr>
<tr>
<td>✓ I will be able to manage my life on my own two feet and depend on myself to live my life</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes expected from documentation-related goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Obtaining the proper identification will allow me to open a bank account, travel, show proof of identity when needed, and apply for SNAP benefits</td>
</tr>
<tr>
<td>✓ Will allow a chance for independence and self-sufficiency</td>
</tr>
<tr>
<td>✓ Having ID that matches given identity since age 6. Normalcy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes expected from education-related goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ I will reach my goal of becoming a lawyer</td>
</tr>
<tr>
<td>✓ I will be able to have peace of mind about my education</td>
</tr>
<tr>
<td>✓ I will get into a great college</td>
</tr>
<tr>
<td>✓ I will be one step closer to becoming independent</td>
</tr>
<tr>
<td>✓ Better quality of life</td>
</tr>
<tr>
<td>✓ It would prove people wrong who doubt me. It set me up for success</td>
</tr>
<tr>
<td>✓ More doors will open up for me</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes expected from employment-related goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ I will become more independent. I will have a stable income to obtain my own place to live</td>
</tr>
<tr>
<td>✓ I will have financial stability</td>
</tr>
<tr>
<td>✓ I will gain skills that will lead to employment</td>
</tr>
<tr>
<td>✓ I will have money saved for emergencies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes expected from housing-related goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ I will be able to move forward to living a more stable life</td>
</tr>
<tr>
<td>✓ Freedom</td>
</tr>
<tr>
<td>✓ I will not be evicted and potentially become homeless</td>
</tr>
<tr>
<td>✓ I will be able to give my son the life he deserves</td>
</tr>
</tbody>
</table>

Source: Review of program action plans for participants receiving intake in 2019 or 2020
In addition to resolving specific goals, participants also described gaining self-confidence through the navigation process and benefiting from the coaching and accompaniment that was provided. For example, participants consistently described the barriers they faced as having an isolating effect, and as a result, having a navigator to work with was especially powerful. Participants appreciated having “someone to talk to” and having an “ally” throughout the process. Accompaniment was especially impactful for this reason. One participant, for example, described how after connecting with a navigator, she “immediately didn’t feel alone anymore.” For this participant, having someone by her side during eviction proceedings was an invaluable recognition of her worth.

For young adults who connected with the Community Navigators Program through a partnership with a local high school, the program experience centered on mentorship and counseling around college and career readiness, which resulted in a different set of outcomes. For these participants, working with a navigator was consistently described as helping them “remain motivated” and “keep on track.” Participants also described learning underlying skills that will help them better achieve their own aims, such as goal setting, understanding the sequence of steps necessary to achieve a goal, and time management.

At the same time, findings equally suggest that intended outcomes around increased capacity to independently identify and pursue services were achieved less often, suggesting these goals may require a more intentional approach than implemented to date. Many of the participants interviewed had difficulty speaking concretely about the referrals they received or how navigators researched, identified, and organized these opportunities. For example, multiple participants explained that they were connected with “excellent” opportunities but simultaneously were unaware of how their navigator made the appointments and/or connected with service providers on their behalf. As such, participants were less able to speak about the process by which they may identify resources going forward (e.g., how to find programs, determine eligibility criteria and assess fit with their own needs) and shared less confidence in their ability to seek out new services and opportunities without the support of a navigator. Based on participants’ responses, therefore, it is unclear if they left the program equipped to return to the same organizations for support or to research further opportunities on their own. On the other hand, as presented earlier, participants were confident in their ability to pursue and obtain services once opportunities were identified.

**Differential outcomes by type of participant and participant need**

The Community Navigators Program was found to be well equipped to serve all eligible populations. The combination of goal-setting, coaching/accompaniment, and referrals is relevant to all individuals. In addition, the program model encourages navigators to research and explore referral opportunities on a case-by-case basis, which lends the necessary flexibility for the program to accommodate a participant with any combination of needs. As a result, and because of the program’s focus on building capacity of participants to seek out services independently, the program was understood by those interviewed to bring the most benefit to those with the least social capital or pre-existing experience obtaining the help they

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It is nice to talk to people, to someone, that’s there to listen.

— Program Participant

I would say my sense of confidence. That would be the main thing that I got out of [working with a navigator.]

— Program Participant

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need (a population described by one navigator as those who “feel the most marginalized and oppressed”). In fact, a review of case outcomes reveals that participants entering the program disconnected from the service sector (defined as six months without any program participation or receipt of services) are more likely to exit successfully linked to providers for all identified needs. Specifically, 71% of participants disconnected from services upon intake exited the program with a positive connection compared to only 56% of participants who were not disconnected from services upon intake. Exhibit 26 below presents case outcomes by selected participant characteristics.

**Exhibit 26 – Case outcomes by selected participant characteristics**

<table>
<thead>
<tr>
<th>Outreach strategy</th>
<th>Total N</th>
<th>Positive Total</th>
<th>Positive: Partial connection</th>
<th>Positive: Total connection</th>
<th>Participant requested closure</th>
<th>Lost contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Outreach</td>
<td>390</td>
<td>61%</td>
<td>22%</td>
<td>39%</td>
<td>6%</td>
<td>33%</td>
</tr>
<tr>
<td>Co-Location Referral</td>
<td>68</td>
<td>65%</td>
<td>37%</td>
<td>28%</td>
<td>6%</td>
<td>29%</td>
</tr>
<tr>
<td>Participant Referral</td>
<td>13*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CBO Referral</td>
<td>100</td>
<td>62%</td>
<td>34%</td>
<td>28%</td>
<td>2%</td>
<td>36%</td>
</tr>
<tr>
<td>Agency Referral</td>
<td>33</td>
<td>76%</td>
<td>27%</td>
<td>48%</td>
<td>0%</td>
<td>24%</td>
</tr>
<tr>
<td>Community Referral</td>
<td>23</td>
<td>52%</td>
<td>26%</td>
<td>26%</td>
<td>4%</td>
<td>43%</td>
</tr>
<tr>
<td>Self-Referral</td>
<td>36</td>
<td>56%</td>
<td>22%</td>
<td>33%</td>
<td>8%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Home neighborhood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Harlem</td>
<td>334</td>
<td>61%</td>
<td>24%</td>
<td>38%</td>
<td>6%</td>
<td>33%</td>
</tr>
<tr>
<td>Central/West Harlem</td>
<td>88</td>
<td>53%</td>
<td>17%</td>
<td>36%</td>
<td>6%</td>
<td>41%</td>
</tr>
<tr>
<td>Washington Heights</td>
<td>31</td>
<td>55%</td>
<td>16%</td>
<td>39%</td>
<td>3%</td>
<td>42%</td>
</tr>
<tr>
<td>Staten Island/Queens/Brooklyn</td>
<td>146</td>
<td>65%</td>
<td>28%</td>
<td>37%</td>
<td>4%</td>
<td>31%</td>
</tr>
<tr>
<td>Other/Unknown/Outside of NYC</td>
<td>28</td>
<td>61%</td>
<td>39%</td>
<td>21%</td>
<td>0%</td>
<td>39%</td>
</tr>
<tr>
<td>Other Manhattan Neighborhoods</td>
<td>40</td>
<td>58%</td>
<td>20%</td>
<td>38%</td>
<td>5%</td>
<td>38%</td>
</tr>
<tr>
<td>The Bronx</td>
<td>218</td>
<td>55%</td>
<td>20%</td>
<td>35%</td>
<td>7%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Total N</td>
<td>Positive Total</td>
<td>Positive: Partial connection</td>
<td>Positive: Total connection</td>
<td>Participant requested closure</td>
<td>Lost contact</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Participant gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>747</td>
<td>61%</td>
<td>24%</td>
<td>37%</td>
<td>6%</td>
<td>33%</td>
</tr>
<tr>
<td>Male</td>
<td>416</td>
<td>59%</td>
<td>23%</td>
<td>37%</td>
<td>4%</td>
<td>37%</td>
</tr>
<tr>
<td>Other</td>
<td>8*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unknown</td>
<td>8*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Participant race/ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>552</td>
<td>61%</td>
<td>24%</td>
<td>37%</td>
<td>5%</td>
<td>34%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>512</td>
<td>62%</td>
<td>24%</td>
<td>38%</td>
<td>5%</td>
<td>33%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>11*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>4*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Multiracial</td>
<td>40</td>
<td>48%</td>
<td>20%</td>
<td>28%</td>
<td>3%</td>
<td>50%</td>
</tr>
<tr>
<td>White</td>
<td>3*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
<td>53%</td>
<td>17%</td>
<td>37%</td>
<td>7%</td>
<td>40%</td>
</tr>
<tr>
<td>Unknown</td>
<td>27</td>
<td>59%</td>
<td>33%</td>
<td>26%</td>
<td>0%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Participant age at intake</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>212</td>
<td>62%</td>
<td>17%</td>
<td>45%</td>
<td>4%</td>
<td>33%</td>
</tr>
<tr>
<td>18 through 20</td>
<td>184</td>
<td>55%</td>
<td>28%</td>
<td>27%</td>
<td>3%</td>
<td>42%</td>
</tr>
<tr>
<td>21 through 29</td>
<td>321</td>
<td>58%</td>
<td>21%</td>
<td>37%</td>
<td>6%</td>
<td>36%</td>
</tr>
<tr>
<td>30 through 39</td>
<td>180</td>
<td>64%</td>
<td>30%</td>
<td>34%</td>
<td>3%</td>
<td>33%</td>
</tr>
<tr>
<td>40 through 49</td>
<td>123</td>
<td>62%</td>
<td>24%</td>
<td>38%</td>
<td>8%</td>
<td>30%</td>
</tr>
<tr>
<td>50 through 59</td>
<td>87</td>
<td>66%</td>
<td>23%</td>
<td>43%</td>
<td>7%</td>
<td>28%</td>
</tr>
<tr>
<td>60 through 69</td>
<td>49</td>
<td>69%</td>
<td>33%</td>
<td>37%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>70 or older</td>
<td>22</td>
<td>59%</td>
<td>9%</td>
<td>50%</td>
<td>9%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Total N</td>
<td>Positive Total</td>
<td>Positive: Partial connection</td>
<td>Positive: Total connection</td>
<td>Participant requested closure</td>
<td>Lost contact</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>----------------------------</td>
<td>-------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Participant service connection prior to intake</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>285</td>
<td>71%</td>
<td>27%</td>
<td>44%</td>
<td>2%</td>
<td>27%</td>
</tr>
<tr>
<td>No</td>
<td>274</td>
<td>56%</td>
<td>28%</td>
<td>28%</td>
<td>7%</td>
<td>37%</td>
</tr>
<tr>
<td>Unknown</td>
<td>620</td>
<td>58%</td>
<td>20%</td>
<td>38%</td>
<td>6%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Participant criminal justice involvement prior to intake</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>607</td>
<td>59%</td>
<td>22%</td>
<td>36%</td>
<td>5%</td>
<td>36%</td>
</tr>
<tr>
<td>None</td>
<td>427</td>
<td>66%</td>
<td>24%</td>
<td>41%</td>
<td>5%</td>
<td>30%</td>
</tr>
<tr>
<td>CJ Involvement</td>
<td>145</td>
<td>55%</td>
<td>27%</td>
<td>28%</td>
<td>6%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Participant experience of crime prior to intake</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>397</td>
<td>63%</td>
<td>22%</td>
<td>41%</td>
<td>4%</td>
<td>32%</td>
</tr>
<tr>
<td>DV/IPV Crime</td>
<td>110</td>
<td>61%</td>
<td>28%</td>
<td>33%</td>
<td>10%</td>
<td>29%</td>
</tr>
<tr>
<td>Non-DV/IPV Crime</td>
<td>45</td>
<td>58%</td>
<td>27%</td>
<td>31%</td>
<td>4%</td>
<td>38%</td>
</tr>
<tr>
<td>Unknown</td>
<td>627</td>
<td>59%</td>
<td>23%</td>
<td>36%</td>
<td>5%</td>
<td>36%</td>
</tr>
</tbody>
</table>

*Categories with Ns less than 20 are not reported to preserve participant anonymity*

Especially notable here is that the likelihood of losing contact with a participant was similar between those living in East Harlem and those living further away in Queens, Brooklyn, and Staten Island. This suggests that the proximity of a participant’s residence to the Community Navigators Program office does not impact their ability to remain in close contact with navigators. While this finding in part reflects the strong connections that an individual may have with the East Harlem community regardless of where they live (e.g., East Harlem could be the home of a close relative, the location of their school, or the location of their place of employment), this finding may also reflect the effectiveness of remote interactions conducted over email, text, and phone. Furthermore, participant outcomes were found to be largely independent of home neighborhood. Specifically, participants who resided in East Harlem were no more likely to exit the program with a positive outcome than participants who resided elsewhere.

Participant outcomes were also assessed against goals at intake, both in terms of the number of goals identified as well as their specific needs (see Exhibit 27). Not unsurprisingly, participants with fewer goals are more likely to exit the program fully connected to services that meet their needs. And, conversely, those with the greatest number of needs at intake were the most likely to lose contact with their navigator over the course of their program enrollment. Case outcomes were also found to differ substantially according to
Among participants who presented with one need, participants were most likely to exit with a positive outcome if their initial goal was to enroll in youth programming (95%), counseling (80%), or register for government benefits (70%). This finding closely aligns with feedback from navigators and program staff indicating that the effectiveness of the Community Navigators Program is tied, in part, to the availability of programs and referral opportunities within the broader service sector.

**Exhibit 27 – Case outcomes by needs at intake**

<table>
<thead>
<tr>
<th>Number of needs at intake</th>
<th>Total N</th>
<th>Positive Total</th>
<th>Positive: Partial connection</th>
<th>Positive: Total connection</th>
<th>Participant requested closure</th>
<th>Lost contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>375</td>
<td>65%</td>
<td>26%</td>
<td>39%</td>
<td>5%</td>
<td>31%</td>
</tr>
<tr>
<td>2</td>
<td>184</td>
<td>61%</td>
<td>21%</td>
<td>40%</td>
<td>6%</td>
<td>33%</td>
</tr>
<tr>
<td>3</td>
<td>74</td>
<td>59%</td>
<td>28%</td>
<td>31%</td>
<td>7%</td>
<td>34%</td>
</tr>
<tr>
<td>4</td>
<td>35</td>
<td>46%</td>
<td>23%</td>
<td>23%</td>
<td>3%</td>
<td>51%</td>
</tr>
<tr>
<td>5 or more</td>
<td>41</td>
<td>41%</td>
<td>20%</td>
<td>22%</td>
<td>2%</td>
<td>56%</td>
</tr>
</tbody>
</table>

**Top seven participant goals***

<table>
<thead>
<tr>
<th>Goal</th>
<th>Total N</th>
<th>Positive Total</th>
<th>Positive: Partial connection</th>
<th>Positive: Total connection</th>
<th>Participant requested closure</th>
<th>Lost contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>86</td>
<td>53%</td>
<td>22%</td>
<td>31%</td>
<td>10%</td>
<td>36%</td>
</tr>
<tr>
<td>Education</td>
<td>79</td>
<td>66%</td>
<td>28%</td>
<td>38%</td>
<td>1%</td>
<td>33%</td>
</tr>
<tr>
<td>Employment</td>
<td>66</td>
<td>53%</td>
<td>26%</td>
<td>27%</td>
<td>8%</td>
<td>39%</td>
</tr>
<tr>
<td>Government benefits</td>
<td>37</td>
<td>70%</td>
<td>19%</td>
<td>51%</td>
<td>5%</td>
<td>24%</td>
</tr>
<tr>
<td>Youth programming</td>
<td>21</td>
<td>95%</td>
<td>33%</td>
<td>62%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Government ID and documentation</td>
<td>19</td>
<td>68%</td>
<td>32%</td>
<td>37%</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td>Counseling</td>
<td>10</td>
<td>80%</td>
<td>40%</td>
<td>40%</td>
<td>0%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Among participants enrolling in the Community Navigators Program with only one goal identified, so as to more clearly understand the relationship between goal attainment and need.

Interviewed navigators expounded on this finding, indicating several external constraints that, from their perspective, limited their ability to effectively help participants and in particular those with housing-related needs or needs associated with participants’ immigration and citizenship status. For example, obtaining housing is considered a “huge problem,” and navigators are frustrated by their “dependence on [the limitations of] local and citywide service providers.” Similarly, navigators report feeling frustrated by an inability to effectively advocate or coach participants who are not United States citizens, due to the relative availability of services and opportunities for them as a result of local, state, and federal regulations and laws.
Additionally, the program was considered by interviewed stakeholders to be less equipped to handle severe mental health challenges among participants because of the resources required to do so responsibly (notwithstanding the role of social work supervisors in responding to crises as needed) and the difficulty identifying external partners who could provide rapid support. Suggested solutions to this challenge included creating a formal referral pathway between the program and pre-selected mental health clinics that could provide immediate psychological support in the interim while navigators and participants explored opportunities for extended mental health services.

Finally, the program was also described as less successful for participants who did not speak English as a first language. These participants were well-served by the navigators during their participation in the program, but they were less able to take advantage of newly acquired self-advocacy skills once they exited the program due to the broader systemic barriers facing those less comfortable speaking in English. Barriers cited by participants and navigators include challenges communicating with city agency representatives, difficulty identifying and pursuing services when informational materials and signage are primarily written in English, and a more limited number of community-based organizations equipped to serve them.

Across participants, the program’s outcomes were also described by those interviewed as accruing differently depending on a combination of participants’ (a) ability to engage in their own case navigation, (b) number and type of needs, and (c) ability to meet the program’s requirements around responsiveness and ongoing communication. Cases that were most likely to resolve positively were those where participants had the ability, time, and interest in pursuing opportunities provided to them by navigators and who were collaborative in communication. Multiple navigators and program stakeholders indicated that these factors may also relate to the manner in which an individual is referred into the program, with self-referrals and direct-outreach being more likely to lead to cases where participants were able to engage in their own case navigation. Cases can also be classified by their level of complexity, which in turn can impact the likelihood of a positive outcome. According to feedback from navigators, cases can be categorized into three types, as presented in Exhibit 28.

**Exhibit 28 – Case typology according to complexity and effort needed**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High</strong></td>
<td>Cases where there are profound challenges going on in a person’s life. In these cases, participants are described as needing a high level of support and coaching in addition to the provision of referrals. Participants in this category require external sources of motivation, positive affirmation, goal setting, and social-emotional support.</td>
</tr>
<tr>
<td><strong>Middle</strong></td>
<td>Cases where participants require a high level of support and coaching but are faced with fewer challenges, which can be more easily addressed by navigators.</td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td>Cases where participants join the Community Navigators Program with clearly defined goals, a pre-existing commitment to pursuing services, and in some instances, experience seeking and receiving services in the past.</td>
</tr>
</tbody>
</table>
Our analysis of case outcomes supports this finding. While positive outcomes for participants were not found to be associated with duration in the program (Exhibit 29), they were found to be associated with participant’s receipt of coaching and or accompaniment (Exhibit 30).

**Exhibit 29 – Case outcomes by length of time enrolled in program**

<table>
<thead>
<tr>
<th></th>
<th>Total N</th>
<th>Positive Total</th>
<th>Positive: Partial connection</th>
<th>Positive: Total connection</th>
<th>Participant requested closure</th>
<th>Lost contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days or fewer</td>
<td>235</td>
<td>65%</td>
<td>22%</td>
<td>43%</td>
<td>8%</td>
<td>28%</td>
</tr>
<tr>
<td>31 to 60 days</td>
<td>177</td>
<td>50%</td>
<td>30%</td>
<td>20%</td>
<td>6%</td>
<td>44%</td>
</tr>
<tr>
<td>61 to 90 days</td>
<td>147</td>
<td>55%</td>
<td>25%</td>
<td>30%</td>
<td>6%</td>
<td>39%</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>292</td>
<td>55%</td>
<td>23%</td>
<td>32%</td>
<td>4%</td>
<td>41%</td>
</tr>
<tr>
<td>181 days to one year</td>
<td>161</td>
<td>71%</td>
<td>26%</td>
<td>45%</td>
<td>2%</td>
<td>27%</td>
</tr>
<tr>
<td>more than a year</td>
<td>49</td>
<td>78%</td>
<td>18%</td>
<td>59%</td>
<td>6%</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Exhibit 30 – Case outcomes by provision of coaching and accompaniment**

<table>
<thead>
<tr>
<th></th>
<th>Total N*</th>
<th>Positive Total</th>
<th>Positive: Partial connection</th>
<th>Positive: Total connection</th>
<th>Participant requested closure</th>
<th>Lost contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant received coaching</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicated by navigator</td>
<td>558</td>
<td>63%</td>
<td>23%</td>
<td>40%</td>
<td>6%</td>
<td>32%</td>
</tr>
<tr>
<td>Not indicated by navigator</td>
<td>621</td>
<td>59%</td>
<td>24%</td>
<td>35%</td>
<td>5%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Participant was accompanied by a navigator</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicated by navigator</td>
<td>217</td>
<td>78%</td>
<td>29%</td>
<td>50%</td>
<td>3%</td>
<td>19%</td>
</tr>
<tr>
<td>Not indicated by navigator</td>
<td>962</td>
<td>57%</td>
<td>22%</td>
<td>34%</td>
<td>6%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Finally, the totality of the program’s impact on any particular individual also depends on the extent to which a participant requires further connections to services after exiting. A participant with a clearly achievable goal may have their needs met by the Community Navigators Program, but the overall potential impact of the program may be lesser for these participants than for those who could benefit from increased capacity to pursue and obtain services over the long-term. This dynamic led to a tension voiced by multiple navigators and program stakeholders who felt that the Community Navigators Program oscillated in its focus between participants with achievable short-term goals and participants who would benefit from longer-term relationship building, case management, and a focus on coaching.
Service-sector outcomes

The Community Navigators Program has the potential to impact the service sector within and outside of East Harlem in several ways. First, the program, following its pilot phase described in this report, was intended to begin shifting the outreach and intake practices of service providers, thereby reducing the structural and systemic barriers faced by community residents seeking services. Second, the program was also intended to support broader efforts by community groups and other CJII grantees to dismantle barriers (“silos”) between organizations, thereby leading to greater cohesion among related service providers in East Harlem.

Findings indicate that the Community Navigators Program achieved some initial success at attaining these service sector outcomes, and was most successful in impacting organizations that partnered with the Community Navigators Program on outreach and recruitment of participants (rather than organizations to which program participants were referred). For these community partners, the presence of the Community Navigators Program within East Harlem and the opportunity to build strategic partnerships helped them recruit more participants, which then allowed them to meaningfully expand their services and better address the varied needs of their own members. Community organizations in East Harlem came to rely on the Community Navigators Program, and many incorporated access to community navigation into their program design as an element of their own services. A stakeholder from a community partner explained that their organization would not have been able to effectively help their own clients if not for the connections made by their co-located navigator. These impacts accrued in several ways:

- **Access to expertise:** Community partners unanimously agreed that working with the Community Navigators Program to engage participants expanded their ability to make an impact by allowing them access to navigators’ “wealth of knowledge.” Navigators were described as supplementing the knowledge held by in-house staff at different organizations. One stakeholder at a community partner, for example, shared that through the co-location of a navigator, they were able to regain the expertise their organization had lost due to staff attrition. This sentiment is captured by one stakeholder from a community partner, who described navigators as being able to “help navigate people to success… [because they are] deeply knowledgeable. I think that really is a support that’s needed for the community, especially in East Harlem.”

- **Provision of case management:** For some community partners, providing access to additional services via the navigators enabled them to provide case management-like services to their youth for the first time. Stakeholders at these organizations recognized that the needs of their members were complex and required a coordinated effort among service providers. The Community Navigators Program was viewed by certain community stakeholders as being able to serve this
purpose. This belief was encapsulated by one community partner, who remarked that “it’s a program that’s helping clients navigate various systems. Which is really important, because the systems can be complex. I really see this as a very essential service.”

- **Expanding capacity to provide one-on-one support:** Community partners also emphasized the importance of navigators offering their members one-on-one support. Partnering with the Community Navigators Program allowed these organizations to expand their capacity significantly in this area. As shared by one stakeholder, while helping participants one-on-one is critical to their success, they cannot provide this service to all of the members who need it without support from the navigators. Within this context, the coaching and accompaniment conducted by navigators was considered to be the most impactful for these partnering organizations. One community partner, for example, noted that their ability to “stay with a client throughout the process” was “really unique,” and as a result the program was a “real asset to the community.”

- **Infusing a social work perspective into organizational programming:** For several community partners, the program’s use of a social work perspective was also beneficial. Stakeholders hoped that this would lead to a greater adoption of this approach with their own organizations.

- **Making service connections for participants:** The Community Navigators Program compensated for organizations’ gap in ability to make service connections themselves. The program was, not unexpectedly, described as impactful because it was successful at making participant referrals. Stakeholders were transparent about their own organization’s inability to do so on their own and consistently described a need for an external liaison or organization to take this on.

While the majority of service sector outcomes identified were transitory in nature and depended on the active involvement of the Community Navigators Program, several interviewed stakeholders indicated their work with the Community Navigators Program also led to sustainable changes in their organizational approach. For example, several community partner stakeholders noted that the Community Navigators Program helped increase their organizations’ own knowledge of resources and helped them to identify which community resources were best suited for each participant need. In addition, several interviewees shared that working with the Community Navigators Program helped them realize that “cross-organizational” work was possible and could be successful. Further, long-term impacts on partnering organizations cited by those interviewed included helping organizations understand the importance of:

- supporting access to benefits for their own participants
- enhanced intake procedures to better identify their participants’ needs and challenges
- increasing staff knowledge around the range of issues participants face
- creating capacity for staff to make their own referrals and service connections

In addition, the recent referral pathway developed between the Community Navigators Program and the New York City Police Department was also described as advantageous in that it greatly expanded precinct officers’ access to services for young adults at risk of criminal justice involvement. Precinct officers were
described as highly supportive of this initiative because it gave them rapid access to a program designed to provide comprehensive support. As shared by a stakeholder within the NYPD,

*I think [the Community Navigators Program is] fantastic. Because one of the problems that we sometimes have with these community-based organizations is that everyone’s willing to help. They can’t wait to help. And we come across kids every day that need help. [But] sometimes officers reach out to these organizations and they can’t get somebody on the phone. They don’t answer their email right away. And it’s time-sensitive. These [young adults are going to] continue to get in trouble or continue to get victimized. And it’s time-sensitive. And sometimes we don’t get responses from people as quickly as we would like. And the navigators have been fantastic. They always answer.*

Several additional statements illustrating the impact of the Community Navigators Program on the service sector are presented in Exhibit 31.

**Exhibit 31 - Impact of the Community Navigators Program on the service sector, according to interviewed community partner stakeholders**

<table>
<thead>
<tr>
<th>My overall perception is that it is something that is truly needed by not only my organization, but other CBOs in New York City. Because a lot of the work that we do – we’re touching the same populations... so from my perspective, it is something that is certainly needed, and I wish it can be expanded.</th>
<th>Obviously, they can’t change the barriers of the system. Like, all of them. But I think they do a good job kind of doing within what they can do.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It’s a really fantastic program and is really indispensable for us as a partner. There are so many barriers to accessing services in East Harlem, and also in areas around the city. So being able to support that really is so important for people. I couldn’t speak more highly of the program and the services they provide [to us and the participants they serve].</td>
<td>Talking with different CBOs that we’ve worked with and that have also been in partnership with the navigators, you always kind of need those people who are going to get, you know, who are going help to close the gap between programs, services, and the community. You know? And the navigators have really played a role in helping that process. And I think that just from our vantage point, there needs to be more of that.</td>
</tr>
<tr>
<td>[The impact of working with the Community Navigators Program is] realizing that it is possible to do this kind of work across organizations. For example, supporting a family across organizations is very challenging. I mean, it’s still challenging, but I think this [program has] really provided a way for the individual community members to really access what’s available for them. And then to strengthen that community network.</td>
<td></td>
</tr>
</tbody>
</table>

At the same time, it is also important to note that the Community Navigators Program, during the evaluation period, did not substantially impact organizations or agencies that are not directly involved in the outreach or recruitment process. This was largely due to the fact that these organizations have minimal connection to community navigators or program staff. As described previously in the report, the program design was
not equipped to facilitate relationship building between navigators and service providers beyond the interaction that took place during the research phase of a referral, accompaniment, or follow-up to a participant having reached out. As a result, the opportunity for the program to directly influence the manner in which specific organizations and agencies offer services to residents was limited. Lastly, despite the rationale for the Community Navigators Program, the work of the navigators was less able to address the systemic barriers that participants face when seeking services. Possible solutions, which are explicated further in the recommendations section, include: strengthening relationships with service providers to facilitate navigator’s ability to influence procedures; developing dedicated referral streams to organizations and agencies in return for changes in their approach to serving community residents; and implementing strategic efforts to inform agency and organizational policies through presentations and leveraging of navigator, program leadership, and funder connections.

Navigator outcomes

In addition to serving the needs of residents in East Harlem, the Community Navigators Program was intentionally designed by DANY to be a workforce development initiative for community residents of East Harlem. The program was designed to achieve these goals through:

✓ A flexible and intentional hiring process that replaced a priority on traditional work experience with a search for candidates who demonstrated concrete skills relevant to the navigator position, regardless of educational level, prior work experience, or background.
✓ Above-average compensation for the navigator position, thereby converting lived experience into a starting salary which could be used as a baseline for navigators’ subsequent employment searches.
✓ A rigorous initial training program and ongoing support for navigators.
✓ Access to benefits through CUNY, including tuition reimbursement and a dedicated pipeline to social work programs at the Silberman School of Social Work.
✓ A commitment to building navigators’ specialization in areas of interest and supporting their “unique trajectory.”

Generally, navigators and program leaders described the Community Navigators Program as effective in achieving these workforce development goals. The program was considered a “great stepping stone” for navigators and a “nice place to get their feet wet.” Navigators noted that the program offered them “formal recognition” and compensation for the work that they often were already doing. As shared by one navigator, “because of my hardships growing up I was already a community navigator on my own.” For multiple navigators, this program offered them a chance to be paid for what they saw as simply part of their
personality and nature—a drive to help their community. This was exemplified by one navigator, who shared:

Prior to me being a navigator... I was a housekeeper. I’ve done different kind of jobs, you know? A lot of blue-collar work. But I do have a strong tie to my community. Before this job, I always helped people. You know, helped all the elderly in my building with whatever they needed. You need a box moved, you need, you know, curtains up. You know, just stuff like that. I’ve always been intertwined into my community. I grew up here. I was born here. I made my mistakes here. I reformed here. So, I really love this job. I do. I love helping people.

Navigators also reported that the program was a “safe” opportunity to learn skills due to the supportive atmosphere created by the program director and supervisors. If a navigator “falls short,” supervisors provided guidance in an empowering manner, recognizing that the purpose of the program is to build an understanding of workplace practices among the navigation team. The Community Navigators Program also supported their personal and career goals by assisting with navigators’ résumés and by exposing navigators to social workers and the social work field. As shared by one navigator, the exposure to social work through the program led them to pursue further education in this area:

It was through my work in this program that I was able to elevate myself even further and pursue my masters of social work. Initially, I thought I wanted to change the world through [a different field], but it wasn’t for me, and I didn’t like the way I connected to people, so it was during my professional experience in the Community Navigators Program that propelled me towards [a social work program].

Supervisors also benefited from these same supports. As shared by one interviewed supervisor,

I’ve never worked in a place like the community navigators. And it’s not because of the work. Let me just – I – there is something more that I think needs to be said. This program is not just for the participants. This program is for people like me. I’ve been a supervisor. I’ve managed people. But I’ve never been in a place that has been so supportive to me, that helped me grow.

Yet, the Community Navigators Program also encountered challenges in achieving these outcomes for navigators. While a selection of navigators chose to pursue social work degrees, the program did not ultimately result in the routinized enrollment of navigators in higher education courses at the Silberman School of Social Work or within the City University of New York. In addition, navigators voiced concerns that they are not being adequately prepared for the potential closure or transformation of the Community Navigators Program when the program’s grant funding expires and navigators requested more transparency around the future of the program. Furthermore, navigators suggested that the program begin intentionally supporting the staff in their search for new places of employment.
Conclusion and recommendations

The Community Navigators Program is a robust demonstration of how peer navigation can be utilized to address the needs of community residents otherwise disconnected from the service sector. At the center of the program model is the navigator-peer relationship, through which navigators are able to coach community residents and provide them with referrals to relevant programs. The Community Navigators Program is equally profound in its focus on hiring individuals based on their lived experience and providing professional development accordingly, with the ultimate goal of empowering the navigator staff as well as the program’s participants. Evaluation findings suggest that the Community Navigators Program has been able to transform the manner in which workplace qualifications are considered to the effect of hiring the best possible team of staff to work with community residents. Finally, the Community Navigators Program has been able to pilot, and show convincing evidence, on the comparative merits of several outreach techniques, with the most successful being the development of strong community partnerships. Here too, evaluation findings also show where the Community Navigators Program could be improved: primarily around the creation of partnerships with service providers accepting referrals, through which the Community Navigators Program could better achieve its goal of impacting the service sector more broadly.

Based on our evaluation findings, we present recommendations in the following three categories: recommendations for enhancing the current Community Navigators Program, considerations for future expansion or replication of the program, and recommendations for preparing the program, or future iterations, for a rigorous outcome study.

Recommendations for enhancing the Community Navigators Program

1. **Increase service-sector outcomes by enhancing the process for making referrals to nonprofit organizations and agencies.** By developing dedicated referral pathways for participants that are based on strong relationships with city agencies and nonprofit organizations, the Community Navigators Program has the opportunity to increase its influence on sector-level policies and practices. Identifying and working with consistent contacts at receiving organizations and agencies will allow CNP to showcase the comparative advantage of serving individuals who were referred by a navigator. In addition, the relationships built between peer navigators and organization and agency staff will allow navigators to (a) better communicate the barriers that community residents encounter and (b) work with organization and agency to identify appropriate solutions.

2. **Increase transparency and involvement of participants during the process of researching and identifying potential opportunities and referrals.** In response to findings indicating that participants were less aware of the techniques and strategies for identifying services and determining their merit and fit after exiting the program, the Community Navigators Program should consider increasing participants’ level of involvement in this process while still working
with a navigator. Navigators should work with participants to collaboratively research and identify referrals and or should increase communication about the rationale for referrals offered, so as to increase participant ability to navigate social services following exit from the program.

3. **Increase support for navigators’ own growth through structured mentorship, goal-setting, and partnership with external organizations.** Identify navigator’s own goals and develop action plans to ensure that navigators are supported in their own self-development. Explore credentialing or other mechanisms for documenting the work and experience of navigators to better position exiting staff for job mobility.

4. **Re-envision the process for participant deactivation to increase intentionality, transparency for participants, and satisfaction of both participants and navigators.** Ensure that participants and navigators mutually understand when a discharge should take place and for what reasons. Clarify for participants what actions might result in a dismissal from the program (such as inability to remain in contact and/or goals that cannot be addressed effectively by navigators). Incentivize participants to deliberately exit the program if they believe they no longer need to participate, instead of exiting through loss-of-contact. Create a clearly identified exit process that includes an exit interview, a sense of closure for participants, and a summary of the actions taken by participants along with an updated action plan.

**Recommendation for the expansion or replication of the Community Navigators Program model**

We strongly recommend that the Community Navigators Program model be considered for replication and expansion. Overall there was an abundance of interest in increasing the geographic scope of the program and few downsides were voiced, apart from the difficulty of managing navigator caseloads, which could be addressed through an expansion the program workforce. Furthermore, the elements of the program design, which may have most interfered with an expansion—such as the place-based focus on East Harlem—were less critical in actuality. An expansion beyond East Harlem is feasible if lived experience remains privileged during the hiring process, and the rigorous level of training and ongoing support developed through the Community Navigators Program is maintained. In the event of the program’s replication or expansion, we make the following recommendations:

1. **Retain the core tenets of the Community Navigators Program model.** These should include the focus on marginalized and underserved communities, consistent with the program rationale and need, the placement of the program within a neutral third-party agency, educational institution, or community organization, the use of social work as a guiding discipline and philosophy, the use of peer navigators, the assignment of a dedicated navigator for each participant, and the intentional focus on navigator-side outcomes. Finally, we recommend viewing the place-based approach, use of co-location, and school-based partnerships as possibly beneficial features but not required elements of a replicated or expanded design.
2. **Provide ample support for navigators to ensure that navigators’ own goals are met.** Future iterations of the Community Navigators Program model should continue to include a salary structure that recognizes that lived experiences are equal in value to educational credentials and/or prior work history, a supportive and growth-oriented supervisory structure that includes embedded professional development around technical skills as well as social-emotional elements of providing peer navigation, and weekly case supervision and case conferencing, professional development, and ongoing trainings on a dedicated day. To the extent that educational advancement is retained as a goal for navigators, future iterations of the program model should also include partnerships with institutions of higher education as well as intentional strategies to reduce barriers to enrollment such as tuition reimbursement and access to courses, similar to the strategies envisioned as part of the positioning of the program at the Silberman School of Social Work at Hunter College.

3. **Consider the balance between warm-handoffs and the ease of online referral mechanisms when determining how best to recruit participants.** As the referral pathway between the Community Navigators Program and the NYPD is expanded and considered for replication with other city agencies and organizations, ensure that strong organizational relationships are built and preserved even referrals themselves are facilitated primarily through online forms.

4. **Develop formal relationships with city agencies and better utilize agency contacts to ensure that participants have better access to municipal services.** Consider how best to leverage the program’s influence to create referral pathways to and from New York City’s Human Resources Administration, the New York City Housing Authority, and other relevant city agencies.

5. **Improve ability for the Community Navigators Program to support participants facing language-related barriers to accessing services.** For example, increase training for navigators to ensure that all available resources for families who do not speak English proficiency are known to them. In addition, ensure that participants exit the program knowing their rights as they relate to interpretation and translation at city agencies (such as use of simultaneous interpretation services when available). Finally, the Community Navigators Program should work with community partners to advocate for increased community programs for families who primarily speak a language other than English.

6. **Continue to provide navigators with the necessary resources to build strong relationships with their assigned participants.** This should include technology and resources to allow for multi-modal interactions with participants including in-person, text, phone, email, and video; caseloads that allow for interactions designed primarily to strengthen relationships; a program structure that encourages a period of relationship building at the start of the participant experience; flexible expectations to allow navigators to differentiate their frequency of contact with participants depending on the latter’s preferences and dispositions.
Considerations for maximizing the evaluability of program outcomes

As demonstrated through this evaluation, the Community Navigators Program is a strong implementation of the peer navigator model, designed and carried out with intentionality and a deep commitment to addressing the needs of participating individuals. Yet, the complexity and qualitative nature of such an initiative leads to conditions which impede the ability to successfully carry out a rigorous evaluation of program outcomes and impacts. Recognizing the importance of such outcome studies to promote the expansion of the program model, maintain and attract funding, and provide accountability for the program’s success, we recommend that the following steps be taken to increase the ability for a rigorous outcome study to be carried out. These recommendations apply both to the East Harlem Community Navigators Program as it is currently implemented as well as to any further expansion or replication of the model within or outside of New York City.

1. Develop and insert procedures for collecting pre-post data from participants at intake, at regular intervals during participation, and at exit. A rigorous outcome study should also draw on a stronger body of qualitative data collected directly from participants. Changes in participants’ competence and confidence around service connection should be regularly assessed through periodically administered feedback forms, surveys, and structured interviews with navigators. The Community Navigators Program should identify or develop standardized questions that can be asked at baseline, during regular intervals, and at exit, to capture any changes in participants’ attitudes and beliefs. Furthermore, changes in these program outcomes can then be analyzed against program dosage to determine the extent to which navigator activities (e.g., coaching interactions, accompaniments, referrals) are associated with participants’ positive outcomes. These qualitative measures should include, at minimum, the following topics, which can be incorporated as contextual factors in an outcome study:

- **Participant satisfaction** – used to assess the extent to which perceived satisfaction with the program experience is related, or unrelated, to program outcomes including participant uptake in services, length of time in program, and frequency of interaction.

- **Self-reported levels of confidence in seeking out and obtaining services** – used to assess the extent to which the program changes participants’ beliefs around their own ability to navigate the service sector.

In addition, activity-specific feedback opportunities should be inserted into the program to gain participants’ perspectives immediately after they participate in key activities. For example, after receiving and following through on a service referral, participants should be given a brief survey to assess their experience. Finally, participants should be given an exit interview and survey to allow for an analysis of change over the duration of the program as well as allow for a baseline-at-exit to which subsequent data collections with alumni can be compared. Finally, the Community Navigators Program should consider converting participants’ action plans from static documents to ongoing resources that can be updated at regular intervals and at exit. Not only
would this provide participants with a clear roadmap for their own actions once they leave the Community Navigators Program, it would also facilitate the collection of the aforementioned pre- and post- data.

2. **Reduce the percentage of participants with whom navigators lose contact during their engagement and develop mechanisms for following up with program alumni.** A significant challenge to undertaking an outcome study is the sizeable number of participants who exit the program as a result of lost contact. Not only are outcomes for this population of individuals difficult to characterize due to the ambiguity of the situation, it will also be more difficult to collect the necessary long-term outcome data to determine whether the community navigator model leads to lasting changes in participants' lives. To address this challenge, navigators should explore strategies for reinforcing the importance of participants remaining in touch with the program even after their needs have been met. Multiple points of contact should be collected including the identification of family or friends through whom a participant can be reached. Participant incentives should also be considered for keeping contact information updated on a regular basis.

The Community Navigators Program should subsequently implement data collection procedures for alumni to gather data on outcomes six-months, one-year, and two-years after program exit. Based on the current navigator model, long-term outcomes assessed in this manner should include:

- Number and types of additional services pursued
- Number and types of additional services successfully engaged (recognizing that a lack of engagement could be due equally to participant or service provider actions)
- Number and types of additional services successfully completed
- Current goals/needs/challenges
- Level of confidence in seeking out and obtaining services

3. **Develop mechanisms, including shared unique identifiers, extensive data sharing agreements, and participant consents, for tracking participants across city agencies.** An effective outcome study will need to address the navigator model’s core goals of service uptake during and after program participation, beyond the receipt of a referral. To do so, the program or an independent evaluator will need to increase the magnitude of data sharing with community partners to better document the way in which participants engage in services after receiving guidance from a community navigator. To facilitate this data sharing, the Community Navigators

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9 For example, reasons for loss of contact can range considerably, from a participant ending their engagement without notice because their goals were met to an abrupt disconnection because of an adverse experience with a navigator.
Program will need to adopt pre-existing, or create, shared unique identifiers with municipal agencies. Examples include the use of participant’s social security numbers, dates of birth, or other case tracking identifiers that may be used by city agencies such as the Human Resources Administration or the Department of Social Services. When supported by data sharing agreements with these agencies and the appropriately collected permissions from participants, this will also allow the Community Navigators Program to track the independent use of services by participants after their exit from the program.

4. **Look to referral organizations and agencies for potential comparison groups.** The inherent focus of the community navigator model on individuals who are largely disconnected from services challenges the ability to identify an appropriate comparison group for an outcome study. That said, the best possible alternative is the identification of similar individuals who are engaged with a referral source (e.g., individuals with criminal justice interactions but who were not referred to the Community Navigators Program by a NYPD precinct officer, or individuals enrolled at a co-location source) but who were not referred to the Community Navigators Program. The weaknesses of this approach, however, may outweigh its benefits. For example, there are likely to be systematic differences in each population around need for navigation services, factors contributing to lack of service uptake, and individual goals. The creation of usable comparison groups will be more feasible during an expansion of the program model to multiple sites citywide if navigators are attached to some, but not all, agency locations or offices (i.e., if navigators were available to individuals engaged with a caseworker in one neighborhood but not another). Similar individuals across agency sites could therefore be compared, with individuals at certain sites receiving the opportunity to engage with a community navigator.

5. **Incorporate subgroup analyses into a rigorous outcome study to compare program efficacy across participant and case types.** The efficacy of the community navigator model may depend on the specifics of a case. As described in our evaluation, factors which may influence outcomes include participant goals (type and number), participant background, relationship and “fit” between participants and navigators, and persistence through the referral process. The relevance of a rigorous outcome study will depend, therefore, in large part on an understanding of how these variations affect overall program success. Including subgroup analyses will be especially important for informing any replication or expansion of the community navigator model as decision around programmatic changes are made.
Appendices

Appendix A: Community Navigators Program Logic Model
The Community Navigators Program is anchored by five precepts:

- Individuals otherwise disconnected from available social services are best served by peers who share similar lived experiences who will act as navigators, assisting individuals in effectively seeking and obtaining needed supports.
- Effective peer navigation is driven by relationships with community partners and participants and includes a combination of (a) making referrals, (b) building relationships with participants and partners, and (c) building participants’ own competence through coaching and accompaniment.
- An effective navigation program intentionally values the lived experiences of navigators during hiring. And, once navigators are hired, it needs to prioritize their support and workforce development, thereby taking a holistic approach to community support and change.
- The field of social work provides a valuable framework for creating opportunities to engage and supervise navigation.
- Navigators should operate independently of any particular service provider to allow for objective and unrestricted referrals and service connections on behalf of participants.

Logic model developed by Metis Associates, November 2021 (wwwmetisassociates.com)
Appendix B: Comprehensive literature review and benchmarking
Current Practices in Peer Navigation:

A literature review in support of an evaluation of the Community Navigators Program at the Silberman School of Social Work at Hunter College

SUBMITTED TO
CUNY Institute for State and Local Governance

SUBMITTED BY
Maxine Lopez, Research Analyst
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Introduction

The Community Navigators Program (CNP) was launched in 2016 by the Silberman School of Social Work at Hunter College as part of the Manhattan District Attorney Office’s Criminal Justice Investment Initiative (CJII), a portfolio of programs designed to “improve public safety, develop broad crime prevention efforts, and promote a fair efficient justice system in New York City.” The purpose of the Community Navigators Program (CNP) is to

develop a network of trained community navigators to identify individuals disconnected from services and help them locate, connect, engage and stay involved with services they need to meet and achieve their goals.

Designed as a place-based effort within East Harlem, the Community Navigators Program is centered on the use of peers hired from within East Harlem to facilitate referrals and connect individuals to services. Peers are hired as navigators for their ability to authentically “care about helping people,” their “strong engagement and communication skills,” and “cultural/relational skills” that would help them establish and maintain “trusting relationships with program participants.” They are expected to “perform various forms of outreach..., provide advocacy and supports (through goal setting, coaching, mentoring), make referrals using program database, and complete appropriate assessment tools” as part of the standard CNP case cycle: 1. Identify needs; 2. Co-develop action plan; 3. Connect to services; 4. Assist in coordinating services; 5. [Provide] ongoing assessment; 6. Follow-up/check in; 7. Final follow up; and 8. Deactivation. These actions are supported by four fundamental principles that the Community Navigators Program has determined “guide the process of delivering a quality peer navigation service:"

1. participation in navigation services is voluntary
2. program participants should exit the program with self-sufficiency and independence
3. a trusting relationship is key to peer navigation
4. a good relationship with resource providers is important to navigators and program participants

The program’s target population has broadened in scope over the evolution of the program and as of 2020 includes youth and adult residents of East Harlem presenting with a variety of needs including employment, housing, human resource benefits, mental health services, support for responding to intimate partner violence, and assistance navigating career and college readiness programs. Participants of the program are guided to both formal and informal resources including those provided by community-based organizations, municipal agencies, and other service providers. In addition to addressing the immediate needs of East Harlem residents, the program is intended to (a) help individuals and families identify their strengths and needs and develop an action plan for success; (b) empower participants to advocate on their own behalf; (c) build the capacity of service providers within East Harlem to meet community needs; (d) offer economic empowerment and training for community navigators; and (e) support stronger communities overall. CNP utilizes a trauma-informed, client-centered approach.
In 2020, Metis Associates, a national consulting firm headquartered in New York City, was contracted by the Institute for State and Local Governance (ISLG), the technical assistance and performance measurement provider for CJII, to undertake an intensive 18-month evaluation of the Community Navigators Program. Our evaluation is designed to:

- explore and document program implementation,
- elevate the perspectives of staff, participants, and community partners,
- identify best practices,
- strengthen program design and operations through ongoing formative feedback,
- inform the field, and
- construct an outcome evaluation framework.

Within this context, Metis has undertaken a systematic and comprehensive review of research relevant to this evaluation. The objectives of the literature review are to: (a) situate the Navigator initiative within existing research by summarizing academic, evaluation, and gray-literature on navigator and related peer-driven social service models; (b) benchmark the Community Navigators Program against similar models; and (c) identify strengths and opportunities within the current research literature. For the purposes of this preliminary deliverable, potential benchmarking models are identified but not yet researched. Information from the benchmarking component of this literature review will be included in the final deliverable.

To produce this literature review, Metis used peer-reviewed academic literature, including other peer-reviewed scoping literature reviews and a qualitative meta-analysis; an opinion piece published in a social work journal; and some gray literature found in non-academic databases (e.g., Foundation Center). The chosen items include a mix of qualitative, quantitative, descriptive, and argumentative articles. They were selected primarily based on the validity of the journal, the year of publication, their peer-reviewed status, and if the article’s research questions, goals, and methodology were clearly explained. To find articles, Metis used a variety of terms in addition to “community navigator” and “navigator” that the literature proved were commonly used (a list of alternative titles is provided in the section Overview of navigation as a field). The following databases were used in this search: Applied Social Sciences Index and Abstracts, Criminal Justice Abstracts, EBSCO Academic Search Premier, Foundation Center, Google Scholar, JSTOR, Oxford Reference Online Premium Collection, PAIS Index Sage Journals, and SAGE Journals. In addition, the literature reviews used to produce this piece pulled from the following journals: Academic Search Complete, Applied Social Sciences Index and Abstracts, CINAHL, CCTR, EMBASE, Medline, Oxford Bibliographies, PsychINFO and ProQuest Dissertations & Theses, PsychINFO, PsychLIT, PUBMED, Social Work Abstracts, Social Services Abstracts, and Web of Science.
Review of current research findings

This literature review is divided into several sections: an overview of navigation as a field, an overview of outcomes cited in the literature, a brief history of navigation programs, and a review of current and promising practices in implementation. The section on promising practices is divided into subsections on core values and goals, case management and navigation programs, setting clear policies and practices, qualifications and core competencies of effective navigators, navigator training, peer element in navigation, and ties to social work. Some examples, a case study, and a snapshot on client perspectives are included throughout the “promising practices” section as well.

Overview of navigation as a field

While the practice of navigation has a lengthy history that spans numerous fields, the concept itself is fluid. A search of the term “Community Navigator,” for instance, uncovers several relevant documents, but research shows that this is actually one of the less common titles in a plethora of other terms used to describe those offering navigation services. In addition to the term “Navigator” itself, other common terms included: Patient Navigator, Peer Navigator, Lay Navigator, Lay Health Worker, Community Health Worker, Community Health Liaison, Community Health Advisor, Lay Health Advocate, Nurse Navigator, Nurse Guide/Guide Care Nurse, Promotores(as), Care Specialist, Outreach Educators, and Peer Health Educators (Carter, Valaitis, Lam, Feather, Nicholl, and Cleghorn 2018; Gagne, Finch, Myrick, and Davis 2018; Kelly, Doucet, and Luke 2019; Roland, Higa, Leighton, Mizuno, DeLuca, and Koenig 2020; Spencer, Gunter, and Palmisano 2010; Valaitis, Carter, Lam, Nicholl, Feater, and Cleghorn 2017). While some of the title differences reflect the educational or experiential background of navigators (e.g., Nurse Navigators have a background in nursing, see core competencies of effective navigators for more), that qualifier in and of itself does not account for the variation in terminology. One national survey of certified peer navigators, for instance, uncovered 105 different titles held by their 291 respondents (Gagne et al., 2018). Certain authors also listed Case Manager (Carter et al., 2018; Roland et al., 2020) as an alternative title given to individuals operating as navigators, and while the individual care coordination/management responsibilities of both blur the line between them, there is some effort in academia to tease out the differences between the two (Kelly, Doucet, and Luke 2019). Unofficial descriptions given by clients of navigation services, such as “Resource Broker” (Portillo, Goldberg, and Taxman 2017) and “Knowledge Broker” (Roland et al., 2020), are also telling of the job itself.

While the variety of terms “have led to role ambiguity” (Kelly, Doucet, and Luke 2019, 27), definitions of navigation itself present as slightly more uniform. Community Health Workers, and navigators within the public health context more generally, have received formal definitions through agencies like the US Department of Health and Human Services and organizations such as the CHW Special Interest Group of the American Public Health Association. These formal definitions highlight the health expertise of navigators and their status as a “trusted member of and/or has an unusually close understanding of the community served” (Haywood, Garman, Johnson, Christopher, and Walker 2017, 228-229; Spencer, Gunter, and Palmisano 2010, 169). Patient or System Navigators reportedly lack a “commonly accepted definition,” but
have been locally defined within research as “an individual or a team engaging in specific activities including: facilitating access to health-related programs and services for patients/families and caregivers; promoting and facilitating continuity of care; identifying and removing barriers to care; and effective and efficient use of the health care system for both patients/families, caregivers and practitioners” (Valaitis et al., 2017, 118). According to literature reviews, patient navigation is often defined “on three critical components: 1) the type of navigator (e.g., professional vs. lay person); 2) clinical context (e.g., cancer); and 3) organizational setting (e.g., community vs. hospital)” (Kelly, Doucet, and Luke 2019, 28).

That said, this current literature search did not find a clear, let alone standard, definition of community navigation outside of the health field. The lack of a standard definition for community navigation was confirmed by a philanthropic foundation that is attempting to build up the field and the collective identity of community navigators in their city. The Denver Foundation, explained:

> the identity of community navigation is not well established. Whereas the field of health navigation is established in practice — many hospitals and clinics hire health navigators, for example — community navigation is generally treated as a function of other roles, such as community organizer or case manager... Navigation is practiced by many agencies and nonprofits, but a shared identity around navigation is still in its infancy. At a minimum, community navigation is the combination of personal needs assessment and information provision: the effort to uncover and meet the basic human needs of people through building trusting relationships and then connecting people to appropriate services and supports. In all cases, navigation involves engagement on both ends, from the client and from service providers. (Schaffer, Patino, Jones, and Sullivan 2018, 10-13)

As these definitions suggest, navigation is foundationally an approach to care coordination/case management (Carter et al., 2018; Kelly, Doucet, and Luke 2019, 28; Schaffer et al., 2018; Valaitis et al., 2017; Zeng and Chung 2019) that is:

- “barrier-focused” (Kelly, Doucet, and Luke 2019, 40; Wells, Valverde, Ustjanauskas, Calhoun, and Risendal 2018, 286),
- “holistic” (Kelly, Doucet, and Luke 2019, 28; Valaitis et al., 2017, 117), and
- “patient-centered” (Carter et al., 2018, 97; Kelly, Doucet, and Luke 2019, 28; Valaitis et al., 2017, 117)

Within this context, the work of navigation can be divided into two main approaches: “1) instrumental, involving logical tasks (e.g., arranging transportation or facilitating care coordination), and 2) [relational], involving inter-personal connections and support between patient and navigators” (Kelly, Doucet, and Luke 2019, 28). The relational aspect of navigation not only creates a sense of social support for clients that involves “informal counseling” and capacity building (Spencer, Gunter, and Palmisano 2010, 170), but also connects to some navigation programs’ community building goals. This is especially true for programs where navigators are considered “cultural brokers” (Wells et al., 2018, 285) and programs that incorporate community advocacy (Spencer, Gunter, and Palmisano 2010). Even outside of programs with explicit community goals, a central objective of navigation is to address the “social determinants of health” that are inevitably tied to the greater community, such as “housing concerns, food insecurity, legal issues,
employment issues, financial difficulties, racism, and lack of social support.” Many of these may also be considered under the umbrella term “basic needs.”

The core objective of linking patients to services (Gagne et al., 2018; Valaitis et al., 2017) addresses the idea that many resources are underutilized, which was a common concern expressed in interviews with non-profits and community groups in one study (Schaffer et al., 2018). Literature reviews identified several “major motivations” for why organizations may create a navigator program in an effort to address this core objective of better linking participants to services, including:

1. the need to improve delivery of services,
2. the need to “support and manage specific health needs or specific population needs,” and
3. the desire to improve patients’ well-being (Valaitis et al 2017, 120).

As suggested by the second motivation, many navigation programs select at least one of the following categorical groups to focus on: individuals with specific diseases; ethno-cultural groups (e.g., African Americans or immigrants); individuals experiencing economic barriers (i.e., low income or uninsured); age groups; vulnerable populations (i.e., homeless or victims of domestic violence); underserved populations, or geographically located populations (Carter et al., 2018, 97). At the same time, the current literature on community navigation does not address the relative strengths or challenges of targeting programs to specific community groups.

Overview of outcomes cited in the literature

A range of positive outcomes have been reported in the literature (Browne, Darnell, Savage, and Brown 2015; Carter et al., 2018; Cheng 2017; Gagne et al., 2018; Portillo, Goldberg, and Taxman 2017; Roland et al., 2020; Schaffer et al., 2018; Solomon 2004; Valaitis et al., 2017). These include the client outcomes listed in Exhibit 1 below and the subsequent list of navigator outcomes.

Exhibit 1 – Documented client outcomes of navigator programs as cited in the relevant literature

<table>
<thead>
<tr>
<th>Outcome areas</th>
<th>Top outcomes cited in the literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Related Outcomes</td>
<td>- reduced unmet needs</td>
</tr>
<tr>
<td></td>
<td>- reduced health disparities</td>
</tr>
<tr>
<td></td>
<td>- improved mental health</td>
</tr>
<tr>
<td></td>
<td>- reduced inpatient service use</td>
</tr>
<tr>
<td></td>
<td>- increased access to care</td>
</tr>
<tr>
<td></td>
<td>- better follow up care and engagement with treatments, including adhering to guidelines and following through with check-ins</td>
</tr>
<tr>
<td></td>
<td>- improved communication with primary care</td>
</tr>
<tr>
<td></td>
<td>- improved care coordination</td>
</tr>
<tr>
<td></td>
<td>- reduction in emergency room or hospital use (cost-effective)</td>
</tr>
<tr>
<td></td>
<td>- prevention of premature institutionalization (cost-effective)</td>
</tr>
<tr>
<td>Outcome areas</td>
<td>Top outcomes cited in the literature</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Self-Determination Outcomes          | - sense of empowerment  
- sense of social support  
- improved self-efficacy and ability to navigate their own needs  
- improved self-management  
- increased goal setting |
| Financial Outcomes                   | - increased employment  
- reduced financial stress  
- improved insurance coverage |
| Organizational/Field of Service Outcomes | - links made to other providers  
- increased communication among providers  
- improved relationship with providers  
- providers satisfaction with navigation |
| Other Outcomes                       | - increased access to supports  
- increased patient satisfaction  
- increased sense of hope in clients  
- increased comfort with diagnosis  
- reduced stress and depressive symptoms in caregivers |

In addition, the following outcomes for navigators themselves were identified in the research literature:

- ✓ Empowerment through their community advocacy role;
- ✓ Development of professional skills;
- ✓ Promotion to supervisory roles and increased workplace experience;
- ✓ (Re)affirming personal growth/accomplishment;
- ✓ Improved self-esteem and confidence; and
- ✓ Improved “sense of empowerment and hope” (Solomon 2004, 396)

However, there is a notable dearth of navigator outcomes in the community navigation literature, representing a clear opportunity for expanded research on this topic.

**Brief history of navigation programs**

Remarkably, the history of navigation as a formal practice can be traced back to East Harlem, thereby placing the Community Navigators Program within a compelling historical context. In 1990, Dr. Harold Freeman, working at the Harlem Hospital Center, created the first patient navigation program to help women in the surrounding community have better access to breast cancer diagnosis and treatment services (Browne et al., 2015; Kelly, Doucet, and Luke 2019). The program took a “culturally sensitive” approach by hiring
The practice of navigation itself, though, spans beyond this program that coined the official term. Trained individuals offering navigation services as part of community health representative programs for Native Americans can be traced back to at least the 1950s. Furthermore, a Community Health Workers National Workforce Study noted four distinct time periods of community health worker (CHW) navigation. The first period dates back to the mid-1960s when antipoverty initiatives used CHWs to help “underserved communities” increase their access to health care (Spencer, Gunter, and Palmisano 2010). The second time period stretches from 1973 to 1989 as university-based research and grants promoted the practice in health care access. Following the first official “patient navigation” program at Harlem Hospital Center, the practice became more standardized through the 1990s (Spencer, Gunter, and Palmisano 2010). The 30-percentage point increase in cancer survivorship rates documented by the Harlem Hospital Center program (Kelly, Doucet, and Luke 2019) inspired the third period of increased funding, training, and national and state legislation around navigation (Spencer, Gunter, and Palmisano 2010), including the 2005 national Patient Navigator Outreach and Chronic Disease Prevention Act that “ensured navigational support to patients across the US dealing with one or more chronic diseases” (Kelly, Doucet, and Luke 2019, 28). The fourth period, which spanned the early 2000s, noted increased state level training and certification programs “and the passage of bills mandating the study of the CHW workforce” (Spencer, Gunter, and Palmisano 2010, 172). The remarkable results of the Harlem Hospital Center program set off a wave of navigation programs, not only within oncology where it is now considered “a staple” (Kelly, Doucet, and Luke 2019, 42), but also in health care fields targeting patients with “multiple complex conditions” (Valaitis et al., 2017, 117) and individuals with other chronic illnesses (Browne et al., 2015; Wells et al., 2018), such as HIV (Roland et al., 2020).

Navigation is also particularly popular in the mental health and substance use fields (Portillo, Goldberg, and Taxman 2017) where peer specialists who employ navigation strategies are commonly used (Barrenger, Hamovitch, and Rothman 2019). The importance and impact of utilizing peers in mental health has its own lengthy history that dates back to the 1970s with the formation of self-help groups (Gagne et al., 2018; Portillo, Goldberg, and Taxman 2017), advocacy organizations (Gagne et al., 2018), and Community Support System programs (Solomon 2004) both within and outside of the national Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services. When peers began to be officially integrated into mental health services in the 1990s, they often worked in outreach and case management (Gagne et al., 2018). The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 also helped to increase the use of navigators throughout the entire health care system (Browne et al., 2015; Darnell 2013; Haywood et al., 2017; Portillo, Goldberg, and Taxman 2017).

In a seemingly natural progression from using navigation to meet individuals’ social and health needs through connections to community-based health and social services (Carter et al., 2018; Kelly, Doucet, and Luke 2019; Valaitis et al., 2017) and to promote social justice and health advocacy for “disenfranchised communities” (Spencer, Gunter, and Palmisano 2010, 169), the navigation practice has since expanded into non-health fields such as immigration rights and criminal justice. The growing calls in the criminal justice field to implement peer navigation programs specifically (Barrenger, Hamovitch, and Rothman 2019;
Portillo, Goldberg, and Taxman (2017) are likely inspired by Chicago’s Cure Violence program which uses a public-health lens to address gang-associated violence. First started in Chicago in 2000, Cure Violence views violence as “contagious — like an epidemic disease” (Cure Violence Global “The Big Idea” n.d.) and seeks to identify those at highest risk for it (Cheng 2017; Cure Violence Global “What We Do” n.d.). They employ Credible Messengers – peers to the program’s target population as they are former gang members themselves – to act as Violence Interrupters who “monitor and de-escalate immediate violence” and Outreach Workers who perform navigation services as they “connect clients to employment, educational, and other social service opportunities” (Cheng 2017). The work of Cure Violence has inspired official and unofficial replication sites globally that operate various versions of credible messenger outreach, navigation, and case management (Cheng 2017).

In addition to the programs cited above, experts in the field of navigation also acknowledge that lay navigation has a lengthy global history not often well detailed in the academic literature. In Spencer, Gunter, and Palmisano’s (2010) review they found “that all cultures have some system of informal lay health care and that the presence of natural helpers who provide social support in communities predates any formal definition or system of CHWs” (172). The Latin American form of lay navigation – promotores(as) – is one of the better referenced international versions since the term has been used in American navigation programs that target Latinx populations (Carter et al., 2018; Schaffer et al., 2018) (see Benchmarking for examples). At the same time, while one philanthropic foundation interested in building up the field of navigation found evidence of “naturally occurring” navigation within communities of their city (Schaffer et al., 2018), there is otherwise much documented history of “naturally occurring” navigation within the United States. This presents a clear opportunity for expanded research on programs, such as the Community Navigators Program, that tap into neighborhood support networks as part of their model.

The role of community-embedded navigation, as a form of lay navigation, does appear more often within the context of social work. For example, research suggests that “since the days of settlement houses, [social workers] have enlisted the services of community residents as key informants, gatekeepers, advocates, links between the community and structured services, and mobilizers” (176). This theme is expanded upon further in the section on ties between navigation and social work, where it is shared that discrepancies between these two bodies of literature remain (Spencer, Gunter, and Palmisano 2010).
Current and promising practices in implementation

In the following sections, we present current and promising practices cited in the literature for seven core program components:

1. Core values and precepts of the navigation model
2. Case management and navigation services
3. Setting clear policies and practices
4. Qualifications and core competencies of effective navigators
5. Navigator training
6. Peer element in navigation
7. Ties to social work

These are areas of interest for the Community Navigators Program as well as important considerations noted by experts in the field.

Core values and precepts of the navigation model

The practice of navigation operates on several core values: it is a client centered (Carter et al., 2018; Kelly, Doucet, and Luke 2019; Portillo, Goldberg, and Taxman 2017; Roland et al., 2020; Valaitis et al., 2017), biopsychosocial approach (Darnell 2013; Kelly, Doucet, and Luke 2019; Roland et al., 2020; Solomon 2004), predicated on empowerment of clients, where navigators provide enough information and social support to "empower [clients] to make their own care decisions through self-navigation and learn to self-manage" their situations (Kelly, Doucet, and Luke 2019, 39).

The “biopsychosocial approach” is often understood within the social work field as meaning that “social workers are concerned with the interaction between the body, the mind, and the social system” (Darnell 2013, 123). This approach is manifested most recently through a focus on trauma-informed approaches to care and the understanding that both clients and navigators carry with them the impacts of the social systems in which they live. The emphasis on empowerment varies between programs, but when it is present, navigators provide “supportive, but not psychotherapeutic” assistance, with attention to ensuring that their navigation activities provide support but do not create relationships of dependency. Navigators, within this context, make sure to act as “educational or informational consultants” that are flexible, proactive problem solvers (Kelly, Doucet, and Luke 2019, 41). Their services are preventive as much as they are reactive (Spencer, Gunter, and Palmisano 2010).

According to the American Public Health Association, navigation “builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy” (Haywood et al., 2017, 229). As this suggests, the approach “shares traits common to advocacy, health education, case management, and social work” (Roland et al., 2020, 26).
Another key design element of community navigation is the focus on service connection over the introduction of new supports within a community since it “is premised on the idea that it is important to make use of a community’s existing assets before introducing new supports” (Schaffer et al., 2018, 17). The central charge of navigators is to “link patients and their families to appropriate services and resources... not create new services” (Kelly, Doucet, and Luke 2019, 40). Making appropriate referrals, though, is more than just handing off information to clients. It requires navigators to:

✓ have thorough knowledge of the range of medical, financial, and social supports in their area;
✓ inform outside providers of their roles (Kelly, Doucet, and Luke 2019);
✓ build and maintain trust and communication with multiple providers (Carter et al., 2018; Kelly, Doucet, and Luke 2019); and
✓ “often act as a main point of contact for the patient” (Kelly, Doucet, and Luke 2019, 40) as part of their “facilitation of access to care” (Carter et al., 2018, 96).

Navigators will also ensure clients “follow up with referrals”, keep track of what services or procedures clients received, and monitor evolving needs or symptoms in their clients through needs assessments and screenings as part of case management. They often conduct a needs assessment when first receiving a client which guides the mutual formation of a personalized care plan. As part of case management, navigators also help remove barriers to care and educate their clients on topics like self-management to help empower them (Kelly, Doucet, and Luke 2019). Removing barriers to care may include actions like: accompanying clients to visits, helping with translations, “support[ing] clients in asking relevant questions” (Spencer, Gunter, and Palmisano 2010, 170), assisting with insurance (Carter et al., 2018; Kelly, Doucet, and Luke 2019), and “determining eligibility for public programs” (39). Within the healthcare field, educating clients often involves helping them or their families understand services, “demystify[ing] the healthcare system” (38), explaining illnesses, managing expectations and preparing them for appointments (Kelly, Doucet, and Luke 2019), setting and prioritizing goals to improve their health or social situation (Schaffer et al., 2018; Spencer, Gunter, and Palmisano 2010), and providing “instrumental and emotional support” (Spencer, Gunter, and Palmisano 2010, 170). These actions, however, are fully applicable outside of the healthcare field as well, as other “systems” such as criminal justice, education, housing, and income supports are equally difficult for individuals to understand and access. Finally, educating, empowering, and maintaining “close communication” with their clients help navigators “build and maintain relationships and trust” (Kelly, Doucet, and Luke 2019, 40).

Navigation programs may also incorporate community-based initiatives that enable navigators to take on responsibilities akin to advocacy and community education (Roland et al., 2020). Navigators may “promote cultural appropriateness” to providers, advocate for needed services that are not currently present locally, “assist in the development of community supports,” and “conduct outreach activities, such as community education, community building, and fundraising” (Kelly, Doucet, and Luke 2019, 38). They may also help organizations better understand the range of challenges their clientele face (Schaffer et al., 2018) and encourage increased staff diversity (Kelly, Doucet, and Luke 2019).

Navigators can work individually or on a team (Carter et al., 2018; Kelly, Doucet, and Luke 2019; Valaitis et al., 2017) and in a variety of organizational contexts. Within the healthcare field, navigators can work within
primary care offices (Browne et al., 2015; Valaitis et al., 2017), in hospitals, in community-based health centers (Browne et al., 2015; Kelly, Doucet, and Luke 2019; Wells et al., 2018), in other community-based organizations (Kelly, Doucet, and Luke 2019; Wells et al., 2018), insurance companies (Kelly, Doucet, and Luke 2019), and independently without organizational backing (Kelly, Doucet, and Luke 2019; Schaffer et al., 2018). This is analogous to the range of options available to navigators working outside of the healthcare field, including placement within municipal agencies, educational institutions, community-based organizations, and neighborhood groups. That said, the research literature could benefit from expanded research on the relative merits of program placement outside of the healthcare context.

Across the United States, programs may be located in both rural and urban areas, but generally are active in areas “where low-income communities of color are present and have low access to services” (Spencer, Gunter, and Palmisano 2010, 172). One foundation working to build up the identity and field of navigation itself found that in their city’s Latino and refugee communities navigation was “a common feature” where the larger community often relied on certain individuals to help them become “aware of existing services... overcome language and cultural barriers and manage the complex processes of many service providers” (Schaffer et al., 2018, 11).

Finally, the research literature indicates that navigation programs should be “holistic” (Roland et al., 2020) and allowed to address the breadth of root challenges which, in combination, impact individuals’ ability to thrive (e.g., “housing concerns, food insecurity, legal issues, employment issues, financial difficulties, racism, and lack of social support”) (Carter et al., 2018, 99). Programs should also ensure they employ overarching themes around cultural competency and prioritizing clients’ specific needs within this broader context, to ensure that basic, underlying barriers are addressed first (Valaitis et al., 2017).

Case management and navigation programs

While many navigators typically conduct case management as a part of their client services (Carter et al., 2018; Kelly, Doucet, and Luke 2019; Schaffer et al., 2018; Valaitis et al., 2017; Zeng and Chung 2019), case management itself is a separate practice with its own history and standards. As defined by the Case Management Society of America, case management is “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy option and services to meet an individual’s and family’s comprehensive health needs though communication and available resources to promote patient safety, quality care, and cost-effective outcomes” (Kelly, Doucet, and Luke 2019, 28). Within the field of social work specifically, the National Association of Social Workers defines case management as “a process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered” (National Association of Social Workers 2013, 13).

The practice’s history dates back to “the early 1900s in response to a need for more integrated care across health and social services, particularly for those in vulnerable situations (e.g. low socioeconomic populations and immigrants)” (29). Historically, case manager is a position held exclusively by professionals, often by those primarily trained as nurses or social workers. They are responsible for client assessments, maintaining
updated care plans, potential client outreach and recruitment, care coordination, service evaluation, and helping clients make care decisions (Kelly, Doucet, and Luke 2019).

The fact that care coordination is a “central function” (36) to both traditional case managers and navigators is likely what causes the literature’s general lack of clarity between the two roles. One literature review of both navigators and case managers in the health field, though, found that each role’s integration with the more “clinical” aspects of care coordination was the clearest differentiating factor. Case managers were more often involved with clinical care – such as educating patients, planning and implementing care, evaluating services, taking part of the care team, and providing counseling (like grief counseling and crisis intervention) (34) – and with administrative tasks while navigators more often “provide[d informal] emotional and informational support” (42) and primarily “match unmet needs with services and resources” (37). Navigators were described as “help[ing]” patients by providing information, while case managers more often “organize[d]” information – suggesting case managers play a more active role in planning and implementing. The article also exclusively mentioned peers when describing navigation rather than case management; though, it should be noted the authors did not provide detailed information on how peers are used in one context over another (Kelly, Doucet, and Luke 2019).

Outside of their connection to clinical care, case managers were also more likely to: educate “other professionals about treatments, financial supports for patients, and case manages duties” (34); “anticipate and solve problems” (35); network with stakeholders beyond patients, caregivers, and providers; and be involved in research activities. Navigators, in turn, were more likely to be involved in community outreach. Research that described instances where case managers and navigators worked in the same setting indicated that “the distinction between roles is sometimes based on the length of relationship with patients. Specifically, patient navigators may work with patients for a predetermined amount of time (e.g. from screening to diagnosis), after which patients may transition to the case manager’s care” (Kelly, Doucet, and Luke 2019, 42).

In general, both were involved with advocacy, “promoting open communication between formal and informal care providers” (36), collaboration and outreach efforts, and screening and needs assessments in addition to care coordination (Kelly, Doucet, and Luke 2019).

That said, a closer look at the National Association of Social Workers Standards for Social Work Case Management (2013) indicates several areas of close overlap with the priorities and strategies of navigator programs. For example, according to this national association, social worker case managers should use the following strategies to achieve the goal of “optimizing client functioning and well-being:”

✓ strengthening the developmental, problem solving, and coping capacities of clients
✓ enhancing clients’ ability to interact with and participate in their communities, with respect for each client’s values and goals
✓ linking people with systems that provide them with resources, services, and opportunities
✓ increasing the scope and capacity of service delivery systems
✓ creating and promoting the effective and humane operation of service systems
✓ contributing to the development and improvement of social policy (17).
These, in fact, closely align with the goals of the Community Navigators Program as well, and the combination of client advocacy and systems-change strategies is notable.

Setting of clear policies and practices

The research literature indicates that, at the organizational level, navigator programs benefit from clear policies and standards regarding:

- navigator’s roles responsibilities (Roland et al., 2020; Valaitis et al., 2017);
- how and when clients will be phased out of the program (“especially important for clients without immediate, stable social support networks and social capital, including those with a history of incarceration”) (Roland et al., 2020, 34);
- “problem solving around cases;”
- “safety procedures for home visits;”
- referral and communication strategies with partners;
- general documentation;
- internal meeting and communication schedules (Valaitis et al., 2017, 123); and
- output measurements like “the number of people helped each month and the percentage of those people who were repeat clients” (Schaffer et al., 2018, 15).

Research also suggests that regular meetings and “face-to-face communication” (Valaitis et al., 2017, 124) as well as strong relationships with outside providers were factors in successful programs (Schaffer et al., 2018; Valaitis et al., 2017). Programs should also consider the use of a steering committee, or supervisors, for their ability to provide significant planning, case review, and data tracking support.

Limited research on client recruitment strategies indicates an importance of targeting potential clients through community-based partners and promoting the program in locations where members of the target population might frequent (e.g., hosting health fairs at soup kitchens to engage the homeless in navigation services) (Valaitis et al., 2017).

Finally, an important source of effective navigation standards emerged from the work of the Denver Foundation through their Basic Human Needs Navigator Learning Community which was launched in 2014 to convene navigators from their local area. Through their efforts, they identified many of the standards and promising practices that other researchers also highlighted in their work. The following Exhibit 2, detailing these standards, is excerpted in full from “Community Navigation as a Field of Practice: Reframing Service Delivery to Meet the Needs of Communities’ Marginalized Populations.”
### Exhibits - Principles of Effective Navigation

<table>
<thead>
<tr>
<th>Skills and Attitudes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowering, not Fixing</td>
<td>Aim to empower clients to navigate for themselves rather than focusing on quick fixes that may lead to dependence on the navigator</td>
</tr>
<tr>
<td>Patient, Compassion, and Empathy</td>
<td>Practice a ‘whole person’ approach, which requires patience to uncover a client’s full set of challenges and compassion and empathy to build the trust necessary to work together</td>
</tr>
<tr>
<td>Systems Knowledge and Experience</td>
<td>Be aware of how local systems of service provision operate, including drawing on personal experiences working through those systems</td>
</tr>
<tr>
<td>Cultural and Linguistic Fluency</td>
<td>Be able to communicate with clients in their preferred language and understand how cultural norms and nuances affect how clients approach navigation and engage systems</td>
</tr>
<tr>
<td>Coaching Skills and Trauma-Informed Awareness</td>
<td>Be well-versed in coaching clients to access supports and lends advice rooted in awareness of how trauma affects the capacity of clients to engage with systems and develop self-sufficiency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Processes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a Safe Space</td>
<td>Always create a safe space for clients to communicate their needs and practice access supports</td>
</tr>
<tr>
<td>Assess Needs</td>
<td>Practice a ‘whole person’ approach, which requires assessing the full range of a person’s needs</td>
</tr>
<tr>
<td>Develop Action Plans and Follow-up</td>
<td>Develop action plans with clients that involve opportunities to follow up with those clients</td>
</tr>
<tr>
<td>Set Boundaries</td>
<td>Establish boundaries with clients to avoid creating dependency in the navigator-client relationship</td>
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<table>
<thead>
<tr>
<th>Supports</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Circles</td>
<td>Connect with other navigators to receive social and emotional support</td>
</tr>
<tr>
<td>Provider Buy-In</td>
<td>Seek to develop provider buy-in for navigation</td>
</tr>
<tr>
<td>Feedback, Training, and Standards</td>
<td>Aim to solicit feedback from trusted peer and mentors, including through learning communities and to match practices to these emerging standards of performance</td>
</tr>
<tr>
<td>Sustainable Funding Model</td>
<td>Operate within a sustainable funding model</td>
</tr>
</tbody>
</table>
Qualifications and core competencies of effective navigators

The previously presented list of titles given to navigators hints at the variability in qualifications necessary for navigation. Many navigators are lay navigators, meaning they are not required to have any one particular formal educational background, but instead often bring lived experience as their expertise. It is common for these individuals to be supervised by some kind of professional navigator (Kelly, Doucet, and Luke 2019). Professional navigators are often trained primarily as nurses, social workers (Carter et al., 2018; Kelly, Doucet, and Luke 2019), health educators (Kelly, Doucet, and Luke 2019), or hold a different professional degree (Roland et al., 2020). The reason one program selects a particular type of navigator over the other “is typically driven by local needs” (Kelly, Doucet, and Luke 2019, 41); for example, one literature review found that programs that address complex health needs were more likely to employ professional navigators or navigator teams while programs that focused more on social determinants of health were likely to employ lay navigators (Carter et al., 2018). In general, many programs do not require professional navigators (Kelly, Doucet, and Luke 2019) and try to hire individuals who identify with the population in some way or have intimate knowledge of the community (Haywood et al., 2017; Spencer, Gunter, and Palmisano 2010) (See Peer element in navigation for more).

When hiring navigators, organizations should look for those with shared lived experience with the target client population (Roland et al., 2020; Schaffer et al., 2018). This not only “helps to validate the advice they give to clients,” but also “enables meaningful communication... about what kind of assistance a client will receive [and] how the client will be treated” since “an effective navigator is not simply aware of these existing resources, but also familiar with their quality and how to access them” (Schaffer et al., 2018, 14). Research suggests “a navigator who is a peer [is] different and potentially more meaningful for clients... [as] some clients were not as willing to take advice from someone without similar life experience” (Roland et al., 2020, 32) (see Peer element in navigation for more). Those hired as navigators should also have a clear understanding of their role and professionalism as a whole (Wells et al., 2018). Recruitment measures were not widely discussed, but one literature review noted that, for at least one program, lay navigators were recruited primarily through “word of mouth through health and community service provider networks rather than job postings” (Valaitis et al., 2017, 122).

Research also suggests that “to be successful [as a navigator], [it] requires high levels of interpersonal experience and skills. Many of these [skills] derive from lived experience, but they also include interpersonal skills common to similar models found in social work” (Schaffer et al., 2018, 13) (see Snapshot of client perspectives within the research literature for attributes of impactful navigators). These interpersonal skills help establish the relationship with the client, which is “fundamental to the client experience” (31). Navigators should use these skills to manage initial expectations for participants’ experience by explaining to clients when first meeting them what their role is, what the time limit of program participation is (if any), and the range of resources they can offer since many clients may not know what to expect from a navigator and may not understand how it is different from other case management services (Roland et al., 2020). This first introduction to the client is also a good time to divulge what lived experience the navigator may share with the client to help build trust and open conversation between the two (navigators in a Learning Community referred to this as “bridging”) (14). Navigators should also understand how to set boundaries “in a culturally relevant way,” be able to identify signs of growing dependency from clients, and “co-create”
action plans with clients to ensure they are empowering clients and building up their capacity (Schaffer et al., 2018, 14-16).

One literature review described characteristics that programs, covered in 16 other papers, looked for in potential navigators when hiring (Carter et al., 2018, 105). These are presented in Exhibit 3 below.

### Exhibit 3 – Characteristics of navigator candidates

<table>
<thead>
<tr>
<th>Skill areas</th>
<th>Core competencies of candidates</th>
</tr>
</thead>
</table>
| **Desirable personal traits**    | - strong effective communication skills  
                                      - cultural competence  
                                      - respect  
                                      - enthusiasm for coaching  
                                      - compassion  
                                      - acceptance  
                                      - reliability  
                                      - dedication  
                                      - flexibility  
                                      - commitment to education  
                                      - client-centeredness  
                                      - ethical work  
                                      - the ability to work with males or females or within groups |
| **Experience requirements**       | - previous work with target population  
                                      - community experience  
                                      - counseling |
| **Skill requirements**            | - skills in social work  
                                      - coordination  
                                      - health education  
                                      - computers  
                                      - problem-solving  
                                      - conflict management  
                                      - negotiation |
| **Knowledge requirements**        | - knowledge of the relevant municipal or agency systems  
                                      - specific challenges faced by participants and related community resources  
                                      - mental health and addictions  
                                      - legal issues  
                                      - support services  
                                      - bilingualism |
Navigator training

Both lay and professional navigators often receive training specific to navigation before they officially take up their roles (Kelly, Doucet, and Luke 2019), and research suggests at least some level of navigator training prior to their start is associated with successful program implementation and program sustainability (Valaitis et al., 2017). Due to the breadth of diversity in navigation roles and contexts, there is no one standard training that navigators complete. There is also “significant variation in training duration, format, learning strategies, content, and trainers” that makes determining the effectiveness of one approach over the other difficult (Wells et al., 2018).

Programs have been created at the organizational level for in-house training (Kelly, Doucet, and Luke 2019; Spencer, Gunter, and Palmisano 2010), state level to ensure standards and law compliance (Haywood et al., 2017), and field level (Gagne et al., 2018), sometimes because a large organization – such as the American Cancer Society for example – sponsors a specific training program (Carter et al., 2018; Sanders, Winters, and Fiscella 2015). Some organizations exclusively offer training (e.g., Mesick 2016), learning communities (e.g., Schaffer et al., 2018), or certifications (e.g., Haywood et al., 2017) without directly engaging in navigation services. Community colleges have begun developing training and certification programs over the last few years as some states have enacted legislation around navigation (Haywood et al., 2017). Government agencies also sometimes offer their own training programs, but other times they may promote external training programs (Mesick 2016). Generally, though, certification is less common in navigation given the perception that this may diminish the emphasis typically placed on either lived experience or the (at least near) peer status of navigators (Schaffer et al., 2018; Spencer, Gunter, and Palmisano 2010). Some other concerns around potential certification requirements include “loss of highly effective CHWs due to the volunteer or immigration status or level of education... and credentialing fees and training tuition being barriers for low-income CHWs interested” (Spencer, Gunter, and Palmisano 2010, 176).

In addition to the standard motivations behind creating training programs such as ensuring navigators are well prepared for the job and meeting legal requirements, other goals may include “deepen[ing] the community organizing work for partners” (6) and “engag[ing] and invit[ing] individuals and organizations who are not traditionally connected” to the work (Mesick 2016, 7). Accounts from active navigators suggest that the act of engaging new individuals into the field may already be an informal practice as they encourage their own clients to and have seen former clients “share information and take the initiative to help their neighbors as a result of their experience with a navigator” (Schaffer et al., 2018, 17).

Trainings often include information on role transitions and ongoing development (Valaitis et al., 2017), the specific field they are working in or the exact issues the program targets, the local community (Carter et al., 2018), cultural competency (Sanders, Winters, and Fiscella 2015; Schaffer et al., 2018), and the resources available, either generally in the community or in the particular service area at which the program is directed (e.g., housing, employment, income supports). In addition to these basic aspects of information, navigation trainings often revolve around specific skills and/or theoretical underpinnings (Carter et al., 2018). Skills addressed in trainings may include: “problem-solving for complex cases” (122), collaboration between navigators, “preparation for management of emotional needs” (Valaitis et al., 2017, 122), conducting outreach (Carter et al., 2018), case management strategies (Carter et al., 2018; Schaffer et al., 2018), needs
assessments, confidentiality (Sanders, Winters, and Fiscella 2015), communication skills (Carter et al., 2018; Sanders, Winters, and Fiscella 2015), “relationship-building skills such as demonstrating empathy, active listening, communicating care” (Roland et al., 2020, 34), and motivational interviewing. Motivational interviewing was used in variety of programs from the health sector to social justice field (Carter et al., 2018; Cheng 2017; Gagne et al., 2018; Valaitis et al., 2017). It was described as a social psychology technique that “seeks to ‘help people work through ambivalence and commit to change.’ By hearing themselves talk about their desire for change, clients are more likely to be motivated and commit. The interviewer facilitates this process as a reflective listener” (Cheng 2017, 58). Theoretical content addressed in training programs may include: “concepts of strengths-based practice, ... community health empowerment, [and] public health and the balance between preventive and reactive goal setting” (Carter et al., 2018, 106).

Researchers noted that it might be beneficial to also include information on “how the role might affect [navigators] personally” (Valaitis et al., 2017, 122) (see more in Peer element in navigation). Navigators in a learning community also suggested trainings on the following topics based on challenges they endured in their own work: “trauma-informed care, cultural awareness, setting boundaries, planning for sustainability,” (17) and domestic violence (Schaffer et al., 2018, 18).

The length (i.e., hours vs. weeks), formatting (in-person vs. online, lecturing vs. role play, etc.) (Carter et al., 2018), and development of training programs appeared unique to each training in this current literature review. Three examples of training programs and procedures for community navigators are presented in Exhibit 4 below.

Exhibit 4 – Training program examples

| Committee for Immigration Reform Implementation’s Community Navigator Training (National) |
| Regional Training Teams affiliated with this national immigration advocacy coalition group trained over 8,500 community navigators from diverse organizational backgrounds throughout the country in the first year of this program alone. Their “101” curriculum focused on “immigration law, administrative relief, unauthorized practice of law, identifying legal help, reporting victimization, screening for eligibility, document preparation, and application assistance.” Their “201” curriculum focused more on “deportation defense, other forms of relief, naturalization, workers’ rights, and DACA” (6). Curriculum was developed through the expertise of affiliates, including immigration organizations located in New York City. Participants are trained in a way that supports the national organization’s Know Your Rights Campaign (Mesick 2016). |

| The Denver Foundation’s Basic Human Needs Navigator Learning Community (Denver, Colorado) |
| In a Learning Community facilitated by a philanthropic organization in Denver, both organizationally backed participants and independent individuals already practicing navigation work in some fashion met regularly to engage in peer learning circles, participate in topical trainings, and receive one-on-one coaching from consultants. The Learning Community “generated documents detailing the shared ‘identity’ of community navigators (skills, values, and knowledge), the principles of effective navigation, |

| | | | |
and the various ways navigation is practiced” (17). In addition to helping each participant refine their craft, the Community also helped establish networks between navigators that expand knowledge of existing services and created a support system for them (Schaffer et al., 2018).

**Malcolm X College’s “Building Health Urban Communities” Certification Program (Chicago, Illinois)**

At a community college, credit-based certification program located in Chicago for navigators generally tied to the healthcare field, program developers reviewed other college-based navigation training programs to select books and had their proposed curriculum reviewed by local CHW professionals in health care and social service organizations. They also conducted interviews and focus groups with local experts to update their curriculum. Their program focused on “health education, health promotion, knowledge of community services, effective communication, advocacy, cultural competence, and professionalism” (Haywood et al., 2017, 230).

**Peer element in navigation**

Although it is not always an official requirement, navigation often seeks to introduce a peer component into the work by having navigators share “personal characteristics with the client” (Roland et al., 2020, 27). This is exemplified by general definitions of navigators that reference the peer component when defining positions that can and have operationally been held by both peers and professionals (i.e. “A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served”) (Haywood et al., 2017, 228-229; Spencer, Gunter, and Palmisano 2010, 169). Definitions for peer navigators, specifically, describe them as “individuals who have a unique background or experience that can provide support, guidance, or care for an individual with a similar experience” (Portillo, Goldberg, and Taxman 2017, 320) and “are formally employed to use their lived experience explicitly and intentionally to instill hope and afford practical assistance within the context of an empathetic and therapeutic relationship” (Zeng and Chung 2019, 106). In other words, peer navigator are well positioned to provide mentorship as a strategy when appropriate. A variety of characteristics could make someone a “peer,” including: their race or ethnicity/cultural background, their “community of residence” (Sanders, Winters, and Fiscella 2015, 388), their mental health or substance use history (Gagne et al., 2018), their history with a particular challenge (in the healthcare literature, this is often a particular disease) (Portillo, Goldberg, and Taxman 2017; Solomon 2004), their criminal justice history (Portillo, Goldberg, and Taxman 2017), and other shared experiences. A host of different titles are used to reference peer navigators as well, including: peer specialists, peer providers, consumer providers (Zeng and Chung 2019), forensic peer specialists (in criminal justice settings) (Gagne et al., 2018), peer advocate, peer companion, and peer counselor (Solomon 2004). That said, the definition of “lived experience” and “peer-ness” remains somewhat ambiguous and is a topic for further exploration within the research literature, particularly around the relative importance of shared demographic characteristics compared to shared experiences facing the same challenges (e.g., in the context of a homelessness-focused program, a peer
who may not share the same heritage as a participant but also experienced homelessness compared to a peer who shares the same heritage but has not been homeless).

Research on peer support work is reportedly growing (Barrenger, Hamovitch, and Rothman 2019; Gagne et al., 2018). Although newer to social initiatives such as criminal justice (Barrenger, Hamovitch, and Rothman 2019; Portillo, Goldberg, and Taxman 2017; Walker, Bishop, Trayler, Jaeger, Gustave, and Guthrie 2015), it is more well established in mental health (Gagne et al., 2018; Portillo, Goldberg, and Taxman 2017), substance use (Portillo, Goldberg, and Taxman 2017), and oncology fields (Kelly, Doucet, and Luke 2019). Many peers “work for or with” professional staff (Portillo, Goldberg, and Taxman 2017, 320) as part of multi-disciplinary teams. In addition to directly serving the client, when on teams, peers are valued for their unique expertise because of their lived experience and regarded “as models of recovery to the team” (107). Peer relationships in this professional capacity are “time limited, ceasing when peers have learnt how to access help or resources around them” so as not to be confused with general friendships (Zeng and Chung 2019, 107). As all other navigators, peer navigators connect clients to community resources around housing, employment, education, and other social services (Gagne et al., 2018).

Why use peers?

There are several rationales for using peer navigators, the primary one being the “authentic empathy that those with similar lived experiences bring” (Portillo, Goldberg, and Taxman 2017, 320). Not only do peers have an intimate understanding of the clients’ situation and the systems they will have to navigate (Barrenger, Hamovitch, and Rothman 2019), but they also offer, according to published literature, a genuinely judgement-free zone for expression and trial and error “without fear of negative consequences” (Zeng and Chung 2019, 113). Peers often have experience with “nonlinear pathway[s]” to resolving their challenges, particularly with regard to mental illness and criminal justice. This reportedly makes navigators more understanding that clients may fail along the way or need to take an indirect approach to goal attainment (Barrenger, Hamovitch, and Rothman 2019, 14) and, thus, “reduces stigma” clients may feel as well (Walker et al., 2015, 451). Peer navigators are also able to build a level of trust and support “based on mutuality, respect and hope” (Zeng and Chung 2019, 107) as they can model what recovery looks like to the client (Barrenger, Hamovitch, and Rothman 2019; Portillo, Goldberg, and Taxman 2017; Zeng and Chung 2019).

Through their empathy, peers “enhance perceived level of social support” (Walker et al., 2015, 451), helping clients “feel understood and valued” in “a relationship that is more balanced in power” (Zeng and Chung 2019, 113). The social support and role modeling done by peers help increase clients’ self-efficacy – their “belief that they can manage a situation effectively” (Walker et al., 2015, 451). Social support is one of five theories that have been used to explain the success of peer support in mental health practice. The others include: “experiential knowledge, helper-therapy principle, social learning theory, and social comparison theory” (Solomon 2004; 394).

No matter which theory can best explain peer support in one particular context over another, the evidence confirms that peer support is beneficial, with some research noting that “peers were as effective, if not more effective, than traditional service providers” (320). Programs that included peer supports were “more
successful at promoting hope and belief in the possibility of recovery; empowering clients and increasing their self-esteem, self-efficacy, and self-management of difficulties; and social inclusion, engagement, and increased social networks than professional staff working on their own” (Portillo, Goldberg, and Taxman 2017, 320).

Other benefits of using peer navigators include the ability to “leverage” their “community connections” for the purposes of participant outreach and engagement (Haywood et al., 2017, 228) and to increase the “legitimacy” of the navigation program among potential participants.

**Mechanisms of peer approach**

In 2015 the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) developed a list of core competencies for peer workers (who may do navigation work) (Gagne et al., 2018). While there are 62 core competencies listed in the document (SAMHSA 2015), the foundational principles that guide these are: recovery-orientation, person-centered, voluntary, relationship-focused, and trauma informed (SAMHSA 2020).

The way peers embody these principles and facilitate the approach was detailed in one study that described how peers in a particular program operated on a “stepped model” that was “reflective of the non-linearity of the [peer to client] relationship, as well as the [client’s] recovery. [Peers] could go back and forth along the continuum with some uncertainty until their [clients] exited the relationship” (108). The first step in the model was to “create a safe space,” the second was the “working partnership,” and the third was “stepping out” or the ending of the relationship (109):

- “Creating a safe space” entailed meeting clients where they were, letting them lead in terms of how much they open up (“working... at a pace that suited them”) (108), making personal connections to build the relationship, creating a sense of hope, following through on commitments (e.g., texting a client at the original time stated), and creating a space where clients could “practice new behaviors” (110).

- Clients and peers moved into the “working relationship” step after enough of a “safe space” had been established that clients were comfortable being “challenged by their [peer] to experiment with new ways of thinking and being” (110-111). During this step, peers and clients would do goal setting, create a plan to fulfill the behavioral goal, and practiced accountability. Peers often used “role modeling, storytelling, and cognitive strategies” (111) during this time. Role modeling might entail accompanying a client to their first session in a program. Storytelling might entail sharing personal stories from one’s past or using “metaphors to challenge unhelpful cognitive schemas and offer a hopeful perspective to their peers” (e.g., the client turning on a lantern the peer gave them every time they were going to enter a certain headspace) (111). Cognitive strategies might entail challenging anxieties by entering into a slightly stressful situation for the client with a clearly established word to exit the situation (“just [the] right [amount]” of challenge) (112).
• The "stepping out" phase might occur because a client's goals were met, the time constraint of the relationship was reached, or a client was no longer engaged in the process of growth (either because they were no longer active or did not seem interested in growth when they were physically present). Peers noted that from the beginning of the relationship they emphasize that there will be an eventual conclusion to the partnership and thus the client needed to consistently work on their growth and self-reliance.

Interviewed peers in the study also noted that it was important that they had a strong, positive sense of self to help make a connection and establish the relationship as a nonjudgmental space. It was also important to “enable their [clients] to differentiate their identity from their [mental] illness” and to treat them “as a person rather than an illness” (Zeng and Chung 2019, 110).

The details in this mental health example are also echoed in peer programs in other fields. In a different study within the criminal justice field, where peer navigators were interviewed on what they believed were the key components to establish a successful peer to client relationship, navigators identified the following: intentionally disclosing one’s past that made them a peer, showing respect in how they addressed clients, using a “relational and nondirective manner” (13) that did not push clients but instead met them where they were, encouraging self-determination by giving clients “the space to fail or succeed on their own terms” (13), and acting as a role model for change and example of what a future for a client might look like. Altogether, these actions instilled hope for clients and built “relationships on trust acceptance, and empathy” (10) that “signaled to the consumer that this worker was different from other workers” (Barrenger, Hamovitch, and Rothman 2019, 13).

Research indicates that the central mechanisms of the peer approach should be integrated into training programs. As suggested by Zeng and Chung (2019), the following topics should also be included when orienting peer navigators to the work: self-awareness; reflective practice; self-care; therapeutic use of self (which includes how to share their stories); building trust; ... behavioral goal setting; [and] identifying and developing tools to recovery” (113-114).

Impact on the peer navigator

Working as a peer navigator reportedly has a positive impact on peers in terms of their self-esteem and confidence, ability to cope with challenges, and “sense of empowerment and hope” (Solomon 2004; 396) as the process reaffirmed how far they had come in their own journey and made their past meaningful (Cheng 2017; Walker et al., 2015). As one author who spent time interviewing peer navigators wrote, “Learning that these experiences, which had once been a source of shame or regret for them, were now valuable to their work as peer specialists was liberating and self-affirming. Being able to work despite past felony convictions helped to recast peer specialists’ lived criminal justice experiences” (Barrenger, Hamovitch, and Rothman 2019, 11). Seeing others with incarceration histories be able to find fulfilling work, and professional work at all, was also inspiring for clients (see Snapshot on client perspective for more). One peer navigator shared that he was inspired and helped by “a formerly incarcerated worker prior to his release from prison,” which helped make his own successful reentry to society possible. Another said, “It's to give somebody a little hope that, 'Wow, maybe there is hope for me to get a job.' Because people be thinking,
‘Because I’ve been mentally ill and hospitalized for so long that nobody’s going to see me as a…valid…to the…agency…they won’t get past the background.’ But [I’m] showing you that if you show some stability for a while people will give you a chance’ (Barrenger, Hamovitch, and Rothman 2019, 14). Research in a scoping review also found employment within a navigator role led to “promot[ions] to supervisory roles” for some and enabled others “who were professionally trained in their home countries…to redevelop as professionals to work in the U.S.” (Valaitis et al., 2017, 126-27).

Peers shared some cautions about the work too, though. For example, while disclosing one’s status or history was imperative to building a connection, peers needed to be careful about sharing too much, in part to ensure the conversation did not turn “competitive.” One peer navigator in the criminal justice field explained, “I had to learn boundaries . . . [So now] I do not have to go into specifics or what I’m doing or what I’ve done because it might bemisinterpreted” (Barrenger, Hamovitch, and Rothman 2019, 13). There should also be caution to ensure “that the emotional labor of peer provision [does not] take a toll on [peers], resulting in stress, anxiety and burnout” as some research has suggested. Training peers on self-care and reflective practices, however, can help them walk the “fine line between retreating to reflect on the influence of their own recovery on their peers; and advancing confidently in their practice knowing that they have healed sufficiently” (Zeng and Chung 2019, 113).

**Case Study of Navigation in Criminal Justice**

In Washington D.C., the DC-RISES program uses a team of two peer navigators, a social worker, a staff attorney, and a legal intern to help “formerly incarcerated individuals with mental health diagnoses reenter their community” (319). The program removes barriers for clients by connecting them to resources, “provide[s] direct advocacy and education to the public” through community outreach and trainings, and tries to “influence local government to adopt a public health model” as it works closely, though informally, with the criminal justice system to identify potential clients (323).

The peer navigators mirror the identities of the program’s clients as they each have been diagnosed with a mental illness and were formerly incarcerated. One focuses on traditional navigation referral services and “supportive… social engagement” to aid “deinstitutionalization and independence” as the client advocate while the other is more of a community organizer that “conven[es] self-help groups, empowerment, and skill-building trainings for criminal justice/mental health system survivors, family members, and allies” (323). The staff attorney, legal intern, and social worker also have clearly defined roles, but researchers found that responsibilities between all staff members are more mixed in reality. For example, while case management might theoretically be the responsibility of the social worker along with diagnosis and therapy support, whichever staff member is assigned to the client in the beginning becomes their case manager. In theory that individual is solely responsible for creating a case plan for the client and maintaining the case file, but because clients typically work with multiple staff members, the case file is often edited by others. This can result in a bit of an inconsistent record of meeting notes,
tracked applications and services, and client objectives, particularly because the other staff members without social work’s professional training are “learn[ing] ‘as they go’” (334).

Interviewed clients of the program spoke highly of the peer navigators. They viewed navigators as an inspiration for their successful reentry and mental health management, so much so that some clients shared they were interested in becoming peer navigators themselves in the future. Clients generally felt close to navigators, particularly the client advocate who worked with them directly, which “increased [their] trust in DC-RISES as a whole” (332). Clients spoke about peer navigators as role models, “resource brokers,” and organizational legitimators in the sense that the organization clearly cared about improving the well-being of people like them since they employed the peer navigators (329).

While the peer navigators’ identities helped foster almost immediate rapport with clients, they presented challenges in other aspects of the job. For example, peer navigators could not enter correctional facilities to recruit potential participants because their incarceration histories prevent them from visiting inmates. Similarly, peer navigators had difficulty connecting with and being treated legitimately by their clients’ parole officers (especially the peer navigator who was still on probation). As researchers point out, parolees are generally prohibited from interacting with other individuals convicted of felonies so, if they wanted to, “a probation officer [could] forbid an offender from working with a peer at DC-RISES” (335). Alternatively, the social worker’s identity as a certified professional helped bring legitimacy to the organization among other service providers. As clients in the program explained “the social worker was able to ‘get things done’ and ‘be taken seriously’” (Portillo, Goldberg, and Taxman 2017, 335).

Ties to social work

Navigation’s biopsychosocial approach, use of case management, and utilization of a “strengths-based” approach that focuses on preexisting resources in the community tie in very well with the field of social work (Darnell 2013, 123). The two practices also “share common value[s] of…social justice; client and community empowerment and commitment to culturally appropriate, effective, and sustained change” (Spencer, Gunter, and Palmisano 2010, 169).

These commonalities aside, there is little representation of navigation in social work literature (Browne et al., 2015; Spencer, Gunter, and Palmisano 2010). Authors attempting to conduct literature reviews of navigation in social work specifically found that common navigation titles, like Community Health Worker (one of the most common titles given navigation’s history), were “largely absent” in the literature and described navigation in the field as “fairly invisible” (Spencer, Gunter, and Palmisano 2010, 176). Instances where research covered social workers employed as navigators were more likely to be found outside of journals aimed at social workers (Browne et al., 2015). More likely sources of literature were “peer support and paraprofessional” fields (Spencer, Gunter, and Palmisano 2010, 176). Of articles that described social workers in navigation roles specifically, many “were published since 2010, suggesting that social work is making headway in this area” (Browne et al., 2015, 163).

Within articles where social workers practiced navigation, social workers were involved in direct navigation service, training of navigators, supervision of navigators, and “interdisciplinary teams, designated to work
on more complex cases.” Notably, social workers in some studies “provided clinical interventions for individuals with depression” (160). When working alongside lay navigators, social workers may act as the supervisor, “liaison between the lay patient navigators and case managers,” or mentor on an ongoing basis (160-162). Master’s level social workers were typically employed. All studies reported positive patient outcomes, such as “recommended medical treatments and follow-up appointments, higher patient satisfaction... increased emotional well-being, reported shorter times to diagnosis and testing... and improvement of patient insurance status” (Browne et al., 2015, 162).

In addition to the fact there has been an increase in social work literature on navigation over the last decade (Browne et al., 2015), there have been explicit arguments made within discourse on social work to push navigation into the conversation and encourage social workers toward the practice (Browne et al., 2015; Darnell 2013; Spencer, Gunter, and Palmisano 2010). The first call appears to be from 2007 when “Darnell first argued for the profession of social work to be called to action and leadership in patient navigation” (163). The sentiment was echoed by other scholars, groups like the National Association of Social Workers, and “experts including Dr. Freeman” in recognition that the social workers would be well prepared to undertake the work (Browne et al., 2015, 158). The passage of the Patient Protection and Affordable Care Act amplified the conversation as scholars believed its call for “case management,” “care coordination,” and “care management” (Darnell 2013, 123) created “an opportunity [for social workers] to be leaders in patient navigation in health care reform” (Browne et al., 2015, 158). On an even larger scale, academics argued that at least coordinating with navigators would reflect a commitment to ensuring “culturally competent practice in social work,” would “aid in our national shortage of providers of color” (171), and would help “further social worker’s interdisciplinary agenda” while working with “ready and natural allies... who share the common goals of social justice and culturally appropriate services” (Spencer, Gunter, and Palmisano 2010, 177). Within this context, however, there is a notable gap in the literature on the role of social workers in navigation programs outside of the health field, which positions the Community Navigators Program to provide relevant insights into this topic area.

**Snapshot on client perspectives within the research literature**

The relational aspect of navigation – particularly when using peers – is based on viewing clients as a whole person and treating them with empathy. This approach is generally well received by clients as they recognize that navigators “tak[e] the time [to] listen to their stories, get to know them as people, and not treat them ‘like you are less’” (The Denver Foundation n.d., 2). Studies that interviewed navigation clients directly reported that clients appreciated navigators’ “genuine friendliness,” “heartfelt concern,” “patience[ce] and flexibility” (32), “reliability,” “nonjudgmental encouragement,” “problem-solving abilities,” and “persistence in addressing client dissatisfaction with medical care” (Roland et al., 2020, 31). Clients explained that they were validated because they simply felt heard (Schaffer et al., 2018, 16). Relationships with navigators were described as “comfortable and familial” and authentic given that navigators sometimes “provid[ed] assistance beyond their navigator duties, or [were] available after hours to talk” (31). Despite the fact that navigation services are said to have a particularly positive influence on increasing perceived sense of social support for those with limited social networks, clients with both “strong” and “limited” networks “consistently endorsed the navigator’s
support.” Additionally, “compared with other service providers” clients shared that “navigators provided more support and paid closer attention to their needs” (Roland et al., 2020, 32).

In terms of personal outcomes, clients reported having a higher self-esteem (The Denver Foundation n.d.), a greater “sense of empowerment” (Schaffer et al., 2018, 16), increased hope and sense of worth (Roland et al., 2020), and “an increased desire to give back to their communities” (The Denver Foundation n.d., 2) because of navigation services. They viewed navigators as role models (Portillo, Goldberg, and Taxman 2017; Roland et al., 2020) and sometimes “described the timing of the navigator coming into their lives as inspired or ordained, the navigator ‘finding them when they needed to be found’” (33). Clients, in HIV-based navigation support at least, were reportedly more appreciative for navigators’ assistance with nonmedical resources—such as housing, insurance, or substance use treatment—than assistance with medical services (Roland et al., 2020).

In instances where peer navigators specifically were used, clients reported being inspired at the sight of a peer finding employment (Barrenger, Hamovitch, and Rothman 2019) and successfully managing their illness (within the context of healthcare-related navigation) and their reentry back into society. Organizations that hired peers were also considered more “legitimate” in their mission of helping individuals like them (Portillo, Goldberg, and Taxman 2017), which helped make peers more receptive to them and the engagement “more meaningful” (Roland et al., 2020, 32). Clients also highlighted the emotional support peers provided that made them feel “more at ease and confident” (Walker et al., 2015, 450).

The connections formed with navigators sometimes make it difficult for clients at the end of the program. Some clients reported anxieties or sadness around the ending of navigation services, even those who felt “prepared to manage their own care.” Part of the nervousness for some relates to their disinterest in “establishing new relationships with their next care provider because of the emotional burden of continuing to disclose their story to people over and over again.” For others, they simply may want to, and plan to, “maintain a relationship with their navigator” (Roland et al., 2020, 32).
Opportunities to further the research literature

The field of peer navigation is at a moment of growth and transformation as the model continues to expand from physical and mental health fields to a broader array of community-based settings (Browne et al., 2015; Kelly, Doucet, and Luke 2019; Portillo, Goldberg, and Taxman 2017; Schaffer et al., 2018; Spencer, Gunter, and Palmisano 2010). While there is a robust array of articles published on the topic of peer navigators, the literature on this approach is not well-covered outside of the healthcare setting. In fact, the role of peer navigation, as a distinct concept, is considered “fairly invisible” in the field of social work, an otherwise closely aligned program area (Spencer, Gunter, and Palmisano 2010) and one that is particularly relevant to the work of the Community Navigators Program. Also absent from the research literature are concrete findings on programs that are broad in their service areas (e.g., addressing multiple needs at once) but specific in communities being targeted. Within this context, the Community Navigators Program and its associated stakeholders are especially well-positioned to make major contributions to the field of knowledge around peer navigation models and strategies. In particular, findings from the Community Navigators Program could be used to support, or give nuance to, the applicability of health-related findings to this broader arena.

In addition, the following specific topic areas emerged as areas for growth within the literature to which findings from the Community Navigators Program could add significant value:

- Role of social work and case management in peer navigation models
- Definitions of “peer-ness”
- Defining community navigation as a clear concept
- Strengths and challenges of program models that target specific demographic groups
- Strengths and challenges of program models that address multiple needs at the same time
- Use of informal community networks and “lay” navigators by formal programs
- Role of navigator programs as formal and informal opportunities for career growth
- Impact of between-peer dynamics on navigator program operations
- Outcomes for peer navigators

In addition, several topics that Community Navigators Program staff are currently grappling with could inform the literature. Specifically, there is a general absence of promising practices in the areas of:

- Case duration and closure – choosing the optimal length of engagement
- Data collection and tracking – how are data best used for program improvement and reporting
- Challenges of the peer-mentor approach – what are the risks associated with program models that prioritize lived experience when selecting navigator candidates
- Comparative advantages of recruitment strategies – how can participants best be informed of a navigator program, recruited to the program, and engaged in the services
The latter is a particular gap due to the fact that the majority of research on peer navigation relates to programs with defined "captive" audiences such as pre-existing participants in an associated program, patients in a hospital or outpatient clinic, or members of an organization.

Finally, the current state of the literature is largely lacking in the evaluative rigor necessary to support an expansion of funding in this program area. Current literature reviews indicate that most navigator research is either descriptive or without clearly defined research methodology (Valaitis et al., 2017). Plus, there is a particularly limited amount of evaluative research (Carter et al., 2018; Valaitis et al., 2017). Even studies related to the cost-effectiveness of the programming, a concept that is referenced as a benefit to navigation and case management more generally (Browne et al., 2015; Darnell 2013; Solomon 2004; Spencer, Gunter, and Palmisano 2010; Valaitis et al., 2017), are limited (Spencer, Gunter, and Palmisano 2010). Research on the effectiveness of navigation is also complicated by “the high degree of variance” of programming, as most programs are only studied and referenced once, not replicated at multiple sites (Carter et al., 2018). Finally, current research also leaves unanswered the question of which navigator characteristics or navigator mechanisms account for the documented success that does exist (Barrenger, Hamovitch, and Rothman 2019; Spencer, Gunter, and Palmisano 2010). There is a current need for future studies around navigation that “link mechanisms to their theoretical underpinnings” and “peer work in general to recovery-oriented concepts and outcomes” Barrenger, Hamovitch, and Rothman (2019). This fully supports the intent of the CUNY Institute for State and Local Governance to encourage a rigorous outcome study at the close of the present implementation evaluation.
Benchmarks of community navigator and similar programs

In support of this literature review, Metis conducted a limited benchmarking of seven navigator and training programs. To the extent possible, an overview of each organization’s approach to navigation, training, and outreach and engagement is presented.

1. National Partnership for New Americans’ Community Navigator Training Program

The National Partnership for New Americans (NPNA) is a multiethnic and multiracial coalition of over 30 influential immigrant serving organizations throughout the country. As a whole, the NPNA is interested in policy transformation, advocacy, and organizing; empowering immigrants with knowledge of their rights; and supporting immigrants through various needs, including the nationalization process and leadership and professional development. The Community Navigator Training Program acts in service to these needs.

Approach to navigation: NPNA views community navigators (sometimes referred to as Promotores in their documents) as liaisons connecting people to legal and social service providers, knowledge brokers who empower residents, and supporters who may help individuals with applications and in their search for counsel. They help maximize resource utilization for the immigrant community (for legal-based services and programs in particular) and support community outreach and organizing efforts through the information they share. Community Navigators come from within the community and often act as advocates, interpreters, and mentors. NPNA views community navigator training as a leadership development strategy.

Approach to training: The Community Navigator Training Program was developed with the Committee for Immigration Reform Implementation (CIRI) and offered through CIRI Regional Teams who work with NPNA affiliates. While there are no official criteria to participate, the program is geared to those already active in the community who may be identified as leaders, such as staff personnel at partnering organizations. (Several of the organizations within the NPNA coalition include navigator support as one of their services.) The training primarily focuses on information that would support NPNA’s larger goals – how to disseminate information on legal services and policies and support immigrant community members. Participants receive information on “local legal defense fund models, working with local consulates and other partners, family preparation and planning, asset protection, and screening to identify other forms of relief” as well as NPNA’s resources for their Know Your Rights campaign and deportation defense and naturalization work.

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10 Additional programs of interest were the Peer Training Institute (of the Alliance for Positive Change), the DC Department of Youth Rehabilitation Services Credible Messenger Initiative.
Training Modules for the standard curriculum include:

- Module 1: Background and Introduction to Community Navigators (CN)
- Module 2: Immigration 101 (law concepts and avenues to seek legal status)
- Module 3: Administrative Relief (DACA and DAPA programs)
- Module 4: Defending Administrative Relief (community organizing angle to DACA)
- Module 5: Avoiding Unauthorized Practice of Law (UPL), Identifying Legal Help, & Reporting Victimization (including information on making legal referrals)
- Module 6: Screening (for DACA/DAPA and screening for other forms of relief)
- Module 7: Preparing Documentation
- Module 8: Application Assistance

Other resources provided include PowerPoints on: An Executive Order Recap, Know & Exercise Your Rights, Deportation Defense Fight Back, Prepare an Emergency Plan for your Family, and ICE Enforcement: Small Businesses and their Customers. There is also a “201” curriculum focused more on “deportation defense, other forms of relief, naturalization, workers’ rights, and DACA.”

Reported outcomes and best practices: According to their website, “NPNA has trained over 9,400 Navigators” who have thus “assisted more than 39k people through Know your Rights, Naturalization, and Deportation Defense trainings.”

2. The Navigator Certificate in Human Services and Community Justice

*Training program*

The Navigator Certificate in Human Services and Community Justice is a certificate program offered through the Institute for Justice and Opportunity, located at John Jay College of Criminal Justice. The Institute, dedicated to removing barriers for previously criminally involved individuals, offers several career and educational pathway programs and engages in advocacy work to change policies.

**Approach to navigation:** The Institute views previous lived experience as a key to navigation work and essential to making human services effective. In its overall goal of helping individuals after criminal justice involvement, the Institute recognizes those with previous criminal justice experience as “uniquely equipped” to supporting their target population. The certificate program thus serves two goals – creating a group of people prepared to successfully help previously criminally involved individuals fulfill needs and creating a new skillset for previously criminally involved individuals to open up employment opportunities for them.

**Approach to training:** The Navigator Certificate program is offered to New York state residents 18 and over who “have lived experience in the criminal legal system,” have a high school diploma or equivalent, and are “employed or seeking employment in a human services position (e.g., peer mentor, community navigator, credible messenger, violence interrupter, outreach specialist, or reentry specialist).” Participants must complete an online application and in-person interview prior to acceptance. The program is completely free to participants as it is “fully funded by the NYC Mayor’s Office of Criminal Justice.” The program is offered twice a year for 16-weeks of 2-night a week classes, totaling over 100 hours of instruction, and includes field research and field placement. The curriculum is described as a mix of “the theory and ethics of human services with the development of key skills”
and is “rooted in self-reflection and discovery of personal voice [as] navigator students engage with coursework through the lens of their lived experiences.”

The curriculum includes:

- Theoretical Framework for Human Services – an overview of the human services sector, approaches to helping people and communities, how demographics play a role in criminal justice and human services inequality, how communities and individuals are the drivers of their own growth, and ethical standards of the National Organization for Human Services
- Professional skills – self-exploration and reflection, self-care for human service practitioners, impact of lived experience in human services work, Social Resilience Model (SRM) neuroscience concepts, navigating organizational culture, and communication with colleagues, supervisors, and clients
- Introduction to human skills – navigating social services, service needs assessments and referrals, motivational interviewing, case notes, referrals letters, searching for services online, accessing online resources and databases, and using mobile platforms
- Career pathways and work readiness – professional resume and cover letter, job search skills, mock interviewing, rap sheet review and clean up in partnership with Community Service Society, Know Your Rights workshop in partnership with Community Service Society, and career planning

Based off of the application, the program appears to have promotional ties with the Fortune Society, Housing Works, Getting Out and Staying Out (GOSO), the Osborne Association, Friends of Island Academy, Prison to College Pipeline (P2CP), New York state correctional facilities, Rikers, the Women’s Prison Association, and Fedcap. Current students at John Jay College can also receive credits toward their degree from this certificate.

3. **NY Court Navigators*  
   *Embedded service*

The NY Court Navigators program is an embedded support service available for nonpayment proceedings in Housing Courts in Brooklyn, Queens, the Bronx, and Manhattan, and in Consumer Debt cases in the Bronx Court.

**Approach to navigation:** The goal of the program is to provide one-on-one support to litigants without an attorney during their court experience. Court Navigators aid these litigants in understanding what to expect in the court experience, finding information about the law and how to find a lawyer, completing court forms, keeping paperwork in order, accessing interpreters and other resources that may assist in resolving their case (both within and outside of the court), and providing moral support. Navigators may also accompany litigants in the courtroom, but cannot voluntarily address the court (only answer factual questions if asked by the judge) and are forbade from providing legal advice.

**Approach to training:** Navigators are non-lawyer volunteers who receive a three-hour training seminar and a training manual, and are supervised while volunteering. The volunteer opportunity is geared toward interested college students, as it is promoted on the court’s website as a means of fulfilling student internship requirements, but “other persons deemed appropriate” may also become
Navigators. Navigators are trained either at one of the Civil Court of the City of New York courthouses or at their schools.

Training topics include:

- Civil and Housing Court Overview
- Basics of Consumer Debt Cases and Nonpayment Proceedings
- Interviewing and Communication Skills
- How to use the Do It Yourself (DIY) Computers available to litigants in the courthouse to search for information and fill out court forms
- How to use the Law Help website available to litigants to find out information about the law and how to find a lawyer

After completing training, Navigators are required to volunteer for a minimum of 50 hours within three months. They will receive a certificate of recognition upon completing the 50 hours.

Approach to outreach and engagement: Program mainly is advertised through the NYC Housing Court system. Generally, any unrepresented litigant is eligible; although, the Brooklyn Housing Court has some additional requirements of who may receive this service (e.g., litigants from specific zip codes are directed to a different support). The volunteer opportunity to become a Navigator has also been listed on the NYC Service website.

Reported outcomes and best practices: The first iteration of this program consisted of three separate pilot programs that operated with different Navigator groups (two volunteer groups and one non-profit caseworker staff group). The programs were evaluated altogether under the umbrella of New York City Court Navigators by the American Bar Association and the National Center for State Courts, with support from the Public Welfare Foundation. For the two programs that utilized volunteer Navigators, the evaluation found those who received help from navigators were 56 percent more likely to say they were able to tell their side of the story to court, according to surveys, and, according to case files, 87 percent more likely “to have their defenses recognized and addressed by the court.”

* The program was suspended in New York City at the start of the Covid-19 Pandemic. A virtual program was piloted in June and July 2021.

4. Community Health Worker Network of New York City

   Embedded training program

The Community Health Worker Network of New York City (CHW) is a professional association of community health workers made up of over 1000 members from 250 organizations in NYC. CHW is interested in “advancing the community health worker practice” through education, advocacy, and research with academic and medical institutions. CHW’s education programs include individual community health worker training and organizational training for companies looking to incorporate community health workers.
Approach to navigation: CHW describes community health workers as “frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve,” thus making them natural links between the community and services. CHW believes community health workers have the potential to increase cultural competence of service delivery and also build up individuals’ and the community’s capacity to self-advocate for their health needs. Given that social justice is a central value to community health workers, they also engage in informal counseling, social support, community education, and outreach in additional to serving as a liaison to services.

Approach to training: CHW offers 35-hour and 70-hour training options. There are no stated requirements to participate in training, but the work is geared to those working in the health care field. CHW can also provide additional disease-specific training modules in the following areas that would provide up to 35 extra hours of training: Asthma, Cardio-Vascular Disease, Diabetes, Hypertension, and Nutrition.

The CHW curriculum includes the following topics:

- Course Introduction, Overview and Orientation
- Health, Public Health and Healthcare (including social determinants of health)
- CHW History & CHW Roles, Skills, Tasks (including roles and skills, code of ethic, social justice perspective)
- Communication I & Conversation II (including compassionate conversation, positive action statements, and making suggestions)
- Cognitive behavioral therapy (including adult, moral, and dimensional development)
- Adult Learning Theory and Practice (including popular education)
- Theories of intelligence (including Kolb learning styles)
- Positive Psychology - Informal Counseling (including empowerment approaches)
- Behavior Change Theories and Practice (including tailored interventions, goal setting, and transitions and behavior management)
- A 70-hour course: Communication III (including nonverbal communication and giving thanks)
- A 70-hour course: Social Constructionism - Informal Counseling II (including privilege and status, and power inequalities)
- A 70-hour course: Humanistic Psychology-Informal Counseling III (including interpersonal relationships, mentoring/coaching/counseling, and community building)
- A 70-hour course: Training & Group Facilitation (including roles of a trainer, overcoming fears of training, and facilitation and group facilitation)

5. Fortune Society

*Embedded service*

The Fortune Society is an organization dedicated to supporting previously incarcerated individuals’ reentry to society and advocating for a “fairer criminal justice system.” The Fortune Society provides a broad range of direct services in housing, employment, education, family, mental health treatment, health, benefits access, food and nutrition, care management, creative arts, recovery, alternatives to incarceration programming, and preparing for release. The Fortune Society also has an in-house policy center, David Rothenberg Center for Public Policy, that engages in “advocacy, technical assistance,
training, and community education efforts.” They focus their efforts on “promot[ing] effective program models for people with criminal justice histories, and chang[ing] counterproductive laws and policies that prevent this population from successfully reentering the community.”

**Approach to navigation:** While the organization as a whole focuses on building individual relationships with participants and is purposefully staffed by peers with similar “lived experiences” to the population they serve (be it previous criminal justice involvement, substance use, homelessness, or shared racial and ethnic identities), navigators are specifically used in services that address health needs. Peer Health Navigators at the Fortune Society work with case managers and health educators to: conduct outreach, assist with educational sessions, assess client needs, retain clients through engagement efforts, coach clients on self-advocacy and self-management, assist with interventions, and accompany clients to appointments. Like other staff members, ideal navigators are “reflective of the communities/populations being served,” be it through bilingual status, racial or ethnic identities, LGBT identity, or other shared lived experiences.

Outside of the explicit use of navigators, the Fortune Society employs tactics similar to navigation through case management and referral supports in various services. All new participants in any Fortune Society programming are also offered support in accessing public benefits and connecting “with expert advice to help them with a wide range of issues, such as child support, evictions, accessing criminal records, and more.” The Fortune Society also employs peer coaching to help those with substance use disorders “navigate reentering society” and motivational interviewing and cognitive behavioral and dialectical behavioral strategies when working with the same population.

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**6. GMHC**  
*Embedded service*

GMHC a HIV/AIDS service organization that provides direct services to those living with HIV/AIDS and advocates “for fair and effective HIV/AIDS policies at the local, state, and federal levels.” GMHC seeks to address social determinants of health that prevent access to adequate care and treatment and/or have a negative impact on one’s health. Its direct services include HIV and STI testing, housing support, assistance accessing benefits and health insurance, food and nutrition, mental health and emotional support, substance use counseling, workforce development, and legal assistance.

**Approach to navigation:** GMHC believes in the peer approach to navigation. It utilizes Client Navigators in its Mental Health program to assist clients in addressing barriers to a range of services, such as: mental health services, substance use treatment, primary medical care, housing, entitlements and benefits, and other social services. Navigators have a host of responsibilities that are client-facing, internal-facing, and external facing. Responsibilities include:

- Conducting intake appointments for potential participants for GMHC Mental Health and Substance services
- Assisting clients in accessing services, completing forms, and confirming eligibility, or completing necessary steps on behalf of clients
- Educating and monitoring clients on barriers they are facing
- Utilizing engagement strategies with the client
- Accompanying clients to appointments
- Monitoring whether client appointments are kept
- Maintain GMHC’s electronic health records on client’s use of services
- Collaborating with in-house staff on referrals
- Collaborating with program clinicians and external organizations on service delivery successes and barriers
- Acting as a programmatic representative to external organizations and conducting outreach as necessary
- Coordinate with and support case managers and/or counselors of clients
- Attending regular meetings with the Mental Health Team to support their work
- Facilitate psychoeducational groups on topics such as mental health, self-management, and medication

**Approach to training:** Certification through the New York State Department of Health AIDS Institute Peer Worker Program is preferred for this role. Specifics on in-house training were not provided.
References


