

Job Posting

First Link Care Navigator

The Alzheimer Society of Sarnia-Lambton (ASSL) is a community support service organization that provides programs and services to people living with dementia and their care partners in Sarnia-Lambton. We work closely with other service providers to ensure quality care and support for our clients.

We employ administrative and fund development staff, educators, social workers, nurses, therapeutic recreation staff, personal support workers and volunteers who work together as a team to meet the needs of people living with dementia and their care partners.

We recognize the value and dignity of each individual and ensure everyone has genuine, open, and unhindered access to employment opportunities, free from any barriers, systemic or otherwise. We are dedicated to building a diverse and inclusive work environment, where the rights of all individuals and groups are protected and all members feel safe, respected, empowered, and valued for their contributions.

Our values include collaboration, accountability, respect, empowerment, and excellence and are the guideposts we use for decision-making of all kinds. We believe that this will guide the organization toward a place of inclusion for all - where equity and access to essential supports and services becomes the reality.

The First Link Care Navigator is responsible for coordinating and integrating support and services around the person living with dementia and their care partner. In this direct client service role, they will be the key “go-to” person for families after a dementia diagnosis, with responsibility for identifying needs, supporting self-management goals, and strengthening the communication and care planning linkages between providers and across sectors along the continuum of care. The First Link Care Navigator will strive to ensure that every person diagnosed with dementia and their care partners have timely access to information, learning opportunities and support when and where they need it in order to achieve the following outcomes:

- increase system capacity to provide families facing a dementia diagnosis with system navigation support
- improved client experience and health for the person living with dementia and their care partner(s)
- greater care partner capacity and competency to effectively manage their role and reduce incidence of crisis situations
- enhanced capacity for the person living with dementia to remain in their own home and community for as long as possible

What you will be doing

Initial Contact, Assessment and Care Planning:

- Gather information, conduct or review relevant assessments, and meet with clients (people living with dementia and care partners) to identify current and future needs, goals and level of risk.
- Establish appropriate intervention plans with internal and external resource matching to meet bio/psycho/social needs using a person/family-centered approach
- Identify needs related to care coordination across service providers and outline responsibilities of all parties

- Pro-actively manage incoming First Link referrals to facilitate early intervention and ensure that clients (people living with dementia and their care partners) have a named point of contact for care navigation support as early as possible before and/or after diagnosis, when required
- Writes clear, concise case notes according to ASiO's SOAP Documentation Standards.

Navigation and Care Coordination:

- Support clients in navigating the system to access appropriate learning opportunities, support services, care and resources as identified in their individualized plan of service
- Pro-actively facilitate and advocate for linkages, communication, information exchange and coordination between clients and service providers along the continuum of care
- Facilitate regular and ongoing care conferences between clients/care partners and all members of client/care partner care team. This may include in-person meetings and use of a range of technology options and/or accommodations, including language translation services, video conferencing, etc
- In collaboration with internal and external parties, engage in problem solving and develop strategies to address/overcome barriers in effective coordination/integration of supports and services
- Leverage and maintain positive working relationships with physicians, health care professionals, health and community support service providers (e.g., hospitals, primary care, mental health, BSO, long-term care, retirement homes, police/EMS, specialized geriatrics, community Health Links), and other relevant partners through proactive outreach activities
- Support awareness of First Link to health professionals, service providers and other relevant community stakeholders in collaboration with internal and external partners
- Participate in internal/external committees on an ad hoc basis

Pro-active Follow-Up:

- Monitor and provide proactive follow-up for clients and care partners to ensure care plan is up to date
- Ongoing collaboration across services/providers to identify opportunities for new or emerging care options to meet changing needs and to address service/support gaps
- Provide support to clients and care partners as they transition through use of different parts of the health, social and residential care systems

Monitoring/Evaluation:

- Collect, maintain and report required quantitative and qualitative data to support province-wide monitoring, evaluation and reporting
- In collaboration with the Alzheimer Society of Ontario and LHINs, participate in planning and implementation of evaluation to examine the overall effectiveness of First Link referral, intake, navigation, care coordination, and proactive follow-up functions, to ensure a timely response to emerging needs

Service Delivery Standards and Quality Improvement:

- Maintain confidential, accurate and current client records, including complete and thorough documentation for each client contact, in compliance with relevant privacy legislation and in accordance with professional standards and internal policies
- Ensure that client consent, privacy, and confidentiality are maintained in compliance with legislation, professional standards/regulations and internal policies
- Maintain an advanced level of knowledge of Alzheimer's disease and other dementias, including clinical manifestations, behaviours, current care practices, treatment options, placement options, available community resources, and all relevant legislation

- Assist with the development and maintenance of policies, procedures and resources to support First Link referrals, intake, system navigation, care coordination, and follow-up activities
- Participate in knowledge transfer and exchange and collaborate with Alzheimer Societies across Ontario to support the delivery of best practices and ongoing quality improvement

Other:

- Participation in the ASSL on-call service for respite program
- Perform other duties consistent with the job classification, as required

What you will bring along

Education:

- Bachelor's degree in social work, gerontology or other related health care discipline. Registered health professional designation and Master's level education preferred, or a post-secondary degree/diploma with a relevant professional registration (acceptable to the employer)
- Further study in the field of gerontology, dementia is an asset

Experience:

- 3 to 5 years client service experience in the health and/or social service sectors
- Experience working directly with people living with Alzheimer's disease or other dementias and their care partners
- Experience and knowledge in management of chronic and complex health conditions
- Knowledge of available community services/supports and clinical, social and residential care options
- Understanding of roles and linkages across primary care, community care and specialized geriatric services
- Strong knowledge of client-centered philosophy
- Knowledge of clinical practices and training models related to dementia (e.g.: P.I.E.C.E.S. and U-First)
- Experience in assessment and care planning/coordination
- Experience working in settings requiring inter-professional collaboration

Other Knowledge, Skills, Abilities or Certifications:

- Excellent communication (verbal and written)
- Ability to communicate in French (written and spoken) is considered an asset
- Exceptional interpersonal skills, including shared decision-making and facilitation
- Ability to prioritize workload and manage competing tasks
- Ability to take initiative and be resourceful
- Excellent problem-solving and change management skills
- Proficiency in technology (e.g.: Microsoft office and case management and care coordination systems)
- Demonstrated ability to work independently and within a team
- Expertise and experience in cultural sensitivity and diversity
- Ability to speak French or other languages an asset

What we offer

Benefits: Extended health and dental benefits; Defined Contribution Pension Plan, Employee Assistance Plan

Flexibility: We have a flexible work arrangement policy that allows employees to work one day a week from home, after an initial period, or telecommute based on their job role and job tasks

Additional Information:

Number of Positions Available: 2 (1 - 1 year contract and 1 permanent salaried)

Travel Requirements:

- Frequent travel in and around Lambton County to carry out the functions of this position, and to attend relevant meetings. Occasional travel outside of Sarnia-Lambton may be required. Valid driver's license and access to a dependable vehicle are required

Physical Demands:

- Performance of general office duties
- Significant periods sitting at the computer, but with the opportunity to move away from the workstation
- Sensory attention is required for the majority of the workday (looking at computer screens, reading documents, etc.)

How to apply

Please submit your resume and cover letter to: lsoucek@alzheimersarnia.ca

Deadline for Applications: Thursday, April 17th at 12:00 p.m. or until a successful candidate has been found.

Please include the job title in the subject line.

Applications will be accepted by **email only**. We thank all those that apply, but only those selected for an interview will be contacted.

Upon request, applicants with a disability will be provided with accommodation during the recruitment process. Please contact hr@alzheimersarnia.ca if accommodation is required.

We are committed to inclusive, barrier-free recruitment and selection processes in accordance with the Human Rights Code and AODA. The Alzheimer Society of Sarnia-Lambton welcomes those who have demonstrated a commitment to upholding the values of equity and social justice and we encourage applications from First Nations, Inuit and Métis, Indigenous Peoples of North America, Black and persons of colour, persons with disabilities, people living with dementia, care partners and those who identify as LGBTQ2S+.