Job Posting

Alzheimer Society of Toronto

The Alzheimer Society's vision is a world without Alzheimer's disease and other dementias. Our mission is to alleviate the personal and social consequences of Alzheimer's disease and related dementias and to promote research.

Our Values

Collaboration **A**ccountability **R**espect **E**xcellence

First Link Care Navigator

The First Link Care Navigator will coordinate and integrate supports 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'll Be Doing

Initial Contact, Assessment and Care Planning:

- 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
- 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 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

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 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, virtual supports, 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 ongoing collaboration across services/providers and to identify opportunities for new or emerging care options to meet changing needs and to address service/support gaps
- Provide supports 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 Ontario Health, 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 consents, 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, behaviors, 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

Who You Are:

Education:

- Minimum Bachelor degree in social work, gerontology or other related health care discipline. Registered health professional designation and Master's level education preferred

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-centred philosophy
- Knowledge of clinical practices and training models related to dementia (e.g., P.I.E.C.E.S.)
- Experience in assessment and care planning/coordination
- Experience working in settings requiring inter-professional collaboration
- An equivalent combination of training, education and experience will also be considered

Other Knowledge, Skills, Abilities or Certifications:

- Excellent communication (verbal and written)
- 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

Don't meet every requirement? Studies have shown that women and people of colour are less likely to apply to jobs unless they meet all qualifications. If you are excited about the role, but your resume doesn't align perfectly with every qualification in the description, apply anyway. You may still be the right candidate for this or other roles.

What We Offer

Work life balance is important to us here at the Alzheimer Society. That is why we offer our employees:

- A generous employer paid benefit plan.
- Employee and Family Assistance Plan
- A Defined Contribution Pension Plan with up to 5% employer matching
- Personal days and equity floater days that can be used at any time.
- Flexible working arrangements that include working from home and flexible hours
- Paid professional development opportunities.

Hiring Zone: **$50,000 – $54,000**

Commitment to Equitable Recruitment

The Alzheimer Society recognizes the value and dignity of each individual and ensures everyone has genuine, open, and unhindered access to employment opportunities, free from any barriers, systemic or otherwise. Accommodations are available on request for candidates taking part in all aspects of the selection process, in accordance with the Human Rights Code and AODA.

Our values include **justice** and **connection** 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.

Job Posting

The Alzheimer Society 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 2SLGBTQIA+.

How to Apply

We thank everyone for their expressed interest – and are truly appreciative of the time individuals put into applying – but with the limitations of time, only those selected for an interview will be contacted.

Please submit your resume and cover letter to: resumes@alzheimerssc.org
Please include the 'Job Title' in the subject line.

Closing Date: June 25, 2024

Accredited by Canadian Centre for Accreditation

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