Central Community Health Centre
(Serving: St. Thomas, Central Elgin, Township of Southwold)

TRANSITIONS IN CARE COMMUNITY HEALTH NAVIGATOR

Hours of Work: 37.50 hours per week, flexible to include evening and/or weekend hours

The Ministry of the Solicitor General (SolGen) funded a joint proposal from the Indigenous Primary Health Care Council (IPHCC) and the Alliance for Healthier Communities (Alliance) which led to a partnership with SolGen, the Ministry of Health, and Ontario Health to develop a Provincial & Local *Transitions in Care* framework to connect Black, and First Nation, Inuit, and Metis (FNIM) individuals being released from correctional facilities to timely, safe, and culturally appropriate primary health care.

1.0 — Summary of Position

1.1 The Community Health Navigator primary responsibility will be the implementation of the Transitions in Care framework that aims to provide an interconnected, continuum of care approach for streamlining community health services for identified individuals recently discharged from provincial correctional facilities.

1.2 The successful candidate will liaise with incarcerated individuals and a network of local health care services, to ensure that these individuals have a healthcare reintegration plan with a focus on quality, equitable access, and culturally safe care.

1.3 The successful candidate is expected to uphold principles of dignity, advocacy, and empowerment for their identified clients and their healing journeys by supporting with their transition from correctional facilities back to their home community, ensuring a solid connection to appropriate, wraparound, community-based primary healthcare services.

1.4 In addition, the Community Health Navigator will work with the Transitions in Care project team to enhance the development, design, and evaluation of the Transitions in Care framework via needs assessment, gap analyses, identifying barriers and establish a metric to measure continuum of care successes and challenges.

2.0 — Duties and Responsibilities

COMMUNITY SERVICE

2.0 Liaising with incarcerated individuals, local and provincial system partners in primary health care, social services, and the provincial justice system

2.1 Providing community healthcare staff with appropriate referrals to ensure effective continuum of care for individuals being released from incarceration

2.2 Providing referrals to culturally appropriate local community programs and services, including coordinating with Indigenous Elders and/or Knowledge Keepers

2.3 Facilitating early engagement and developing health care plans through advocacy and proper discharge planning for transitioning from incarceration to a home environment

2.4 Maintaining accountability to the client to ensure follow-through on referrals

2.5 Identifying barriers to client health care and supporting clients' access to the services needed to achieve optimal outcomes (barriers may include issues related to social determinants of health).

2.6 Meeting with clients in institutions if necessary to provide information regarding available services, help complete forms, and support preparing release plans

2.7 Contribute to fostering positive working relationships between health care services and corrections services teams

2.8 Maintain confidentiality under Personal Health Information Protection Act

PROJECT DEVELOPMENT

2.9 Maintaining current and accurate reports to support accountability requirements to the organization, funders, and community (including tracking established program indicators)

2.10 Working with the Transitions in Care project team, provincial Community Reintegration Planning Tables, the Provincial Indigenous Integrated Health Hub, and/or Ontario Health Teams, where appropriate, to establish a monitoring framework to measure successes and challenges (i.e., through needs assessments and gap analyses)

2.11 Once processes are established, identify failure rates, recidivism rates, and challenges

2.12 Understand awareness of policy compliance requirements and health care pathways to address barriers

2.13 Monitoring and coordinating the progress of clients to ensure the timely completion of required outcomes and performance

2.14 Proactively make recommendations regarding how to address gaps

2.15 Participating in ongoing professional development and training relevant to job requirements

WORK SITE LOCATION

2.16 Central Community Health Centre

2.17 Elgin Middlesex Detention Centre

2.18 Throughout the Community

PHYSICAL DEMANDS AND WORK ENVIRONMENT

2.19 The Community Health Navigator while performing their duties is required to operate a computer for long periods of time, is regularly required to travel to meetings, institutions, and communities, and may be required to work overtime. The nature of the position may expose the Community Health Navigator to a moderate level of occupational stress. From time to time, given the Traditional practices of Indigenous peoples, exposure to smoke from the burning of sacred medicines (tobacco, sweet grass, sage or cedar), may occur.

3.0 — Accountability

3.1 The Community Health Navigator will be directly accountable to the Director of Primary Care. The role is to serve the unique needs of our clients and partners. These partners include member sites, correctional institutions, a network of local health care services as well as the Transitions in Care project team, Community Reintegration Planning Tables and Community Reintegration Officers.

4.0 — Qualifications

4.1 5+ years of experience working with vulnerable and/or racialized groups, including Black and Indigenous peoples

4.2 Understanding of Black and/or Indigenous culture, values, and perspectives

4.3 Understanding of lived experience of the clients being served is an asset.

4.4 Knowledge and awareness of primary health care, mental health supports, and treatment organizations located within the region

4.4 Knowledge of justice, reintegration, and rehabilitation programs is an asset.

4.5 Knowledge of Ontario's healthcare system an asset

4.6 Knowledge and understanding of healthcare quality improvement and process mapping is an asset.

4.7 Ability to work under pressure and adapt to a changing environment

4.8 Ability to monitor and analyze data

4.9 Ability to multitask among several competing priorities

4.10 Excellent advocacy and empowerment skills

4.11 Excellent communication, organizational, planning and computer skills

4.12 Positive attitude and capacity to act as a healthy lifestyle role model

4.13 High confidentiality standards and ability to exercise sound judgment

4.14 Commitment to adapt to specific job requirements as the continuum of care within the project evolves

4.15 Commitment to ongoing training and professional development relevant to job requirements

4.16 Understanding of health information systems (EMR, OCEAN, e-referral, e-consult) is an asset

Other requirements

4.17 Proof of immunization in compliance with policy requirements

4.18 Must hold a valid driver's license and have clean driver abstract

4.19 Must have an acceptable criminal record check (clear CPIC record) and current child welfare intervention check

4.20 Ability to work evenings and weekends, as needed

4.21 Ability to travel when required

5.0 — Upholding Standards

ORGANIZATIONAL BELIEFS, VALUES AND THE HEALTH PROMOTION MODEL

5.1 Knowledgeable about the organization's Vision, Mission, Values, principles and organizational philosophy, and incorporates these beliefs into everyday work

5.2 Works in a manner that incorporates health promotion and recognizes the Determinants of Health as defined by Health Canada

5.3 Understands and respects the process by which the community is involved in decision making

5.4 Engages volunteers, participants and/or clients in leadership and/or capacity development opportunities wherever possible

5.5 Works to reduce barriers to access (e.g. transportation, childcare, hours of service, etc.)

5.6 Ensures that use of personal information acquired in the line of duty complies with CCHC's privacy policies

ORGANIZATIONAL EXCELLENCE

5.7 Provides a welcoming and supportive environment

5.8 Acts with professionalism and courtesy toward participants and individuals served by the CCHC, the public and colleagues

5.9 Works in a manner that preserves, maintains and respects confidentiality of participants, volunteers, clients and staff information

5.10 Respects and values the diversity of communities and individuals

5.11 Contributes to the development and promotion of CCHC in St. Thomas, Central Elgin and Township of Southwold

5.12 Maintains and develops professional competence through appropriate continuing education and/or professional development

OCCUPATIONAL HEALTH AND SAFETY

5.13 Works in a manner that meets all Health and Safety requirements, to ensure a healthy and safe workplace

5.14 Takes and maintains required training (e.g. WHMIS, First Aid).

ORGANIZATIONAL DUTIES AND RESPONSIBILITIES

5.15 Works in a manner that promotes and maintains the reputation of the organization and minimizes risk of harm and/or liability to the organization

5.16 Works in a manner that complies with the organization's *Personnel Policies and Practices*

5.17 Contributes to the organization's endeavours to collect, analyze and report on data, and participate in research

5.18 Contributes to the organization's efforts to secure and maximize resources for current and new programs, services and activities

5.19 Performs other duties that support the mission/mandate of the organization, as assigned by the Executive Director or their designate