

## WINNIPEG REGIONAL HEALTH AUTHORITY POSITION DESCRIPTION (Non-Management)

**DATE:** April 19, 2017

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**POSITION TITLE:** Transition Coordinator  
(previously CHSS)

**CLASS:** 30002086

**DEPARTMENT:** Mental Health

**UNION:** MAHCP

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**SUPERVISOR'S TITLE:** Coordinator Centralized Functions

**SUPERVISORY RESPONSIBILITIES:** None

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**EDUCATION:**

- BSW, OT, PT, BSc PN, RPN, BN, RN, SLP, RD, or related health/human service degree required.

**EXPERIENCE:**

- Minimum of four years directly related community mental health experience
- Effective networking and agency relations skills.

**OTHER:**

- Comprehensive knowledge and understanding the bio/psycho/social model of mental illness and recovery.
- Excellent organizational, communication and interpersonal skills.
- Comprehensive knowledge and advanced level expertise in clinical assessment, crisis intervention, brief treatment, service coordination and consultation.
- Able to use problem resolution skills to handle sensitive and complex issues related to multiple service involvement.
- Subject to criminal records check.
- May require evening and weekend work.
- Adheres to all safety and health regulations and safe work practices.
- May be required to perform other duties and functions related to this job description not exceeding above stated skills and capabilities.

**LICENCES, REGISTRATIONS:**

- Licensure/Registration as per professional designation required.
- Requires a valid driver's license and a vehicle.
- If successful applicant is a Registered Dietitian, must be a graduate of a recognized dietetic internship program accredited by Dietitians of Canada.

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### **Overview of Community Mental Health Program:**

“Our Vision is Healthy People, Vibrant Communities, Equitable Care for All”. To bring this vision to reality the WRHA Adult Mental Health Program provides an integrated and comprehensive range of mental health services and supports primarily for adult residents of Winnipeg across the healthcare continuum that support and promote recovery. The Program endeavors to ensure access to the right combination of services, treatments and supports across the lifespan, providing seamless transitions from intensive to less intensive services. Through collaboration and partnership across various health, social service and community sectors the program strives to promote mental health and well-being for all, to reduce inequities and the impact of mental health problems and to work towards sustainability of mentally healthy individuals and communities.

### **MAIN FUNCTION:**

The Mental Health Program (MHP) in Winnipeg provides services and supports to adults with severe and persistent mental health problems through a variety of service models. The complexity of the mental health service system creates a need for service navigation in order to support continuity of treatment and support during service transitions. The intent of the Mental Health Centralized Access process is to:

- Streamline service requests and determine eligible clients who can be matched to services based on client need and an urgency rating within specified timeframes that clients can expect to receive services
- Address continuity of service across service transitions (e.g. inpatient referral from hospital to CMHP) respond with an appropriate intensity from the onset of service
- Develop specialized service contracts to meet complex needs that outstrip current available resources
- Provide service to eligible persons who have no fixed address even when it is a challenge to assign to geographic based services
- Respond to persons leaving from hospital and /or long-term care facilities (e.g. SMHC) who need extensive assistance in re-establishing life in the community

The Mental Health Transition Coordinator is part of a team within the community mental health program who assist in providing system navigation, meeting complex needs and providing bridging services until appropriate resources are accessible. This team consists of:

- Access Coordinator
- Transition Coordinator and

- Coordinator of Centralized Functions, Specialized and Support Services

Each has a fundamental role in the overall systems navigation process and in providing interim services as well as other responsibilities.

## **POSITION DUTIES AND RESPONSIBILITIES:**

### **Assessment and Consultation**

The Transition Coordinator

- Conducts preliminary assessments related to service requirements and navigation for individuals who are waiting for services and or have complex needs/issues that create difficulty in timely and appropriate service assignment.
- Provides service consultation and navigation to individuals and service providers related to individuals requiring transition to other services or waiting for services within the community, outside of the regular referral and assignment processes

### **Liaison**

The Transition Coordinator:

- Liaises and consults as required with external resources including physicians, emergency, hospital units, mental health services and community health agencies, addiction services, self help groups, etc as required to provide continuity of care across the spectrum of services.
- In role of Case Manager, liaises with hospital and community resources to access services and advocate for client and family needs

### **Transitioning**

The Mental Health Transition Coordinator is key to the provision of a bridging service response to persons requiring community-based services and resources until they are linked to an appropriate service in the following circumstances:

- Client with complex needs and no fixed address to use for assignment to a community area
- Extensive discharge planning and initial intensive service requirements following a long stay in an acute care or a long-term facility

When deemed necessary, the Transition Coordinator

- Provides transitional case management that is short term (90 days).
- Services include clinical and psychosocial interventions and crisis planning.
- Develops and implements short term client-centered, goal-focused service plans, based on the assessment that will facilitate transition.

The Mental Health Transition Coordinator provides a back up role as required to assistance Community Mental Health Workers and their Team Managers in community areas to meet the caseload requirements when human resource issues create barriers to adequate coverage. This back up role is subject to capacity and provided in consultation with the Clinical Specialist.

### **Service Development**

The Mental Health Transition Coordinator participates in ongoing service development

- Advocates for and assists in the development of services and programs to meet emerging needs of clients with special or exceptional needs
- Assists with the skill development of other staff.
- Participates in the WRHA and WISI Quality initiatives.
- Works within the Winnipeg Integration Service Delivery Model
- Contributes to the development and maintenance of effective team work by giving and receiving both consultations and back-up support
- Maintains relevant and accurate records as defined by program standards
- Assumes responsibility for professional and personal development required to meet the challenges of changing client needs