

# **Position Description**

AOD (Alcohol and Other Drugs) Clinical Lead: Nimbin Hub Program (NHP) and Community Drug Action Teams (CDATs)

# **Position summary**

Reporting to the Clinical Operations Manager, the Clinical Lead will lead a team to provide AOD focused person-centred, trauma-informed support. They will be responsible for the implementation, clinical competency, and ongoing review of the Nimbin Hub program and support CDO staff in the CDAT program.

**CDAT:** Under guidance from the Clinical Lead, the CDOs support the assigned CDATs and assist them to meet regularly, participate in regional and state forums, and to develop, plan and execute activities for their local communities. The Clinical Lead reports to the CDAT consortia in line with the Regional Action Plans and works within the CDAT framework.

**Nimbin Hub:** The specialist AOD treatment program can include harm reduction, prevention, counselling, case management and psychosocial services. The aim of the program is to:

- 1. reduce alcohol and other drug use related harm by delivering participant-centred, high quality and safe case management and care coordination.
- 2. Improve the health, well-being and social outcomes of participants by delivering comprehensive alcohol and other drug support interventions that include the following clinical care standards:
  - Intake
  - Comprehensive assessment
  - Care planning
  - · Identification, responding to, and ongoing monitoring of risk
  - Monitoring treatment progress and outcomes
  - Transfer of care

The role operates primarily onsite from the Nimbin hub and a pool vehicle is available for outreach work in the community.

# **Organisational relationships**

**Direct reports**: Clinician, Community Development Officers **Internal and external relationships** 

Internal relationships involve team and staff engagement and collaboration External relationships may include mental health service providers, alcohol, and other drugs organisations, LHD (Local Health District), HNC (Healthy North Coast,) and NGO's, families and carers, health professionals, clinicians, GP's, agents for housing, and the broader community.

| Responsibilities   | Outcomes   |
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| Program implementation and review  | N  |
| Co-design the Nimbin hub program in line with contractual requirements and key stakeholders. | The development of the model of service delivery is best practice, person-centred, trauma informed, outcome oriented and meets all legislative and contractual requirements. |
|  | Review and support ongoing enhancements to the program.  |
|  | There is evidence of participant-led decision making.  |
|  | Risk mitigation principles are applied for any meetings.   |
| Support the relationship with the Nimbin Neighbourhood Centre and                            | Relationships are actively built and maintained to ensure service to participants is positive.   |
| CDAT consortia members.  | The Clinical Operations Manager is kept informed of any issues or concerns.  |
|  | Contact is made immediately, and meetings are organised to address any issues that arise in a timely manner.   |
|  | There is positive feedback from consortia members and Nimbin Neighbourhood centre about The Buttery service.   |
| Clinical Support   |  |
| Provide a responsive and collaborative service.  | Participants who access the hubs and their families are provided with appropriate access to supports and are engaged in a AOD recovery-oriented process.                     |
| Provide support in line with the Clinical Governance framework                               | All support is provided to participants in line with The Buttery's Clinical Governance Framework and measured through audits every three months.                             |
|  | There is evidence of consultation with the consortia and regular attendance at clinical governance meetings.   |
| Maintain a high level of compliance.   | Legislative, contractual, audit reviews and clinical governance frameworks are met.  |
| Undertake quarterly audits of case notes and required measurement tools                      | Evidence from quarterly audits indicate governance is maintained in service delivery.  |
| Identify and support participants and provide guidance on the program                        | New participants are supported and given information about the program, and if required provided with individual care plans with support of the clinician.                   |
|  | Appropriate specialist psychosocial/ psychometric assessments are utilised depending on needs.   |
|  | A calm, safe, friendly, and welcoming space to participants, families and carers is created.   |
|  | Safety plans are created as appropriate with support of the Clinician.   |

| Responsibilities  | Outcomes   |
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| Use recovery and trauma informed principles in all interactions with participants                     | Clinical notes and feedback from participants provide evidence that recovery and trauma informed principles are utilised.  Reports from Mimaso demonstrate best practice   |
| Counselling and Support   |  |
| Use appropriate counselling techniques to meet participant needs in collaboration with the Clinician. | Supportive counselling techniques are facilitated using evidence-based principles such as Motivational Interviewing, Psychoeducation, Cognitive Behaviour Therapy, Dialectical Behavioural Therapy, Solution focussed therapy, Acceptance and Commitment Therapy. Compassion Focused Therapy, Schema Therapy, and Mindfulness. |
|   | Appropriate Counselling techniques are tailored to individuals needs and preferences.  |
|   | Participants have one on one counselling and support sessions on a regular basis in alignment with their treatment plan.   |
|   | With participant consent, family, carers, and advocates of participants receive one on one evidence-based interventions.   |
| Provide a professional, ethical, and respectful standard of service.                                  | Feedback from participants indicated that the relationship is respectful and professional.   |
| Group Facilitation  |  |
| Facilitate group sessions.  | Group facilitation is provided to participants to cover areas such as relapse prevention, psychoeducation, life skills, stress management, harm minimisation reviews and dialogue and process groups.  A range of group-work modules are utilised in   |
|   | areas such as coping strategies, healthy relationships, nutrition, boundaries, self-care, and wellbeing.   |
| Manage the transition of participants after the program.  | Transitional support is offered for relapse prevention.  |
|   | Transfer of care is ensured when closing care of a participant to other stakeholders for follow up.  |
| Practical Support   |  |
| Ensure welfare and safety of participants   | Ensure that anyone attending the hub signs the appropriate Sign in Sheet  All participants and guests are welcomed and provided an overview of the service.  The participants' welfare and safety is appured.  |
|   | The participants' welfare and safety is ensured through following guidelines, policies, and procedures.  |
|   | The confidentiality of participants, including their presence in the program, remains confidential to outside enquiries.   |

| Responsibilities  | Outcomes   |
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| Safeguard buildings and property  | Offices are locked and computers logged off at end of opening hours.  The allocated rooms are kept in a clean and well-presented state.  |
| Act as Community Connectors thro  | ough networking and representation   |
| Develop and maintain referral pathways.   | There is active networking with external services providers to provide the best outcomes for participants.   |
| Actively liaise with relevant agencies and other service providers, regarding participant progress and participation.   | Relevant agencies are provided with appropriate information to support the participant and grant them access to services they need.  |
| Develop and maintain strong relationships with the chairs and members of assigned CDATs.  Attend interagency and Buttery networking groups as directed.                             | Interagency, consortia, committee and advisory meetings are attended as appropriate.   |
| Staff management and roster suppo   | ort  |
| Work with the Clinician to ensure participants have appropriate support in line with their needs.  Provide support, education, and direction to the CDOs, Clinician and Peer Worker | Rostering of staff is utilised to maximise safety and regular support to participants at the Nimbin hub.  Back up staff are available to cover leave.  Responsibilities are delegated to staff in line with their experience and capacity.  Staff are empowered to take responsibility for their own roles in accordance with policy and procedures.  Employee contribution is encouraged to promote efficiency and job satisfaction.  Leave is managed to ensure there is adequate support available to facilitate groups and maintain the program.  Transparent communication is provided so absent staff are appropriately informed of organisational |
|   | needs from meetings.  Appraisals are carried out with the support of the Human Resources and the Clinical Operations Manager.  |
| Team Support  |  |
| Participate in peer and clinical supervision processes  Manage vicarious trauma and   | There is adequate preparation and active participation in peer and clinical supervision.  Engagement with regular team and individual  |
| professional boundaries and burn out.   | Clinical Supervision or EAP (Employee Assistance Program) is utilised, and the Clinical Operations Manager is notified if additional support is required.  |
| Participate in informal and formal case conferences, staff meetings and planned meetings.   | There is active contribution and leadership displayed in meetings to reach key program and clinical decisions.   |

| Work autonomously and as part of a team  | A strong work ethic, respect, punctuality, and commitment to service is demonstrated to ensure all team members are well supported.  Assigned tasks are carried out in a timely manner.  |
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| Domesting and Date February  |  |
| Provide timely reports as required   | Participant records are maintained in alignment with legislation.  |
| Ensure collection of relevant data from assigned CDATs, including performance against KPIs and financial acquittals.  Provide support and referral information   | Data entry of occasions of service is completed.  There is evidence of timely reporting and a team approach with CDOs and Line Managers from other Consortium partners on state-wide initiatives, as required.  Care Plans are developed in collaboration with participants.                               |
|  | Referral information, transfer of care documents and care plans are supplied as appropriate.   |
| General  |  |
| Be compliant with WHS (Work Health and Safety) requirements and take reasonable care to ensure your own safety and health and that of others. Abide by their duty of care provided for in the legislation. Ensure you do not place others at risk by any act or omission. Ensure you do not interfere with safety equipment. | There is demonstrated compliance with WHS requirements to ensure a safe and healthy workplace. This includes abiding by the nonsmoking directive at Buttery locations and any pandemic directives.  Any injury, hazards or illness are reported immediately, where practical, to your manager/coordinator. |
| Take an active role in building your resilience and preventing psychological injury. Take reasonable care for your health and safety and that of others who may be affected by your conduct.   | The importance of wellbeing and self-care as a part of resilience is acknowledged. Strategies are implemented to maintain personal wellness and resilience. Clinical supervision or other supports are utilised, when needed.  |
| Be compliant with codes, guidelines, policies, procedures, legislation, and Standards and proactively engage with Buttery continuous quality improvement.  | Codes, guidelines, policies, procedures, legislation, Standards, and quality improvement processes are adhered to at all times. Changes and improvements are supported.  |
|  | All mandatory training programs and team meetings are attended.  There is mandatory reporting of any suspected incidents of child abuse.   |
| Support an environment free from discrimination, harassment, bullying and model appropriate standards of professional behaviour in the workplace.  | Interactions with colleagues, participants, and stakeholders are undertaken in a courteous manner.   |
|  | Cultural and linguistic diversity is taken into consideration.  There is positive feedback from others regarding your interactions.  |
| Other duties relevant to the role as rec   | quested by the Clinical Operations Manager.  |

# **Selection criteria**

#### **Qualifications and checks**

- University level qualifications or higher in Counselling, Mental Health Nursing, Social Work or Psychology with membership of a peak body such as AHPRA, AASW, ACA or PACFA.
- Current and valid Driver's Licence with an ability to undertake regular travel around the Northern Rivers region.
- A satisfactory Criminal Record Check and Working with Children Check
- Current COVID-19 vaccination and First Aid certificate

# Professional skills and experience

- A minimum of five years' experience in delivery of AOD, mental health and suicide prevention services providing trauma-informed care, brief interventions and counselling for persons with complex support needs
- Demonstrated experience in program implementation and evaluation.
- Demonstrated experience facilitating groups.
- Demonstrated experience managing staff and small programs.
- Established networks and relationships with a with a range of referral services across the local community.
- Demonstrated proficiency using the Microsoft suite, a variety of databases and video conferencing tools such as Zoom/Teams/Health Direct.
- Demonstrated commitment to cultural diversity, equal employment opportunity, legislative compliance and workplace health and safety.

### Interpersonal skills

- Strong communication skills and the ability to collaborate as part of team.
- Ability to work autonomously and use time effectively.
- A reasonable level of resilience to manage psychosocial demands, complex clinical issues, and exposure to participants in crisis.
- Self-reflective with the ability to review own work practices and maintain boundaries.

## **Agreement**

These conditions of employment, your duties and location may be varied by The Buttery during the term of your employment. The position description duties are to read in conjunction with the terms and conditions that form your contract of employment.

I accept and agree to the duties in this position description. I understand and agree to abide by the terms and conditions stipulated.

| Signature |      |  |
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|           |      |  |
| Name      | Date |  |