

Position Description

Alcohol and Other Drugs (AOD) Case Manager Drug and Alcohol Treatment Program (DATP)

Position summary

Reporting to the AOD Clinician, the AOD Case Manager role involves providing immediate trauma-informed and person-centred care to participants utilising brief interventions. Case Managers support people with practical information and supports and utilise a psychosocial capacity building framework. They work with other staff to facilitate groups providing training in psychoeducation, harm minimisation, process groups and relapse prevention.

The aim of the Drug and Alcohol Treatment Program (DATP) is to achieve improved health and social outcomes for individuals, families, and communities at risk of, or currently affected by, problematic alcohol and other drug use. It supports people at all stages from early intervention to relapse prevention. This stepped care model is available to people aged 12 years or older with or without mental health conditions.

The role operates primarily onsite from a hub and a vehicle is available from a central location for work in the community. The role requires availability to work on some public holidays on a rostered basis.

The Mental Health, Suicide Prevention and Alcohol and Other Drugs (MHSPAOD) hubs and services offer integrated mental health, psychosocial and AOD supports across the North Coast region.

Organisational relationships

Direct reports: nil

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
Support assessment and individual care plans	
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.
	There is evidence of participant-led decision making on location of service provision either at hubs, in the community or other locations.
	Risk mitigation principles are applied for any meetings.
	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.
Case Management	
Case manage participants in a holistic manner for optimal outcomes.	Effective case management is carried out taking into consideration different cognitive, behavioural, emotional, social, physical, and spiritual needs.
	Participants are offered support and referrals for housing, education, health and employment goals and needs are assisted via advocacy with service providers.
	Appropriate specialist psychosocial/ psychometric assessments are utilised depending on needs.
	A calm, safe, friendly, and welcoming space to participants, families and carers is created.
Provide Occasions of Service (OOS) relevant to hours worked.	Participants are provided with a reasonable number of Occasions of Service (OOS). This can comprise of any direct engagement with a participant or any activity that is done in regard to the participant and is usually about 30-60 minutes in length. This can be conducted in person, via phone or video conferencing. An average 8 hour day should allow for a minimum of 5 occasions of service. A full time case load would be from 15 to 20 participants.
Provide counselling and support	Participants have one on one counselling and support sessions on a regular basis in alignment with their treatment plan.
	Participants receive evidence-based treatment modalities including Motivational Interviewing, CBT (Cognitive Behaviour Therapy), DBT, ACT (Acceptance & Commitment Therapy) and Psychoeducation.

	With consent, family, carers, and advocates of participants receive one on one evidence-based interventions.
Responsibilities	Outcomes
Provide Brief Interventions and safety planning	
Engage participants, build trust and rapport, and identify current levels of distress.	Discussions are had with participants about what is working, supports, achievements, reflections, and harm minimisation to support relapse prevention.
	Employ supportive techniques and interventions with participants as required (e.g., de-escalation and grounding exercises, mindfulness to manage distress and maintain mental wellbeing).
	Effective relationships are established with participants that encourage self-determination
	Crisis intervention techniques are utilised.
	There is an increase in insight and awareness regarding substance use and motivation toward behavioural change.
Provide a highly professional, ethical, and respectful standard of service to participants.	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.
	There is active participation in delivering 1 x 4-week mid-level intensive day group rehabilitation in the local hub each year.
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 the welfare and safety of participants	All participants and guests are welcomed and provided an overview of the service.
	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
Safeguard buildings and property	Offices are locked and any computers logged off at end of opening hours. The site is kept in a clean and well-presented state.
Act as Community Connectors through 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	Relevant agencies are provided with appropriate information to support the participant and grant them access to services they need.
Attend interagency and Buttery networking groups as directed.	Interagency, consortia, committee and advisory meetings are attended as appropriate.
Team Support	
Participate in peer and clinical supervision processes	There is adequate preparation and active participation in peer and clinical supervision.
Manage vicarious trauma and professional boundaries and burn out.	Engagement with regular team and individual Clinical Supervision or EAP (Employee Assistance Program) is utilised, and the Clinician 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.
Reporting and Data Entry	
Provide timely reports as required	Participant records are maintained in alignment with legislation. Data entry of occasions of service to RediCASE is completed.
Provide support and referral information	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 non-smoking directive at Buttery locations and any pandemic directives. Any injury, hazard 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.
Manage potential for vicarious trauma and maintain professional boundaries.	There is engagement with regular Clinical Supervision or EAP and the line manager is notified if additional supports are required.
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 requested by the Clinician.	

Selection criteria

Qualifications and checks

- Tertiary qualifications at diploma level or higher in an AOD, community services or mental health field.
- Current and valid Driver's Licence with an ability to undertake regular travel
- A satisfactory Criminal Record Check and Working with Children Check

Professional skills and experience

- Demonstrated experience in delivery of AOD support and relapse prevention services with a trauma informed approach.
- Experience in case management and delivery of mental health and suicide prevention services with a psychosocial capacity building framework.
- Demonstrated experience working with young people with substance use disorder
- Demonstrated experience facilitating groups.
- 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
- 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 _____ Name _____ Date _____