



ISIS ALCOHOL & DRUG SERVICE

CHALLENGE OF TRANSFORMATION

A Case Study

ISIS ALCOHOL AND DRUG SERVICE

- Established in 1997
- Program within ISIS Primary Care a community health organisation
- Operates in the western metropolitan area of Melbourne
- Funded by Victorian Department of Health to provide community based treatment for people 16 years and over

IADS in August 2009

- Vacancy rate of 30% with some specialist positions vacant for more than 12 months
- 21 EFT with average of 2,000 referrals for service over the last 5 years
- Treatment model based on individual long term case management approach
- Family members actively turned away

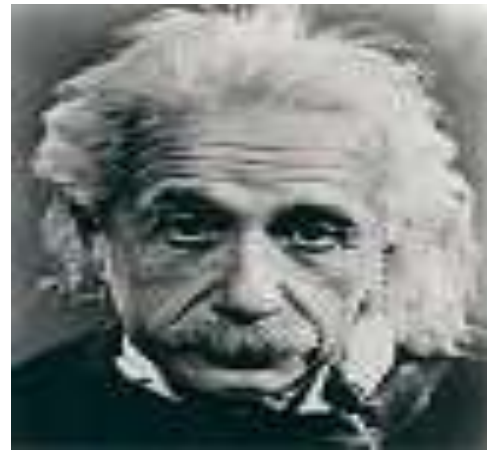
- Program design focused on service demand
- Centralised Intake system managing access and client flow
- A reactive and pressured culture with clinicians having little involvement in key clinical decision making
- A backlog of unresolved and still actively registered clients, some of whom had not attended the service for years.

- Staff morale low
- Staff describe a service culture that was 'churn and burn'

Staff said:

- *You will never get anyone to work here*
- *We have always done it this way*
- *The organisation does not value us*

- "The significant problems we face cannot be solved at the same level of thinking we were at when we created them." -
-- **Albert Einstein**



IADS in August 2010

- First time in 7 years that we have a full staff contingent
- Treatment model that:
 - Includes families in treatment
 - Is recovery orientated
 - Acknowledges brief interventions
 - Increases clinical autonomy and accountability

- 80% of staff engaged in post graduate education
- A service culture that has moved from reactive to responsive

Staff are saying:

- *Our team culture is family inclusive*
- *We have more control of the clinical process*
- *We need to consolidate the changes*

“Leadership is intentional influence.”
— Michael McKinney

How did we get here?

- Conduct a 360 Degree Review
- Connect to the review process personally
 - Ask yourself

Is this a service that I would be happy for someone I loved to receive?

- Take personal responsibility to manage the process and express commitment to the service
- Identify and communicate the policy that informs and guides our service – these are the bottom lines
- Acknowledge the past and create a new value base

- Create opportunity for the “group to reach a collective value base”

Maierhofer, Rafferty and Kabanof

- Work to develop a “communion of purpose” that helps bind the team together

Kouzes and Posner

- The Beacon Project
 - In November 2009 we joined the Bouverie Family Centre's Beacon Project
 - In December 2009 the first group of staff completed Single Session Family Work (SSFW) training
 - By April 2010 all IADS staff had completed the training
 - This is now embedded in our treatment model

- Develop, implement and review key documents that underpin clinical Practice
 - Position Descriptions
 - Scope of practice
 - Practice Manual
- Investment in clinical supervision
 - Introduced a clinical supervision model
 - Individual and group supervision

- We are aiming to develop a workplace culture that is focused on learning, engagement and optimism
- A focus on supporting staff through the implementation process
 - Preference is to use transformational leadership theory and practice as it focuses energy on values, emotions, motives and treating staff as people

Leaders keep hope alive when they set high standards and genuinely express optimism about an individual's capacity to achieve them. They keep hope alive when they give feedback and publicly recognise a job well done. They keep hope alive when they give their constituents the internal support that all human beings need to feel that they and their work are important and have meaning. They keep hope alive when they train and coach people to exceed their current capacities. Most important they keep hope alive when they set an example.

Kouzes and Posner