

# Moving Beyond Theory to the Nuts & Bolts of Implementation

Update on Mercy Community Services'  
'DMERTTS' Framework

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# Presentation Outline

1. Setting the Scene: The Origins, Purpose & Basic Components of the 'DMERTTS Framework
2. The First Implementation Wave: DMERTTS 101
3. Some 'Nuts & Bolts' of Implementation

# PART 1:

## Setting the Scene:

The Origins, Purpose &  
Basic Components of the  
DMERTTS Framework

## The Origins: The DMERTTS Framework ... the journey

- Currently work as Mercy Community Services' (Family Services) ***Research, Evaluation & Publications Manager***
- **23 years experience with MCS in a range of capacities** including direct care, program coordinator, manager/director, and research, evaluation and practice development (including 18 years as a member of the MCS-FS Leadership Team)
- **The never-ending struggle between day-to-day service delivery and the need to ensure that what we do is best practice**
- **The DMERTTS Framework** has emerged and evolved from

## The Purpose: The DMERTTS Framework

The DMERTTS Framework has two main purposes:

1. It is an *Organisational Implementation Capacity Building Framework*.
2. It also guides the *Design, Monitoring, and Evaluation of Individual Services and/or Programs* provided by Mercy Community Services

Currently we have 25 distinct types of programs that need to be monitored by the DMERTTS

## MCS programs throughout South-East, South-West, & Central Queensland (Burnett Region)

### **Family Support Programs**

- Family Support Program, Connected Families, Therapeutic Day Program, Sexual Abuse Counselling Program (*2 locations*), Family Mental Health Support Service, Family Relationship Service, New Families Program, Contact and Reunification Service

### **Foster & Kinship Care Programs**

- Foster and Kinship Care Programs (*5 locations*), Intensive Intervention Placement Service (*3 locations*)

### **Residential Care & Therapeutic Residential Care**

- Residential Care Program (*13 locations*), Residential Care Program Emergency (*2 locations*), Indigenous Residential Care Program – Beemar Yumba, Residential Care Program for Under 12s (*2 locations*), Therapeutic Residential Care Service, Education and Vocation Support Program

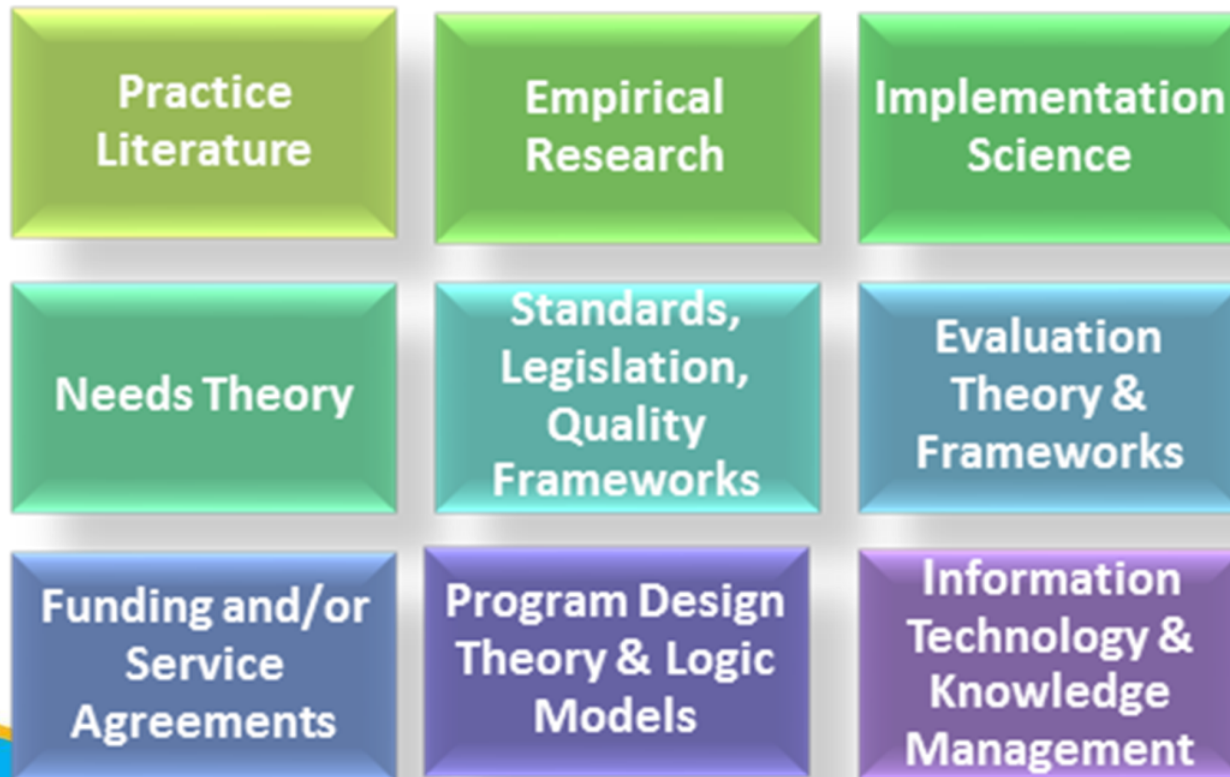
### **Supported Independent Living Programs**

- Supported Independent Living Programs (*3 locations*)

### **Multicultural Programs**

- Romero Centre, CAMS Multi-Cultural Community Worker, Community Detention Program, Settlement Grants Program (*3 locations*), Unaccompanied Humanitarian Minors

## The Knowledge Underpinning Program Design and DMERTTS Implementation



# The DMERTTS Framework ... Basic Explanation

Documentation

Monitoring &

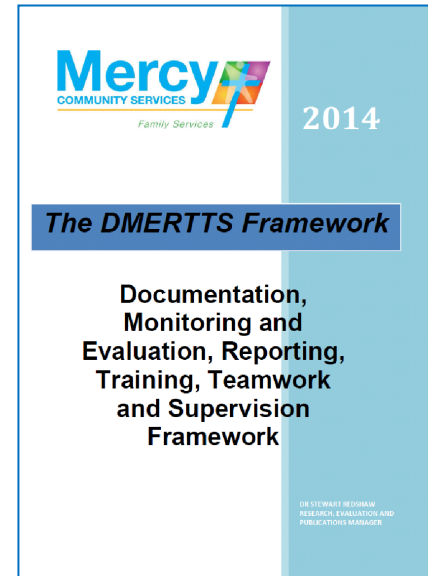
Evaluation

Reporting

Training

Teamwork

Supervision





## **PART 2:**

# **The First Implementation Wave: DMERTTS 101**

*Mercy*

*Acceptance*

*Excellence*

*Dignity*

*Empowerment*

*Integrity*



# DMERTTS Implementation: First Wave

The starting point for Stage 1 implementation is the question:

**“What is priority and what can be done now?”**

In the interim, because of the need to begin to generate quality output, impact and outcomes data in a timely manner, we are focusing our initial efforts on implementing key aspects of the DMERTTS Framework.

Mercy

Acceptance

Excellence

Dignity

Empowerment

Integrity

# DMERTTS Implementation First Wave

## Four Major Categories:

- Client Profile
- Service Provision
- Service Utilisation
- Client Impact/Outcome ....

# DMERTTS Implementation First Wave

The Breakdown of Client Impact/Outcome Data:

*Examining changes in ...*

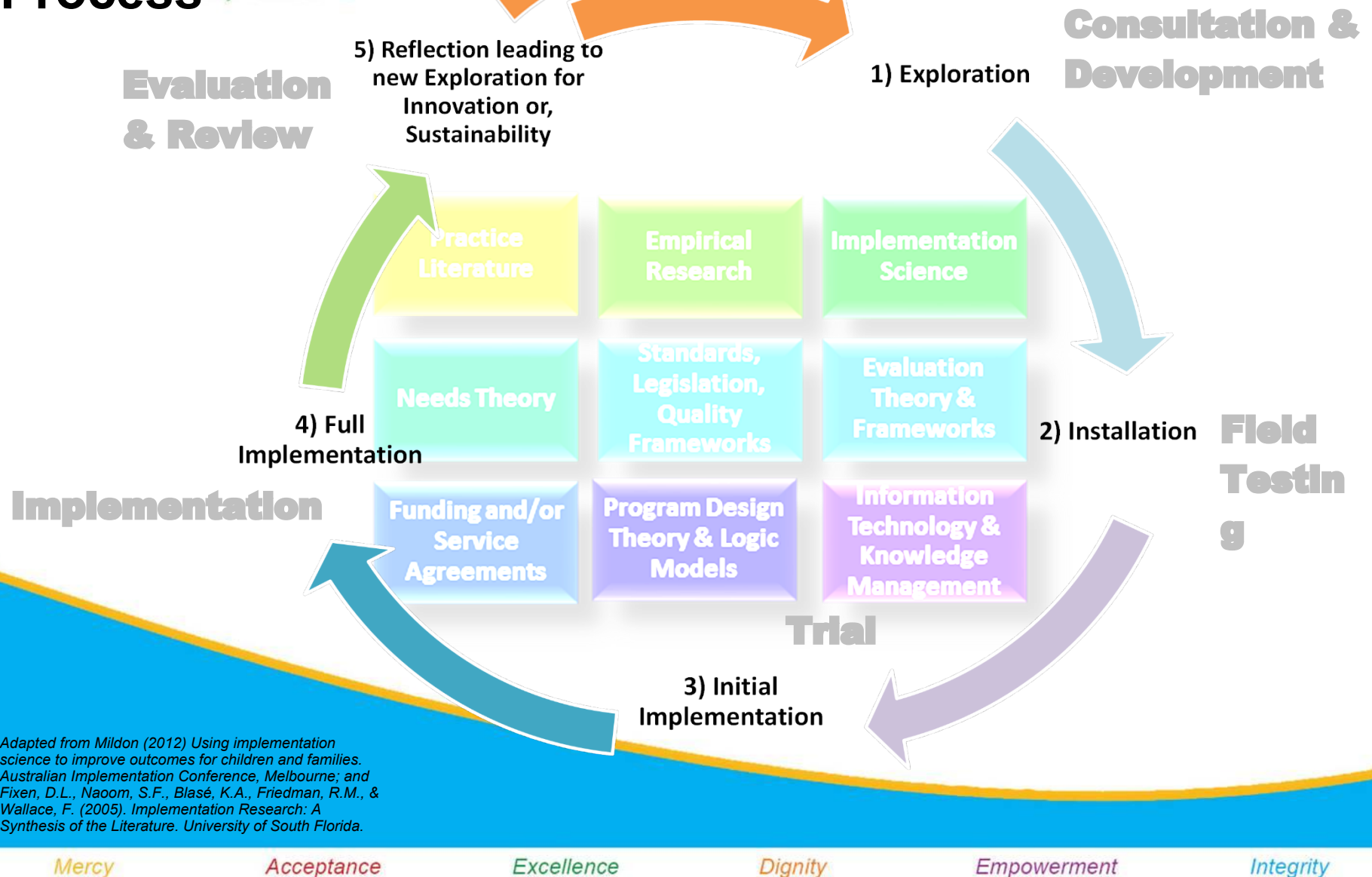
- Client Status
- Client Wellbeing and/or Functioning (Global)
- Client Condition (Specific)
- Client Benefit (Self-Report)

## **PART 3:**

# **Some 'Nuts & Bolts' of Implementation**

# Conceptualising the Implementation Process

# The 'Nuts & Bolts' of DMERTTS Implementation



Adapted from Mildon (2012) Using implementation science to improve outcomes for children and families. Australian Implementation Conference, Melbourne; and Fixen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M., & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. University of South Florida.

# The 'Nuts & Bolts' of DMERTTS Implementation

## The DMERTTS Audit for the First Implementation Wave:

- Examine all relevant knowledge (as per previous diagram)
- Group meetings with key representatives to identify what data are currently being collected for reporting, clinical and evaluation purposes for each of the 25 distinct services/programs
- Identify overlaps and gaps (against the DMERTTS Framework).
- Explore additional case data clinicians (and other stakeholders) would like to collect and identify how these would be collected (tools, instruments and/or evaluation strategies).
- Site visits to gather additional information.

# The 'Nuts & Bolts' of DMERTTS Implementation

The data collected from the first wave will then form the basis of program/service evaluation reports to be developed as part of funding cycles.

- Description of the program model
- Data about the service activities and deliverables provided
- Demographic profile of clients accessing the program/service and the activities they engaged in
- The impacts/outcomes of their involvement
- *Case vignettes and client/stakeholder feedback*
- *Lessons learned and implications for the future*



# The 'Nuts & Bolts' of DMERTTS Implementation

The DMERTTS Dashboards for the First Implementation Wave:

Two main Dashboards to help monitor the overall implementation of the DMERTTS

1. Service/Program Dashboard
2. MCS-FS Organisational Dashboard



# The 'Nuts & Bolts' of DMERTTS Implementation

## Service/Program 101 (First Wave) Dashboard

SERVICE:	
AUDIT DATE:	
PROGRAM:	
AUDITOR:	

<b>STATUS CODES:</b>	
C = COMPLETE DATA AVAILABLE	GREEN
P = PARTIAL DATA AVAILABLE	YELLOW
ND = NO DATA AVAILABLE	AMBER
NM = NO MEASURE AVAILABLE	RED
NA = NOT APPLICABLE	BLUE

1 PROGRAM DOCUMENTATION	STATUS	2.4 ORGANISATIONAL QUALITY	STATUS
<b>1.1 DOCUMENTATION</b>		2.4.1 Organisational Culture	
1.1.1 Literature		2.4.2 ATSI Sensitivity and Practice	
1.1.2 Evidence of Theoretical Foundation		2.4.3 CALD Sensitivity and Practice	
1.1.3 Model of Practice		2.4.4 Volunteer Management	
1.1.4 Supporting Organisational Documents		<b>2.5 PROGRAM EVALUATION</b>	
<b>2 PROGRAM DELIVERY, MONITORING AND EVALUATION</b>		2.5.1 Program/Service Evaluation	
<b>2.1 SERVICE PROVISION</b>		2.5.2 Model of Practice Review	
2.1.1 Service Provision		<b>3 REPORTING</b>	
2.1.2 Service Utilisation		<b>3.1 MODELS AND RESULTS DISSEMINATION</b>	
2.1.3 Timeliness		3.1.1 Accountability Reporting	
2.1.4 Sufficiency		3.1.2 Internal Reports	
2.1.5 Efficiency		3.1.3 Conference Presentations & Publications	
<b>2.2 CLIENT FOCUS</b>		<b>4 TRAINING, TEAMWORK AND SUPERVISION</b>	
2.2.1 Client Profile		<b>4.1 TRAINING</b>	
2.2.2 Case Status		4.1.3 Training Satisfaction	
2.2.3 Client Wellbeing and/or Global Functioning		4.1.4 Training Outcomes	
2.2.4 Client Condition (Specific)		<b>4.2 TEAMWORK</b>	
2.2.5 Program Completion		4.2.1 Team Meeting Frequency	
2.2.6 Goal Attainment		4.2.2 Team Meeting Effectiveness	
2.2.7 Self-Reported Benefit		<b>4.3 SUPERVISION</b>	
2.2.8 Client Satisfaction		4.3.2 Supervision Frequency	
2.2.9 Appropriate Client Targeting		4.3.3 Supervision Quality	
2.2.10 Carer Satisfaction		4.3.5 Staff Satisfaction	
2.2.11 Appropriate Geographical Targeting			
<b>2.3 PROGRAM / SERVICE QUALITY</b>			
2.3.1 Safety			
2.3.2 Stability			
2.3.3 Individual Assessment and Care Plans			
2.3.4 Standards of Care			
2.3.5 Complaints			
2.3.6 Critical Incidents			
2.3.7 Stakeholder Satisfaction			
2.3.8 Community Participation			

# The 'Nuts & Bolts' of DMERTTS Implementation

## Tailor-Made DMERTTS Frameworks

- Overtime, from the first implementation wave to subsequent waves, a ***Tailor-made DMERTTS Framework*** will be progressively 'built' for each service/program type.
- Clearly, this is a considerable project that will be progressively rolled-out over **several years**.
- The stage of development, and funding capacity of each service/program will determine the **Extent and Speed** of DMERTTS Implementation.

### Down the track

- Identifying and '**Locking In**' **Core Intervention Frameworks/Components** *and* **Associated Measures & Instruments** will be critical. Followed by a focus on recruitment, training and support to enhance staff skills in using these.
- Online **Client Management System (CMS)** Integration will generally occur once a Program/Service DMERTTS has entered the Initial Implementation

# The 'Nuts & Bolts' of DMERTTS Implementation

## Critical Factors for Facilitating Implementation

The WD40 for Human Services Evaluation!



- Clinical leadership and oversight
- Clearly articulated Models of Practice (logic and clinical designs) subject to strict *document control*
- Management and organisational support
- Administrative and technical support
- A blend of quality Training, Teamwork and Supervision (the 'TTS' of the DMERTTS acronym) leading to *High Functioning Team*

# The 'Nuts & Bolts' of DMERTTS Implementation

Some more WD40 for Human Services Evaluation!

Human Success Factors ...

- Laying the groundwork and creating an expectation of how useful and beneficial new evaluation processes (The DMERTTS) will be. 'Show & Tell'
- A commitment to working from both directions (what the department wants and what the service/program staff want).
- A commitment to ensuring that front-line staff will not be overloaded with onerous reporting tasks, and that comprehensive, on-site training, mentoring and support will be provided.
- A respectful, collegial and supportive manner from Evaluation



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