

# MERIT PROGRAM

June 2019

## **Purpose**

This manual has been prepared by the Department of Justice with assistance from NSW Health and the NSW Police Force to assist the state-wide implementation of the Magistrates Early Referral Into Treatment (MERIT) program across NSW.

## **Publication**

This edition of the MERIT Operational Manual supersedes all previous editions. You may copy, distribute, display, download and otherwise freely deal with this manual for personal, educational or government purposes. Permission must be obtained from the Department for all other uses.

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# SECTION 1 INTRODUCTION

## Overview of the MERIT program

The Magistrates Early Referral Into Treatment (MERIT) program is an inter-agency initiative of the Department of Justice (DOJ), the Chief Magistrate's Office, NSW Health and the NSW Police Force.

MERIT is a program available in most Local Courts in New South Wales. It provides the opportunity for adult defendants with substance use problems to work, on a voluntary basis, towards rehabilitation as part of the bail process. Since being established in 2000, MERIT has grown to operate in sixty-two Local Courts across NSW. More recently, the MERIT Alcohol Program has been introduced to eligible defendants in seven NSW Local Courts.

The target population of the program is adult defendants with drug and/or alcohol problems who are motivated to undertake treatment. MERIT aims to intervene in the cycle of drug use and crime by addressing the health and social welfare issues that may bring defendants into contact with the criminal justice system.

Acceptance into the MERIT program is guided by a set of eligibility criteria. The criteria are designed to reach target defendants appearing in local courts with a demonstrable history of substance use issues.

Participation in MERIT is voluntary and does not require an admission of guilt. To be eligible, participants must have a drug problem that influences their offending behaviour. It is not a requirement for participants to be drug dependent.

The MERIT program is aligned to the Local Court system. Defendants are referred to the program at or before their initial court appearance. The MERIT program generally progresses from initial hearing to sentencing within three months.

The MERIT Program is available to Australian residents. This includes persons who have access to Medicare and are:

- an Australian citizen
- a New Zealand citizen
- an Australian permanent resident
- applying for permanent residency – subject to conditions, or
- covered by a Ministerial Order.

The MERIT program is only available within NSW local courts. A list of MERIT local courts can be found on the DOJ website.

## Program outcomes

The intended outcomes for participants and the community are:

- decreased offending behaviour
- decreased substance use
- improved health and social function/s of offenders
- increased community protection
- sentences that reflect the improved rehabilitation of successful MERIT participants.

The following source documents provide information about the outcomes of the MERIT program to date:

- *The Magistrates Early Referral Into Treatment (MERIT) Program: Health Outcomes*, NSW Health 2007.
- *The Magistrates Early Referral Into Treatment Program: Impact of program participation on re-offending by defendants with a drug use problem*, Crime & Justice Bulletin No. 131, July 2009.

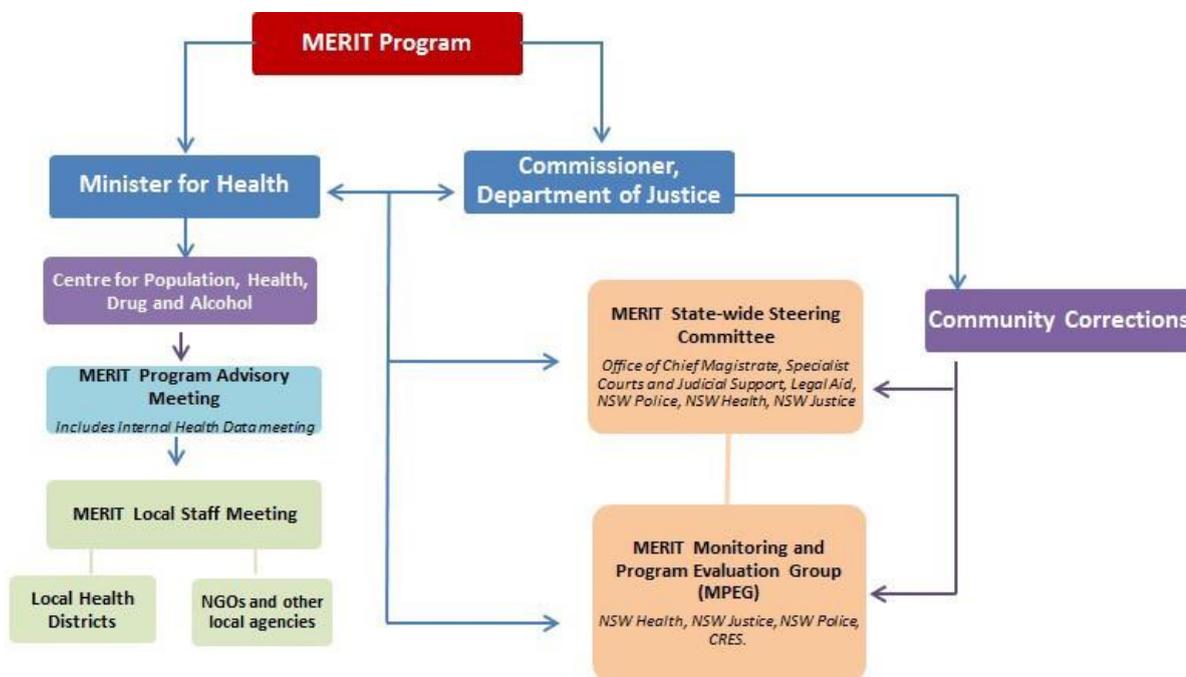
Further evaluation and research documents can be found on the Department of Justice MERIT Website.

## Agencies involved in the MERIT program

### Inter-agency approach

The MERIT program operates through the cooperative efforts of several NSW Government agencies. The agencies are:

- the Department of Justice (lead agency)
- NSW Health (including NGOs)
- Chief Magistrate’s Office
- the NSW Police Force.



### NSW Department of Justice (DOJ)

DOJ leads the MERIT program and is responsible for program coordination and evaluation. DOJ’s key responsibilities are to:

- supervise the implementation of the MERIT Program
- convene the MERIT Steering Committee
- coordinate agency involvement and administration of MERIT
- monitor and evaluate MERIT
- develop and maintain program policy documents such as the Operations Manual
- coordinate administrative support and accommodation within the court environment for members of MERIT teams (where required)

- maintain the MERIT website ([www.merit.justice.nsw.gov.au](http://www.merit.justice.nsw.gov.au)).

### **Chief Magistrate Office**

Magistrates lead the operation of MERIT at court. The magistrates' key responsibilities are to:

- determine and refer eligible defendants to the MERIT team for a suitability assessment
- accept suitable defendants onto MERIT
- monitor participant progress when on MERIT
- respond to bail breaches
- finalise the defendants' legal matters.

### **NSW Health (includes the NSW Health and Ministry of Health divisions)**

NSW Health leads the coordination of drug treatment and other services in MERIT. Each participating local court has a MERIT team attached. These teams are from Local Health Districts (LHDs) or non-government drug and alcohol services. NSW Health's key responsibilities are to:

- assess the suitability of defendants for MERIT
- identify appropriate treatment for MERIT clients and engage services to provide the agreed treatment
- provide ongoing case management to MERIT clients
- provide individual counselling for MERIT clients or ensure this is accessed through another provider
- monitor client progress against the treatment plan
- report to court regularly about client progress against their treatment plan, this includes non-compliance with program conditions
- complete discharge planning for MERIT clients, this includes referrals to post-MERIT services in health, drug treatment, etc.

The Ministry of Health's key responsibilities are to:

- co-supervise the state-wide implementation of MERIT
- convene the MERIT Program Advisory Committee
- coordinate drug treatment and service delivery by MERIT teams
- fund MERIT residential rehabilitation services delivered by NGOs
- collect and maintain MERIT health information data
- monitor and evaluate MERIT.

### **NSW Police Force**

The NSW Police Force plays a key role in identifying and referring potential MERIT participants at the time of their arrest. This can happen at the time of their arrest or before their initial court appearance, where appropriate.

## **Referral and acceptance to the MERIT Program**

### **Referral to MERIT**

Referrals to MERIT can come from different sources. The most common referral sources include the police, magistrates, solicitors or the defendant and their networks (i.e. friends and family).

Defendants can be referred to the program on more than one occasion.

Agencies acting on behalf of a defendant are not permitted to share any information relating to the criminal history or record of the defendant. MERIT staff or agents should not use or access any information relating to a defendant's criminal record they receive.

Parties are not permitted to request this type of information from the Police Records Unit or other agencies to determine a defendant's suitability for MERIT.

### **Eligibility**

Eligibility for MERIT is determined by the magistrate. To be considered eligible for MERIT, defendants must satisfy the following criteria:

- be an adult
- be an Australian resident
- be eligible for release on bail or not require bail consideration
- voluntarily agree to participate in MERIT
- be suspected of using drugs or be known to have a history of drug use.

The defendant must not:

- be charged with sexual offences or have similar offences pending before the court
- be charged with a strictly indictable offence or have similar offences pending before the court.

### **Suitability**

Once a defendant that has been assessed as eligible by the magistrate they will be referred to MERIT for a suitability assessment.

To be suitable the defendant must:

- have a treatable drug or alcohol problem that has appropriate treatment available
- reside within the location or catchment area (or have sufficient connection to the area, i.e. full-time employment)
- voluntarily consent to undertake the MERIT program.

Defendants participate in a two-part assessment - an initial suitability assessment and, if found initially suitable, then a comprehensive assessment (see 'MERIT Assessment' in section 4).

The comprehensive assessment covers the defendant's:

- drug or alcohol use behaviours, problems and history
- family relationships
- social situation
- legal issues
- physical and mental health problems
- motivation for change
- potential to engage in treatment for drug use problems.

An individual treatment plan tailored to the participant's identified needs will be developed once the comprehensive assessment is completed.

### **Good clinical practice**

MERIT clinicians are required to perform a client interview to understand personal or behavioural-related information about patients. This interview will inform the client's treatment plan.

Any information or data relating to defendants and/or existing MERIT participants should be handled appropriately and in line with the relevant health and privacy policies.

# SECTION 2 MAGISTRATES AND COURTS

## Magistrates and Courts

### Magistrates' assessment for eligibility

It is the role of magistrates to decide whether a defendant is eligible for the MERIT program.

A magistrate will consider the following factors when assessing defendants:

- must be an adult
- must be an Australian resident
- must not be charged with a strictly indictable offence/s or sexual offence/s, and should not have charges for similar offences pending before a Court
- must be suspected of using drugs or have a history of drug use
- must be eligible for bail and suitable for release on bail or not require bail consideration
- must voluntarily agree to participate in MERIT.

Previous convictions for strictly indictable offences or sexual offences are not considered when determining eligibility.

### The process once an eligibility assessment has been made by a magistrate:

- Eligible defendants will be referred to the MERIT team for a two-stage suitability assessment. The assessment will make a recommendation to the magistrate on the client's suitability (template 4)
- The magistrate will make a final determination on the defendant's acceptance into the program.

In some cases, a comprehensive assessment may have already been completed before the defendant's first court appearance. In this case, eligibility and suitability can be determined at the first court appearance (see 'MERIT Assessment' in section 4).

### Psychiatric reports

In some circumstances, magistrates may obtain a psychiatric report and/or a sentencing assessment report for a defendant prior to passing a sentence.

It is not the responsibility of the MERIT team to arrange these reports. These reports will be arranged by the court registry.

### Bail conditions and referral to MERIT

#### Background

Bail is the authorisation for a person accused of an offence to be at liberty, instead of in custody, prior to any legal consideration of guilt (*Bail Act 2013*).

The person is entitled to be released (if in custody) and to remain at liberty in respect of the offence, until the person is required to appear before a court in accordance with the person's undertaking. This applies when:

- bail is granted to an accused person in respect to an offence
- the person enters into the bail undertaking, and
- a bail condition or bail conditions are imposed, or are entered into.

## **Referrals**

Magistrates should make determinations about a defendant's suitability for release on bail prior to any decision about MERIT suitability or entry.

There are three different bail options for MERIT participants that the magistrate may consider. These are:

1. The requirement for bail has been dispensed with (*Bail Act 2013*)
2. Bail is applicable and a MERIT bail condition is added
3. Bail is applicable and a MERIT bail condition is not added.

## **Responsibilities of a MERIT caseworker**

The *Bail Act 2013* allows bail conditions to be imposed. Example wording might be: 'To comply with the reasonable directions of MERIT'.

The MERIT caseworker is responsible for monitoring bail conditions, and where necessary, reporting non-compliance to the magistrate (see 'Non-Compliance with Program Conditions' in section 4).

NSW Police Force are not required to monitor any bail conditions related to MERIT and are not expected to return non-compliant defendants to court.

Other bail conditions may or may not be imposed, at the discretion of the magistrate.

MERIT caseworkers are not responsible for monitoring bail conditions other than those related to MERIT. If caseworkers become aware of a breach which is related to MERIT, they are required to notify the relevant authorities as soon as possible.

## **MERIT Court Hearings**

### First court attendance

In most cases, the defendant's initial appearance at court is the first opportunity to conduct a MERIT eligibility/suitability assessment.

Having MERIT team members present at court to conduct this suitability assessment is ideal but not always possible.

Where a magistrate finds a defendant ineligible, the defendant's court matters proceed as normal.

### MERIT present at court

Where a defendant is deemed eligible by the magistrate and the MERIT caseworker is available at court, the caseworker conducts an initial suitability assessment on the day. The MERIT team submits an Initial Court Report (template 3) to the magistrate.

If the defendant is found initially suitable, a comprehensive assessment should be undertaken by the MERIT team. This is to confirm suitability and develop a treatment plan. If this is not possible to complete on the day, the magistrate may grant an adjournment (of up to three weeks) for this assessment to take place.

If the defendant fails to report as required for this assessment during the adjournment, the MERIT team should inform the court as soon as possible.

Where the defendant is found unsuitable, the case proceeds as normal.

### MERIT caseworker not present at court

If a defendant is deemed eligible by the magistrate, and the MERIT caseworker is not available at court, the defendant will be directed to attend a MERIT office to complete an initial assessment. This is to be completed within three working days.

The MERIT team should conduct both an initial and comprehensive assessment of defendants during this period.

At the defendant's subsequent court appearance, the MERIT team presents the Magistrate with either an Initial Court Report (template 3) or a Comprehensive Assessment Court Report (template 4).

If the defendant has failed to attend the MERIT office for assessment, the next steps in the criminal process will be directed by the magistrate.

### **Comprehensive assessment**

The MERIT team provides a Comprehensive Assessment Court Report (template 4) to the magistrate. The report confirms if the defendant is suitable for the program. It recommends the type of drug treatment services that are appropriate, relevant support and a proposed treatment plan.

If a defendant is found suitable by the MERIT team, the magistrate then determines if they should be accepted into MERIT. If the defendant is found unsuitable the case proceeds as normal.

Court supervision can play a role in encouraging treatment completion. If the defendant is accepted into MERIT, the magistrate is encouraged to impose court supervision. This will help monitor the participant's progression in the program.

Each adjournment will be accompanied by a short progress report from the MERIT team (template 5). The progress report will show the participant's progress and compliance with their treatment plan. The MERIT team may also suggest the length of adjournments.

MERIT is a 12-week program. Some guidelines for adjournments are:

- up to three weeks for comprehensive assessment
- court appearance to report on a participant's progress at four to eight weeks (from the commencement of treatment)
- final appearance at 12 weeks (from the commencement of treatment).

### **Treatment period**

The MERIT team is responsible for maintaining contact with the client during the program. The contact will focus on providing treatment, support and supervision in line with the agreed treatment plan. This support may include participation in case worker interviews, drug assessment and treatment.

### **Removal from the program**

A magistrate may remove a defendant from the MERIT program at any time. A caseworker's compliance report or re-offending by the defendant are two factors considered by the magistrate.

MERIT caseworkers monitor and report the defendant's compliance with their treatment program (see 'Non-Compliance with Program Conditions' in section 4). Non-compliance can be defined as:

- failure to attend MERIT appointments
- failure to engage in drug treatment
- incidents of aggression or violence towards staff or damage to MERIT property.

If a participant is removed from MERIT, the defendant's matters proceed to plea or hearing.

It is not considered a breach of bail if a defendant is found to be non-compliant with MERIT (see the 'Bail and MERIT' section).

## **Voluntary withdrawal**

A defendant can voluntarily withdraw from the MERIT program at any time.

In cases of voluntary withdrawal, the MERIT team will notify the court and the magistrate will formally remove the participant from the program. When removed from the program, the defendant's matters proceed to plea or hearing.

It is not considered a breach of bail if the defendant withdraws from the program (see the 'Bail and MERIT' section).

## **Final hearing/sentencing**

The completion of MERIT generally coincides with a defendant's final hearing. A plea is generally not sought or entered until this time.

MERIT caseworkers closely monitor participants over the program period and provide the court with regular detailed reports relating to the participant's past drug use, response to treatment and a relapse prevention plan (template 6). The report does not make any sentence recommendations.

The MERIT team do not generally attend the sentencing hearing.

As the MERIT program is voluntary, unsuccessful completion should not attract any additional penalty at sentencing. Defendants should be advised that failure to respond to a drug treatment program will not attract additional penalties or be dealt with by punitive measures. If convicted, the penalty would relate to that offence only, and not to the defendant's failure to respond to treatment.

## **Post plea (entry of MERIT participants)**

While MERIT is focused on a pre-plea process, defendants have entered MERIT post plea or have entered a plea while on the program.

If a full MERIT report has been provided to the client at sentencing, then it is not necessary to obtain a sentencing assessment report (SAR) or duty report from Community Corrections.

# SECTION 3 NSW POLICE FORCE

## NSW Police Force Overview

Police play an important role in referring defendants to MERIT. Police are often the first point of contact with a defendant and have an opportunity to identify potential MERIT clients early in the process.

A police referral to MERIT means the defendant can be assessed before their first court appearance.

### NSW Police Force Referral Procedure

Any police officer can make a referral for a MERIT assessment. Before making a referral, officers need to determine if the defendant:

- is an adult
- is an Australian Resident
- is not charged with strictly indictable offences or sexual offences, and the defendant should not have charges for similar offences pending before a Court
- is suspected of using drugs or have a history of drug use
- is eligible for bail and suitable for release on bail or not require bail consideration
- voluntarily agrees to participate.

Note: Responsibility for accepting defendants into the program rests with the magistrate at a later date.

### On arrest

To make a MERIT referral at the time of arrest, Police should:

- Establish if the defendant has a drug issue – this can be determined by:
  - the defendant's presentation
  - self-disclosure by the defendant
  - the nature of the offence
  - the prior offending history of the defendant
  - what is known about the defendant and/or the company they keep.
- Explain the MERIT program to the defendant and how their details will be passed onto the MERIT team (third party) if they agree to the referral. Police can release information about the defendant's current offences to the MERIT team.
- Provide the defendant with the MERIT brochure to read.
- Seek the consent of the defendant to refer them for a MERIT assessment.

Police may act on a reasonable assumption that the defendant is a drug user. The MERIT team will assess the defendant's suitability for MERIT.

### Informed consent

Participation in MERIT is voluntary and the defendant must give informed consent to be referred for assessment.

The defendant is required to sign either the COPS-generated MERIT Referral Form or the MERIT Field Referral Form to show consent. If the defendant does not agree to the referral, they must be informed that Police will note this decision on the Facts Sheet.

### **Steps to follow once consent is received (in the field)**

If the defendant consents to referral, Police should:

- Complete the MERIT Field Referral Form - the defendant and the referring officer are both required to sign the form.
- Provide the defendant with their (yellow) copy of the MERIT Field Referral Form – this will contain contact information for the MERIT team.
- Fax the completed MERIT Field Referral Form and the Facts Sheet to the relevant MERIT team – this can be identified in the Drug Diversion Field Referral Folder and/or on COPS.

See Appendix 2 for a sample MERIT Field Referral Form.

### **Steps to follow once consent is received (at the police station)**

If the defendant consents to referral the Police should:

- Process the details of the defendant on COPS.
- Generate the MERIT Referral Form - the defendant and the referring officer are both required to sign the form.
- Complete the MERIT Referral Form in the facts (narrative) and include the historical information - if the defendant declines to be referred this should also be recorded on the Facts Sheet.
- Fax the MERIT Referral Form plus the Facts Sheet to the local MERIT team identified in the Drug Diversion Field Referral Folder.
- Hand the defendant the contact information for the local MERIT team.

Police are not to provide MERIT teams with a copy of the defendant's criminal record.

### **What happens next?**

The MERIT team will acknowledge receipt of the referral by fax.

It is the responsibility of the defendant to make contact with the MERIT team. The defendant needs to attend the assessment within three days of receiving the referral. Where possible, the MERIT team will make reasonable efforts to follow up referrals for assessment.

### **POLICE MERIT Liaison Officer Responsibilities**

A senior police officer in each Police Area Command (PAC) will be appointed as the MERIT Liaison Officer (MLO). The role of the MLO is to:

- promote referrals to MERIT by police and monitor the number of police referrals
- liaise with the local MERIT team as necessary
- ensure MERIT brochures are accessible to police for distribution.

### **Non-compliance provisions**

The magistrate may decide if participation in MERIT is made a condition of the defendant's bail.

Non-compliance may result in the defendant being removed from the program by the magistrate. If this occurs, the matters will proceed to plea and hearing as normal.

The NSW Police Force are not required to monitor any bail conditions related to MERIT and are not expected to return non-compliant defendants to court (as allowed for under the *Bail Act 2013*). See the 'Bail and MERIT' section.

### **MERIT team liaison with Police**

The MERIT Manager will ensure Police are adequately supplied with MERIT brochures. Where appropriate, the MERIT Manager will provide MERIT brochures translated into community languages.

# SECTION 4 MERIT TEAMS AND OPERATIONS

## MERIT teams

MERIT teams are funded through Local Health Districts (LHDs). Teams are located either within a LHD's drug and alcohol service or through a NGO sub-contracted arrangement.

### Key responsibilities

MERIT staff have the same obligations as other professional staff employed within the NSW health system.

The primary responsibilities of the MERIT team are to:

- assess referred defendants for suitability
- develop treatment plans in consultation with clients
- provide case management and maintain regular contact with clients
- provide drug treatment counselling services to MERIT clients (or ensure they access this through another provider)
- facilitate or refer access to appropriate drug and alcohol treatment services for clients, including within LHDs, NGOs and the private sector
- liaise with other services to monitor client progress, compliance, motivation and recommendations for further treatment
- monitor the client's progress against their treatment plan and program requirements
- provide reports to the court as required
- provide data as required for the purposes of state-wide monitoring and reporting
- liaise with other MERIT agencies to facilitate service delivery (i.e. magistrates, NSW Police and solicitors)
- promote the MERIT program to other health and welfare service providers.

### Assisting in the administration of justice

MERIT caseworkers are employed by NSW Health as health professionals. MERIT caseworkers are responsible for delivering health treatment and assisting with the administration of justice.

The role of the MERIT team in the administration of justice is to:

- recognise their duty to the court by way of honest and impartial representation;
- ensure that the court is not misled
- refuse to tolerate any action that may delay the course of justice or contribute to the abuse of its processes
- disclose any improper conduct which is calculated to defeat the course of justice (except where ethically obliged to maintain confidentiality)
- recognise their duty to the law by ethically representing their clients' interests
- comply with recognised professional, ethical standards in the conduct of their matters.

MERIT clinicians must not access or refer to any information relating to the criminal record of a defendant when assessing their suitability. A MERIT participant may voluntarily provide this information to the clinician during the course of the suitability assessment.

In line with good clinical practice, MERIT clinicians are required to perform a client interview to inform the client's treatment plan.

MERIT caseworkers may have access to confidential and/or sensitive information about clients. This information may be contained in Criminal Facts Sheets. MERIT staff must ensure this information is used appropriately and stored confidentially (see the 'informed consent' section for more information).

### **Conduct at court**

When representing MERIT at court, staff should:

- adhere to the court dress code
- wear appropriate identification
- ensure mobile phones are turned off
- present quality reports, verbal and written
- maintain standards consistent with court protocol
- follow court procedures and court protocol
- address the magistrate appropriately
- behave respectfully with other court staff
- return all court papers to their correct location.

### **Reporting and accountability**

MERIT teams comprise of:

- Team Leader or Manager
- Caseworker and/or counselling staff
- Administrative support staff.

MERIT teams report to the MERIT Manager/Team Leader in the relevant drug and alcohol service or NGO.

NGO MERIT teams may have contractual arrangements with the LHD that outline reporting and accountability arrangements.

### **Clinical governance**

MERIT teams operate within the appropriate LHD/NGO clinical governance arrangements. These arrangements may cover:

- the use of evidence-based treatment interventions
- processes for clinical and case review
- clinical supervision of staff
- clinical line management
- complaints management procedures
- critical incident reporting systems
- safeguarding the rights of patients and their engagement in care
- ongoing professional development.

## Relevant documents

MERIT teams should be familiar with the latest versions of the following policy and practice documents:

- NSW Health Privacy Manual, NSW Health 2015.  
<https://www.health.nsw.gov.au/policies/manuals/pages/privacy-manual-for-health-information.aspx>
- *NSW Clinical Guidelines – For the Care of Persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings*, NSW Health 2009.  
[http://www.health.nsw.gov.au/pubs/2009/comorbidity\\_report.html](http://www.health.nsw.gov.au/pubs/2009/comorbidity_report.html)
- *NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines*, NSW Department of Health 2008. [http://www.health.nsw.gov.au/policies/ql/2008/GL2008\\_009.html](http://www.health.nsw.gov.au/policies/ql/2008/GL2008_009.html)
- *Drug & Alcohol Treatment Guidelines for Residential Settings*, NSW Health 2007.  
[http://www.health.nsw.gov.au/policies/ql/2007/GL2007\\_014.html](http://www.health.nsw.gov.au/policies/ql/2007/GL2007_014.html)

## Program Stages

### General

MERIT is a 12-week program with three stages:

1. Program entry and commencement of treatment
2. Ongoing treatment (typically 4-5 weeks and can include exit strategy/completion)
3. Program exit at 12 weeks (community referral and completion).

Further information about each stage is outlined below.

There may be variations to the program depending on the individual needs of the clients. Any exit strategy is to be approved and supported by the magistrate and the MERIT caseworker.

### Stage 1:

#### Program assessment, entry and commencement of treatment

Key activities in Stage 1:

- register and maintain client details on the MERIT database
- conduct comprehensive client assessment (including clinical and psychosocial issues and drug use history)
- complete mandatory program entry questionnaires
- prepare Initial Assessment Form (template 1)
- complete the MERIT Program Agreement (template 2) which includes agreement to participate, follow the MERIT program conditions and share personal and health information set out in NSW Health privacy policies.
- develop a tailored treatment plan (including the completion/exit strategy)
- commence drug treatment program
- assess secondary needs of the client; for example, education, family, social, health/medical, skills training, housing and other needs
- prepare and submit Initial Court Report(s) to outline recommendations for MERIT acceptance and treatment plan (template 3).

Other activities occur given the individual needs of the participant:

- undertake additional psychometric testing
- assess or provide withdrawal management
- recommend or conduct urinalysis
- conduct home visits with the client, their family, partner and/or co-resident.

### **Stage 2:**

#### **Ongoing treatment**

Key activities in Stage 2:

- undertake ongoing case management
- deliver drug and alcohol counselling
- conduct client case review
- maintain or adjust treatment
- actively monitor client progress and compliance
- recommend or conduct urinalysis (where appropriate)
- complete and submit Progress Court Report (s) to court (template 5).

### **Stage 3:**

#### **Program exit and discharge**

Key activities in Stage 3:

- undertake discharge planning, including referrals to other appropriate services and relapse prevention strategies
- complete mandatory exit questionnaires
- undertake urinalysis screen (where appropriate)
- complete and submit **Final Court Report** to court with progress and compliance summary (template 6).

## **Referral to MERIT**

Common sources of referrals to the MERIT program are magistrates, Legal Aid solicitors, private solicitors, police and self-referral by defendants.

MERIT teams can help promote the program by:

- networking with local referring agencies and individuals to promote MERIT and the referral process
- having a visible presence on MERIT court days and making themselves known to solicitors and court staff
- reviewing court lists to identify potential MERIT participants
- attending Court User's Forums
- placing MERIT advertising material in local drug and alcohol facilities and at court.

As alcohol and other drug use is a chronic relapsing condition a previous referral to MERIT does not exclude a defendant from further referral.

MERIT program once for the same H number matter (offence number).

## **Assessment of suitability**

Assessment for the MERIT Program is determined at two stages:

- **Eligibility assessment:** Eligibility is determined by the magistrate. To be considered eligible for MERIT, defendants must satisfy the eligibility criteria in the 'eligibility criteria' section noted.

- **Suitability assessment:** The MERIT team then undertake an assessment of suitability for the MERIT Program. The MERIT team undertake a comprehensive clinical and psychosocial assessment to determine suitability for MERIT.

### **Assessing initial suitability**

Preliminary information may be gathered during an initial interview in the MERIT office or at court.

An initial suitability will establish if the defendant:

- voluntarily consents to participate in MERIT
- has a treatable drug problem
- generally resides in the MERIT defined catchment area (or has sufficient connection to the area, i.e. has full-time employment in the area).

Other relevant issues can be identified at this stage. This may include physical or mental health issues that need urgent referral/assessment.

The MERIT caseworker should access the Police Facts Sheet to obtain the Criminal Names Index (CNI) number for reporting. The CNI number should be noted on the **Initial Suitability Assessment Report** (template 1).

The **Initial Court Report** (template 3) is submitted by the MERIT team to the magistrate for consideration. The magistrate will assess the defendant using the **Initial Court Report** against the program eligibility criteria. The magistrate may then recommend eligible clients to complete a comprehensive assessment.

If the magistrate deems the defendant ineligible, the client's court matters will proceed as normal.

### **Comprehensive assessment**

The magistrate will refer eligible defendants for a comprehensive assessment to the MERIT team.

The comprehensive assessment is completed during an adjournment period following the initial court appearance. The comprehensive assessment can also be completed at an earlier point in the process or in conjunction with an initial eligibility/suitability assessment.

A comprehensive assessment covers:

- the quantity, frequency and pattern of current drug use. This includes an assessment of all psychoactive drugs use (both elicited and illicit); the circumstances in which drug use occurs; the route(s) of administration; and the level of dependence
- the extent and severity of previous drug use problems, or any previous treatment or self-initiated periods of abstinence
- drug-related risk-taking behaviour
- family relationships and family drug history
- social situation
- child protection issues
- legal issues, including any arrests, commencement of drug use
- medical and health problems associated with or exacerbated by drug use
- mental health, including suicide risk assessment
- domestic violence screening (for women)
- motivation for change and treatment goals
- potential to engage in treatment for drug use problems
- the type of treatment that would be appropriate.

The comprehensive assessment process may indicate that some clients are not suitable for MERIT. In this case, the caseworker will note reasons for unsuitability to the court and the client's court matters will proceed.

Informed consent should be received before a comprehensive assessment takes place. The client must complete the **MERIT Program Agreement** (template 2).

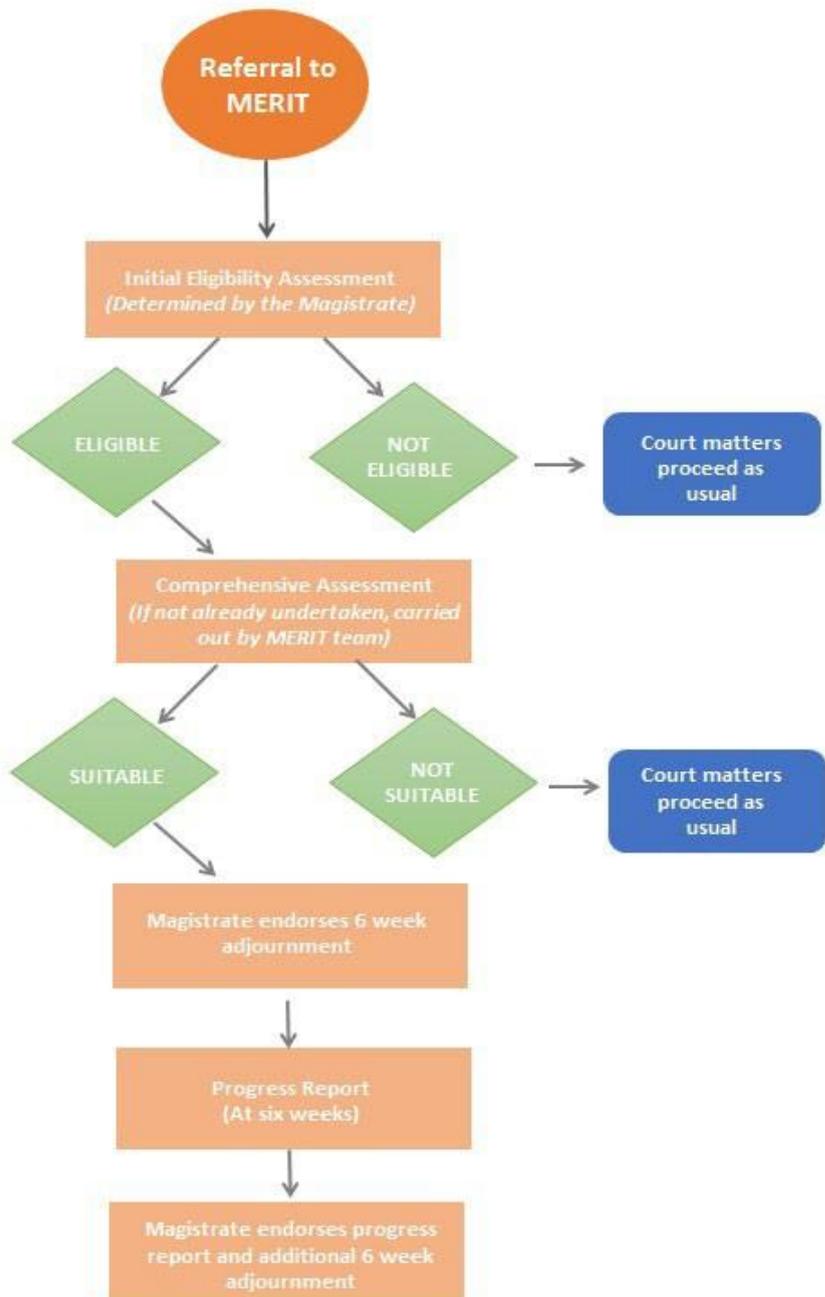
A **Comprehensive Assessment Court Report** must be submitted to the court once the assessment is completed (template 4).

**MERIT health outcomes information**

A number of assessment tools are used to gather information on health outcomes for MERIT participants. These tools may include:

- Australian Treatment Outcomes Profile (ATOP)
- Items measuring drug use
- Items measuring risk behaviour
- Items measuring severity of dependence
- Items measuring psychological distress.

**The MERIT process:**



## Informed Consent

### **MERIT teams**

The MERIT team must get the client's consent before starting the program (refer to template 2).

The MERIT team must make every effort to be sure the client understands:

- Participation in the MERIT program is voluntary
- Clients can voluntarily withdraw from the program at any time (the court case will continue in the usual way).
- Participation in treatment is for about 12 weeks.
- Clients are required to appear before the Magistrate to provide a progress update (unless exempt by the Magistrate)
- Clients need to follow the MERIT program conditions which are:
  - attend appointments regularly and on time
  - work toward treatment goals agreed between the client and the MERIT team
  - behave safely at appointments
- If clients do not follow the MERIT program conditions the Magistrate may remove the client from the program (the court case will continue in the usual way).
- Personal and health information may be shared with:
  - People in other services for client's health care and treatment
  - The Local Court to provide information about progress on the MERIT program
  - A nominated contact. This may be for client's health care and treatment or if the MERIT team has concerns for the client's or a dependent's well-being.
  - An organisation who will assist NSW health evaluate the benefits of the MERIT program.

### **Responsibilities of Police at referral**

The NSW Police must make every effort to be sure the defendant understands:

- participation in MERIT is voluntary
- by signing the referring police officers notebook or the MERIT Field Referral Form, they are consenting to participate in a MERIT assessment.

### **Information obtained from the client during assessment**

During assessment, the client signs the MERIT program agreement (template 2). This includes agreement to participate and follow the MERIT program conditions. It also includes an agreement to share personal and health information set out in the NSW Health privacy policies. This agreement says that the MERIT program may share information with:

- people in other services if it is necessary for the client's health care and treatment. For example, the MERIT team may share client information with a drug treatment service, a hospital, General Practitioner, Centrelink, Justice and Community services, Police and Community Corrections.
- the Local Court to provide them with information about the client's progress on the MERIT program.
- a nominated contact, this may be if it is necessary for health care and treatment or if the MERIT team has concerns for the client's wellbeing.
- an organisation who will assist NSW Health evaluate the benefits of the MERIT program.

Legal documentation provided by the Court or the Police must only be kept on the client's file for the period of their engagement with MERIT. Legal documentation should not be copied electronically and hard copies must be destroyed at the end of this period.

Legal information must be handled securely. Specifically in terms of:

- Restricted legal data including client charges and court orders should be accessible only to MERIT caseworkers who work directly with the assessment or treatment of the client
- Paper storage: Files and/or their contents must be organised to prevent unauthorised access to restricted legal data (i.e. in separate files or separate opaque sleeves labelled 'restricted legal data – MERIT access only – do not scan')
- Electronic storage: Electronic storage of restricted legal data items must be kept in the MERIT database (MIMS) only. Health documents or system entries (e.g. clinical notes, discharge summaries, court reports) that are entered or copied to other systems should not contain 'restricted legal data' items. Legal information must not be stored electronically and should not be recorded or copied in other systems (e.g. electronic medical records)
- Distribution: Legal documents should not be distributed outside of MERIT staff to other health staff (or other service providers) who may be involved with the client during the MERIT program.

## MERIT Treatment Options

Treatment provided to MERIT clients will be:

- evidence-based
- client-focused
- tailored to the individual.

Treatment options can be provided by a local health service or an accredited NGO/private provider.

### Case management

Case management is central to MERIT and the delivery of its services. Case management includes the communication and coordination of work to help a client access services. It is focused on the client's care needs to minimise duplication of services and to deliver a positive experience.

### Psychosocial interventions

Psychosocial interventions such as individual counselling can be provided to clients as part of MERIT. The most common intervention delivered is Cognitive Behaviour Therapy (CBT). CBT focuses on a client's problem solving skills and relapse prevention. Some MERIT clients may also access group counselling services. Psychosocial interventions are provided in line with the NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines.

### Withdrawal management

Withdrawal is a neurophysiological adjustment a person experiences when they stop or reduces their drug use. Assessment of withdrawal needs is carried out by an appropriately qualified professional. The nature and severity of withdrawal depends on factors such as an individual's drug use history and the types of drugs used.

The aim of withdrawal management is to help cover a client complete their withdrawal safely and comfortably. This is often a first step before treatment can commence. Withdrawal management can include providing information, support, monitoring and medication. Withdrawal management can occur in hospitals, residential rehabilitation, home or outpatient settings.

### **Opioid treatment**

The Opioid Treatment Program is used for the treatment of opioid dependence. It involves the use of pharmacotherapies such as methadone or buprenorphine pharmacotherapy treatment. Treatment is usually provided through outpatient clinics, community pharmacies and local hospitals (more common in rural areas). Opioid treatment is provided in line with the Ministry of Health guidelines.

### **Residential rehabilitation**

Residential rehabilitation is used to provide 24-hour staffed programs that cover structured drug and alcohol treatment interventions. A structured residential setting can provide a concentrated effort to address underlying causes of drug and alcohol use. Examples of residential programs available in NSW are short-term CBT-based programs, culturally sensitive treatment, 12-step programs, and the Therapeutic Community model.

### **Urinalysis**

Urine drug testing or urinalysis is used in conjunction with clinical intervention. Urinalysis is not mandatory in MERIT but can be used at the caseworker's discretion as a clinical tool to assist treatment.

Not all drug urine test results are suitable for reporting in a court environment. If in doubt, MERIT caseworkers should seek expert medical opinion to interpreted urine drug test results. This is important in cases where urinalysis results form part of court reports.

### **Routine drug analysis**

Urinalysis tests can also be used for routine drug analysis. Use of routine drug analysis should be considered on an as needs basis. These tests are conducted in a methadone unit and are qualitative only. This means only the presence (or absence) of a drug is reported, which may not be a reliable measure. These tests do not cover all drug use (i.e. cannabis use is tested). These tests are not recommended for inclusion in a MERIT court report.

### **Medico-legal drug analysis (Australian Standard AS 4308)**

Urinalysis tests for Medico-legal drug analysis conducted should be quantitative and meet the Australian Standard AS 4308. Positive results are confirmed by Gas Chromatography or Mass Spectrometry. A large number of drugs are tested for, including cannabis.

The process for sample collection for Medico-legal drug analysis is:

- the donor provides photo identification to the supervisor
- the donor provides the specimen under direct supervision
- the supervisor inspects the urine specimen to determine its colour and look for any indication of adulterants or diluents
- the specimen temperature is taken and should be in the range of 33°C to 38°C. The specimen is placed in tamper-resistant bottles
- the donor signs the seals. Urinalysis should be random.

### **Reporting urinalysis results to court**

Urinalysis results should not be reported in court reports unless they meet Australian Standard AS 4308 (see above).

If the standards are met, MERIT caseworkers should include all urinalysis results in court reports. All tests should be included regardless of their outcome (i.e. if they indicate a reduction/abstinence). Caseworkers should provide contextual information in these reports to represent the client's progress and treatment.

MERIT caseworkers must ensure that clients are informed of, and consent to, the urine drug screen process. Clients should also be informed that their results will be reported to the court.

### **Health and ancillary interventions**

The client treatment plan will identify and outline any external or (non-drug treatment) specialist services for the client. It can include any:

- health-related services in the public and private sector, such as mental health services (psychiatric and psychological assessment and interventions), General Practice, specialist medical services, and pre-natal and post-natal services for drug-using pregnant women.
- ancillary and welfare services, such as vocational and employment services, assistance with housing, family counselling education and training, child at risk services, disability services or financial counselling/assistance.

## **Engaging Specialist Services**

### **Awareness of available services**

It is important that MERIT workers are familiar with local agencies and the services utilised by MERIT participants. For drug treatment services this should include knowledge about criteria for acceptance, intake and assessment processes, the type of treatment provided and what the client can expect.

It is also helpful for MERIT workers to develop professional relationships with providers to inform referrals.

### **Referral processes**

MERIT workers should assist in facilitating appropriate referral pathways. MERIT workers should refer clients in line with the process of the specialist health service. Referral can be initiated by phone with written follow up or by the client making direct phone contact with the service.

Some services will also have an intake and assessment process that will need to be completed before accepting the client.

### **Information exchange**

In some instances, services need to forward client information to other agencies. To ensure the client understands this requirement, the **MERIT Program Agreement** (template 2) should be signed at the beginning of the program. This allows for services to share client information for referrals.

MERIT workers need to exercise discretion when sharing client information. Only necessary information that will help inform treatment and services to the client should be shared with other agencies.

For drug treatment service referrals this may include information about medication, previous treatment episodes, mental health status (including suicide and self-harm risks) and psychosocial issues. Information about a client's charges or criminal history should not be provided to other services or agencies.

### **Assisting MERIT clients to access other services**

MERIT caseworkers play an important role in assisting clients to access other health, welfare and support services. This can include providing assistance during the referral process, encouraging clients to contact other services and accessing useful information online.

## **Ongoing communication with specialist services**

The MERIT caseworker is responsible for monitoring and reporting the client's compliance with the program to the court. The MERIT caseworker should follow up regularly with staff, other services and clients to note attendance and progress. MERIT workers may request a written report of progress from staff or other services.

MERIT workers should maintain contact with clients in inpatient withdrawal management unit or a residential treatment services.

For more information about MERIT and residential treatment services, please refer to the MERIT Residential Treatment Guidelines (see the 'case management' section).

## **MERIT Protocols**

### **Management of caseload**

MERIT teams may reach the limit of their caseload capacity. The MERIT Manager is responsible for monitoring the caseloads of their staff and implementing strategies to manage work flows. Managers should help support staff manage their work to ensure the program is open to referrals.

Suspension of referrals should be a last resort.

The Director of Drug Health Services must notify the Ministry of Health of any suspension. The notification should also include the length and reason for the suspension and the actions taken to mitigate the impact.

### **Assaults on staff**

Local Health Districts have a zero tolerance policy towards violence. Any violence from clients against MERIT staff will be handled in accordance with NSW Health Policy.

### **Mail**

Mail addressed to clients under the care of MERIT must be forwarded or directly handed to the client. Requests for delivery of mail may come from creditors, the Sheriff's Office, or the client's solicitor. Mail must **not** be certified (i.e. staff confirm the mail was delivered to the client), as this could lead to staff being involved in legal action outside of their MERIT role.

### **Legal enquiries**

MERIT staff should direct any enquiries they receive of a legal nature, including subpoenas, to the Manager or the Local Health District Legal Section. Clients are responsible for directing legal enquiries to their legal representatives.

### **Service of legal documents**

MERIT staff must not accept a service of legal documents on behalf of clients. Staff should agree only to inform clients of the name and address of the person wishing to serve the documents. Staff must not give any indication of the client's likely response.

### **Police entry for questioning**

Where possible, police wanting to question a person at the MERIT office should contact the MERIT Manager by phone to discuss the request. If approached by police for assistance, MERIT staff are required to cooperate with their request. Police will exercise their discretion in the MERIT office.

### **Police entry for arrest**

Police are entitled to enter any premises in order to make an arrest.

MERIT staff should make all reasonable efforts to cooperate with police. In the event of an investigation of serious charges, staff cannot refuse to be interviewed by police. In this case, staff may need legal representation and/or support services.

### **Variation of bail conditions for MERIT clients in a residential treatment facility**

MERIT workers should identify clients attending residential treatment who have bail conditions reporting to police. Workers should advise clients to seek a variation of bail conditions through the court. In these instances, the court will advise police of the change to bail conditions via fax. The defendant should also take a copy of the notice of change of bail conditions to the police station immediately.

### **Case notes**

Ongoing case notes should be recorded on the Local Health District's (or NGO's) standard case note forms. Forms should note the client's important contacts, intervention strategies, referrals and contact with significant others. The relevant LHD or NGO policies should be followed when recording case notes.

### **Information management**

MERIT uses an Information Management System that has been designed for program use. The system protects the confidentiality of client records and follows necessary compliance standards. Refer to section 5 of this Manual for further details about information management.

### **Requests for information by participants**

A participant may request access to documents or files held by MERIT. Staff should consult with their Manager before assisting with any access to a participant's request for information. A participant may obtain information in line with the terms of the *Government Information (Public Access) Act 2009* (GIPA Act).

Requests for court documents should be referred to the relevant court. The court will usually deal with these outside of the terms of the GIPA Act and charge a fee per page.

The following requests for information must be made under the GIPA Act: If a participant requests access information on their MERIT file, if the request for information concerns a third party appears confidential, or if the information disclosure may threaten the life, health or safety of any person.

MERIT staff must not supply any documents or comment on the availability of the information to participants.

### **Liaising with other MERIT stakeholders**

MERIT is improved by collaboration between key stakeholders. MERIT teams are encouraged to develop and maintain relationships at the local level, including with magistrates, police, Legal Aid, Community Corrections and private solicitors, as well as other appropriate service providers. In particular it is important that MERIT staff promote and encourage awareness of the program to potential referrers. These activities are an integral part of a MERIT Manager's role.

## **Client Transfers**

### **Circumstances requiring transfer**

Transfers of MERIT clients are required when their matters before a local court is in a different LHD catchment area to where they reside. This occurs at the time of their referral to MERIT. A client may move to a different LHD catchment area during their MERIT treatment phase.

### **Responsibilities for transferring clients at referral:**

The responsibilities of the transferring team are to:

- process the referral
- conduct the initial interview with the defendant
- if the client is eligible, identify the closest MERIT team to the client's place of residence
- contact the relevant MERIT team to check if they are taking referrals. If referrals are accepted, request an appointment for a comprehensive assessment of the client.

If the referral MERIT team agrees to accept the referral, the transferring team will:

- submit the initial report to the court and ask the magistrate to determine if the defendant is eligible for MERIT. The magistrate will grant an adjournment to the defendant so that they can attend the assessment appointment
- provide the defendant with details about their appointment. This includes the address and phone number of the MERIT office, the name of the case manager (if known), and the appointment date and time
- enter the information about the defendant and their appointment into the MERIT database. This will generate a Diversion Identification Number for the client
- fax the completed Initial Assessment Form, the Facts Sheet and the Diversion Identification Number (DIN) to the referring MERIT team
- complete the global care plans as per local protocols.

Note: If the MERIT team cannot accept the referral, the transferring team will include this information in the Initial Court Report. The Report will request that the client is not accepted into MERIT at this time.

**The responsibilities of the referral (receiving) team are to:**

- accept the referral (subject to capacity)
- organise an appointment time for the client to attend a comprehensive assessment
- conduct the comprehensive assessment to determine if the client is suitable for MERIT
- confirm if the magistrate has determined the client's eligibility into MERIT
- commence treatment with the client (if eligible).

**Transfer during the MERIT treatment phase**

The transferring team is responsible for contacting the referring MERIT team. The transferring team will discuss the potential for transferring the client. Factors that need to be considered are:

- the client's treatment plan and if the client will be able to access the agreed treatment from the new location
- where the client will reside and access to the MERIT office and other treatment services.

It is important to consider the above factors when referring clients to rural MERIT teams due to limited access to services.

If the referral team agrees to accept the referral, the transferring team will:

- make an appointment time for the client to attend the referring MERIT office
- provide the client with the address and phone number of the referring MERIT office, a map and the appointment date and time
- fax the client's assessment information, the treatment plan, the Facts Sheet and the Diversion Identification Number to the referring MERIT team.

**Court reports for transferred clients**

Transfer of court matters to other locations is granted by a separate legal process. Formally transferred Court matters for transferred clients will remain with the court of their initial appearance. For transferred clients:

- the MERIT team responsible for treatment is responsible for preparing all court reports. This applies when the transfer of the client is complete, as well as to ensure that reports are

submitted at the client's scheduled court appearances. The MERIT team responsible for treatment should also ensure copies of documents are sent to the appropriate parties.

- the referring MERIT team is responsible for coordinating the submission of court reports for transferred clients as per usual processes.

## Case Management

In line with the NSW Health Drug and Alcohol Psychosocial Interventions Professional Guidelines, the core activities of case management are:

- screening and assessment, including assessment across factors relating to the client's presentation
- developing a comprehensive treatment plan
- coordinating the implementation of the treatment plan
- facilitating access to
  - specialist drug treatment for the client
  - other health services, which may include mental health, hepatology, emergency or community services
- maintaining contact with the client
- monitoring progress and outcomes across the treatment plan
- reviewing and revising treatment plans.

MERIT is a time-limited intervention program. A case review should be undertaken to ensure adjustment the treatment plan remains appropriate.

In addition to case management, MERIT caseworkers are responsible for reporting to the court on the client's progress and compliance with program conditions.

### Joint Case Management

Clients are commonly referred to other services during their participation in MERIT. This can be for drug treatment (e.g. opioid treatment, residential rehabilitation), other health services (e.g. mental health services) or community services (e.g. housing assistance, financial assistance).

MERIT clients may have case managers from other agencies. MERIT clients may also be involved in other court-based programs. Where this occurs, it is important that there is clarity between the two case managers about the client's treatment and care. This is generally referred to as joint case management or shared care arrangements.

In some cases, MERIT teams may develop formal written agreements to manage the joint care process. Arrangements are generally negotiated and agreed to verbally between case managers.

### Principles for effective joint case management

Principles to manage the case management of MERIT clients include:

- a shared understanding about the MERIT program
- clarity about the client's treatment plan and goals
- client consent to the shared care arrangements and to information exchange
- agreement about information to be exchanged
- clarity about roles and responsibilities of each agency
- ongoing collaboration and communication about the client's progress
- agreed processes for managing differences or problems that arise
- appropriate documentation in regard to all of the above.

## **A MERIT case manager's role**

MERIT case managers have a primary role in the majority of shared arrangements. While another service may provide some aspects of the agreed treatment plan, the MERIT case manager is responsible for coordinating and reporting back to the magistrate on the client's progress.

For clients accepted into residential rehabilitation services, the residential agency becomes responsible for the participant's treatment/service interventions. The role of the MERIT case manager is to coordinate information between the residential treatment provider and the court. For more information refer to the *NSW Health MERIT Residential treatment guidelines: a guide for MERIT teams and residential treatment providers*.

## **A MERIT case manager's responsibilities**

The MERIT case manager will:

- initiate or take responsibility for negotiating joint case management/shared care arrangements
- inform other services/caseworkers about the role of MERIT and the responsibilities of the client and MERIT caseworkers as officers of the court
- coordinate the client's treatment/service in the MERIT program
- assist in the administration of justice by monitoring and reporting the client's progress
- provide the partner caseworker with relevant information about the client, including identification, drug use, previous treatment and other health and welfare issues
- monitor the client's compliance with the agreed MERIT treatment plan
- maintain regular contact with the client, including clients in a residential treatment facility
- liaise regularly with other caseworkers to monitor the client's progress
- assist in problem solving issues with other services relating to treatment
- advocate for the client with the other services
- inform other caseworkers about their court report requirements for clients (this can be either verbal or written)
- record joint case management/shared care process in the client's case notes
- provide treatment interventions to clients such as individual and/or group counselling (excluding clients in residential rehabilitation facility).

## **Responsibilities of non-MERIT caseworkers**

Joint case managers are expected to:

- provide information on the client's progress and compliance to the MERIT caseworker at agreed times during the treatment process
- inform the MERIT caseworkers if a client fails to attend or leaves a residential or inpatient facility before treatment completion
- allow the MERIT case manager access to the client when requested (if the client is in a residential or inpatient facility).

## **Court Reports**

### **Court reports required by the magistrate**

Court reports are required to be submitted to the magistrate at various stages. These court reports include the:

- Initial Court Report
- Comprehensive Assessment Court Report
- Progress Court Report
- Final Court Report

- Non-Compliance with Program Conditions Court Report
- Voluntary Withdrawal Court Report.

### **Vetting reports**

Court reports should be vetted before submission to the court by the MERIT Manager (or their delegate) to ensure consistency and quality.

### **Style of court reports**

MERIT reports are 'hearsay evidence'. The reports are a collection of information from various sources and an assessment based on that information. Any information that has not been verified in the report should be made clear.

It is a requirement of the Court that all information is accurate. This is an obligation of MERIT workers. The defendant is entitled to object to any evidence that is not relevant to the matter before the court. Expression of personal opinion should not be included.

Court reports should be:

- clear, succinct and relevant
- tailored based on the individual's experience and outcome
- written in the third person
- honest, factual and objective, outlining what the client has or has not done, and including both positive and negative aspects of client progress
- clear when statements are verified, for example, 'attendance at an opioid treatment clinic was confirmed through...'
- clear when information is not verified, for example, 'the client states/reports that...'
- in plain English and understood by the client
- free of technical or specialist terminology
- relevant and provide medical or health information where appropriate and with the client's consent.

Court reports should not:

- include personal opinions or judgments
- read as a plea for leniency
- use the client's first name
- use the names of associates or family members
- name places of employment
- use the words 'appears to be'
- make suggestions or recommendations related to sentencing
- use colloquialisms
- use abbreviations such as 'he can't' instead of 'he cannot'
- include historical information that is not relevant to current circumstances, for example, information about past trauma that has no bearing on current issues
- report a history of sexual abuse of the client without their consent
- name the alleged perpetrator if reporting sexual abuse
- give the impression that the author has expertise in an area where they have no formal qualifications.

### **Presentation of reports in court**

Case workers are to submit the original copy and two additional copies of court reports to the court. These reports should be submitted at least one day prior to the court date. Reports should be faxed to court as a last resort and by arrangement with the court only. Client confidentiality should be maintained at all times.

Copies of reports should be provided to the participant's solicitor and placed in the client's paper file.

Caseworkers are not usually required to appear in court in person.

### **Information for all court reports**

All reports to the court need to include the following information:

- defendant information (Name, DOB, identifier number)
- court information (date of appearance and court location)
- referral source and date
- name and contact details of the MERIT worker completing the report
- relevant Justicelink/H Number (depending on local protocols)
- signature of MERIT worker and date.

### **Initial Court Report**

The MERIT worker should submit an Initial Court Report to the court after the first interview with the defendant.

The purpose of the Initial Court Report is to:

- provide the magistrate with information to assist in determining eligibility for MERIT
- request an adjournment to allow eligible and suitable defendants to attend MERIT for a comprehensive assessment
- suggest that defendants deemed ineligible/unsuitable are not accepted into MERIT.

The **Initial Court Report** should be a maximum of one page (see template 3).

### **Comprehensive Assessment Court Report**

The Comprehensive Assessment Court Report should be submitted following the comprehensive assessment of the defendant by the MERIT worker.

The purpose of the **Comprehensive Assessment Court Report** is to:

- inform the magistrate of the defendant's suitability for MERIT
- inform the magistrate that the defendant has given informed consent to comply with program conditions and their agreed treatment plan
- outline the key components of the defendant's proposed treatment plan
- request a further adjournment in order to commence treatment
- recommend treatment in a residential rehabilitation service (where appropriate)
- suggest the defendant is excused from attending their next scheduled court appearance date (where appropriate)
- inform the magistrate of the reason(s) for their unsuitability (for unsuitable clients).

The **Comprehensive Assessment Court Report** should be a maximum of one page (refer to template 4).

### **Progress Court Report**

Progress Court Reports should be provided to the magistrate on adjournment dates. This is generally four to eight weeks from when a defendant begins MERIT. The frequency of court appearances is determined by the magistrate.

The purpose of the **Progress Court Report** is to:

- provide a brief summary of the client's attendance and compliance with the agreed treatment plan
- highlight any major concerns
- request an adjournment for the client to continue treatment.

The **Progress Court Report** should be a maximum of one page (refer to template 5).

### **Final Court Report**

The Final Court Report should be completed at the end of the client's 12-week participation in the MERIT program. It is submitted to the court on the final court appearance date.

The purpose of the **Final Court Report** is to:

- provide information to the magistrate to assist in the sentencing proceedings. This includes information about the client's overall compliance with their treatment plan, psychosocial issues, discharge planning and any ongoing treatment or referrals agreed to by the client.

The **Final Court Report** should be a maximum of three pages (refer to template 6).

### **Non-compliance with Program Conditions Court Reports**

Participants are expected to comply with MERIT program conditions. The MERIT caseworker should report any non-compliance issues to the court using a **Non-Compliance with Program Conditions Court Report**.

The magistrate will decide if the client should continue on MERIT, or if the client should be removed. If the client is removed from MERIT the matter may proceed to plea or hearing.

The **Non-Compliance with Program Conditions Court Report** should be a maximum of one page (refer to template 7).

### **Voluntary Withdrawal Court Report**

A **Voluntary Withdrawal Court Report** should be submitted to the court if a client decides to withdraw from MERIT.

The purpose of the Voluntary Withdrawal Court Report is to:

- inform the magistrate that the client has chosen to withdraw from MERIT, and the date of the decision
- allow the magistrate to formally remove the client from MERIT.

The **Voluntary Withdrawal Court Report** should be a maximum of one page (refer to template 8).

## **Non-Compliance with Program Conditions**

### **Reporting non-compliance to the court**

Participants are expected to comply with MERIT program conditions. Where MERIT caseworkers identify serious issues relating to a client's compliance with these conditions, this should be reported to the court.

### **Determining non-compliance**

A MERIT case worker should make a clinical judgment about a client's non-compliance based on agreed factors. There are three primary reasons for reporting non-compliance:

1. Repeated non-attendance. Examples:
  - The client has missed a number of consecutive appointments with their MERIT case manager and/or other treatment or service providers
  - The client has been consistently late for scheduled appointments
  - The client has not attended and cannot be contacted by the MERIT case manager.
2. Non-compliance with the treatment plan

- Part of the **MERIT Program Agreement** (Template 2), is the client's agreement to follow the MERIT program conditions. This includes to work towards treatment goals agreed between the client and the MERIT team.
- The client will be subject to a Non-Compliance with Program Conditions Court Report (template 7) if they develop a pattern of non-compliance. For example the client leaves a residential rehabilitation facility, or if urinalysis results are repeatedly inconsistent with client reports of reduction or abstinence.

### 3. Incidents of aggression or violence towards staff or damage to MERIT property

- Part of the **MERIT Program Agreement** (Template 2), is the client's agreement to follow the MERIT program conditions. This includes to behave safely at appointments.
- The MERIT worker **MUST** submit a **Non-Compliance with Program Conditions Court Report** to the magistrate if they have identified any aggression, safety concerns or other violent behaviour from the client
- The magistrate then decides if the participant remains in MERIT

Where possible, MERIT workers should inform clients if they are at risk of being reported due to attendance or compliance issues.

### Decisions relating to non-compliance

Discussions should occur between the MERIT Manager and/or the MERIT with decisions relating to non-compliance. These discussions should form part of usual clinical case review processes.

The decision to submit a Non-Compliance Report should take into account the client's behaviour, individual circumstances and the relevant facts. Questions case workers may consider include:

- On how many occasions has the client attended MERIT appointments and how many sessions have been missed?
- What attempts has the client made to contact MERIT?
- What attempts have MERIT made to contact the client?
- What (if any) are the other key issues related to non-compliance with the treatment program?
- What attempt has MERIT made to follow up on the client's progress with agreed treatment?
- Are there extenuating circumstances that may be influencing the client's involvement in treatment (e.g. children, homelessness, mental health issues, domestic violence, threats or transport)?
- Does the client claim to have left messages that have not been communicated to MERIT, and has this been investigated?
- What documentation has occurred and does the information adequately represent and detail the relevant events?
- Is reporting reasonable under the circumstances?

### Informing the Client

The client should be informed of the decision to submit a **Non-Compliance with Program Conditions Court Report**. Where possible, this information should be given in person. However, if there are issues relating to distance, personal risk or safety concerns, notice can be given by phone or in writing.

The reasons for non-compliance should be given to the client in clear and objective language.

If written communication to the client is given, the letter should be signed by the MERIT Manager or their delegate.

Where possible, clients should be given information about other treatment or support services that may be available outside the MERIT program.

### **Informing the court**

Once a decision has been made, the MERIT case manager must submit a Non-Compliance with Program Conditions Court Report to the court as soon as possible.

### **Additional Steps**

The MERIT Manager or their delegate should also inform the client's solicitor.

### **Bail conditions other than MERIT**

MERIT case workers are not responsible for monitoring bail conditions other than those related to MERIT. However, if case workers have knowledge of other additional bail conditions and become aware of a breach by the client, they should notify the relevant authorities as soon as possible.

## **Completion of MERIT**

### **Standards for completion**

Evidence of compliance is:

- a good attendance record throughout the 12 weeks
- substantial progress towards the treatment goals reduction or cessation of drug use
- a sustained level of engagement.

Should a client appear to have achieved their treatment goals prior to 12 weeks it is recommended they remain on the program for its full duration.

### **Client's level of achievement**

Some clients achieve the minimum program standards of their treatment plan while others exceed these requirements.

The client's completion of the MERIT Program may be taken into account in their favour during sentencing. A **Final Court Report** should be submitted to assist the magistrate with their decision. The report should outline relevant facts about the client's progress, compliance and achievements, with reference to:

- their past and current substance use
- relevant psychosocial information
- the treatment plan and progress towards the treatment goals
- their attendance record and level of engagement.

## **Exit from MERIT**

### **Discharge planning**

It is important that discharge planning occurs for MERIT clients. MERIT is a time-limited intervention and in many cases clients may have some ongoing needs once they exit the program.

The client treatment plan identifies a range of issues the client agrees to while on MERIT. MERIT clients will generally access other services during the 12-week program and can continue to access these services if required once they have exited from MERIT.

Towards the end of the 12 weeks, MERIT workers should review the client's case and discuss with the client issues related to:

- relapse prevention
- the need for ongoing drug treatment, including counselling and/or other interventions
- ongoing support needs
- the range of presenting issues identified at the commencement of the program and if any of these require ongoing attention
- the need for referral to other services for ongoing treatment or support. Referrals to other agencies should be negotiated between the case manager and the client dependent on the client's needs.

# SECTION 5 MERIT INFORMATION MANAGEMENT SYSTEM

The MERIT Information Management System (MIMS) is a unique database specifically designed for use by the MERIT program.

**Note: MIMS is currently under review. This section is current at the time of publication but is likely to change.**

The MERIT Information Management System:

- allows for the collection of a data set for the MERIT program that conforms with requirements and standards of the major stakeholders in the program (both Health and Justice)
- ensures confidentiality of all participants' records
- contains sufficient and appropriate information to
  - identify the participant
  - detail the assessment and treatment phases of his/her MERIT intervention
  - document progress and health outcomes
  - record relevant information relating to the participant's involvement with the police and with the courts
- is used and maintained by all agencies involved with MERIT (whether the agency is community health-based, hospital-based or an NGO)
- provides local reporting facilities to help MERIT teams monitor and manage individual caseloads and LHD reporting requirements
- is integrated into a state-wide data collection and reporting system (via quarterly uploads of de-identified records to a centralised state-wide database). This minimises the need for MERIT teams to provide reports to various stakeholders at state level.

## Database support and maintenance

MIMS is maintained and supported centrally at a state-wide level by the NSW MERIT Data Manager. All enquiries relating to access, database training, database documentation, data extracts, standard and ad hoc reporting or any database-specific issues should be directed to the NSW MERIT Data Manager.

## Data Collection Guidelines

Data for entry into MIMS is collected by the MERIT team officers. This section outlines the general tasks involved with data collection at each stage of the program. The main categories are:

- Referral, Initial and Comprehensive Assessment Data
- Police Data and Court Data, including court appearance dates
- Health Data, including Health Outcome Indicators
- Program Exit and Treatment Cessation Data.

For more detailed information on sources, particular data items and data quality, refer to the MERIT Data Dictionary and Collection Guidelines, MIMS User Guide and associated documentation (appendices, supplements, etc).

## **Referral, Initial and Comprehensive Assessment Date**

Details of any person referred to the program (e.g. by the Police, Local court, Community Corrections etc.) or any person with an assessment appointment must be recorded in the database, even if they do not later present to the MERIT team or continue with the assessment/appointment.

Where a caseworker carries out the initial and/or comprehensive assessment of a client, all information should be entered onto the MERIT templates/forms. For MERIT teams that are using drug health services forms to collect this data, all MERIT-specific data items should be collected for entry into MIMS.

While local file handling procedures may vary, it is important information should be made available for immediate entry into MIMS. Maintaining a current database ensures the data is useful for caseload monitoring and management and is responsive to ad hoc queries.

## **Police Data and Court Data**

The MIMS database also contains information collected from the NSW Police Force or the local court. These documents may cover the client's court matters, current criminal charges, current court orders and prior involvement with the justice system.

Relevant source documents may include 'Charges and Facts Sheet' and bail papers. These may contain more detailed information regarding the client's current charges. Details of guidelines to ensure confidentiality relating to client legal data can be found in the 'Informed Consent' section of this manual.

MERIT caseworkers may obtain access to the Justicelink system to confirm upcoming court appearance dates for MERIT clients or by faxing client-specific forms back to the MERIT team. MERIT teams should not request criminal records from Police.

All clients accepted onto the MERIT program must have their Police Identifier (CNI) recorded and, where the system allows, the Justicelink case number.

## **Health data**

Health-related information is obtained from the client by the MERIT caseworker at their first assessment, and should be entered onto the appropriate form/template for entry into the MIMS database. This health information includes the client's previous treatments, health indicators and details of drug use history.

The commencement of residential treatments provided to MERIT clients should be recorded to allow for reporting on MERIT bed utilisation.

Diagnostic test data (such as drug screen test dates and other test results) may also be recorded in MIMS.

## **Program Exit/Treatment Cessation Data**

Program Exit Data should be recorded for all clients. Program Exit Data must be entered to ensure reporting standards are met. The data items that should be included are:

- program Exit Date (date of the final report to court)
- program Exit Status (i.e. Completed, Non-Compliance, Withdrew, Never entered program).

## **The following information may also be entered:**

- main or other service/s provided by the team
- services provided by external services during the client's MERIT episode
- referrals to other services (the principal service that the client is referred to at program exit)
- all occasions of service (contact dates)
- all minimum data set information not yet already recorded (see Minimum Data Set section for details).

Program exit details should be entered within three working days of the client's exiting from the program. This three day time limit also applies to situations when the client has finalised the assessment phase and does not continue with the program.

### **Team involvement and feedback to data entry personnel**

It is important that the MERIT team maintains the data in MIMS to ensure it is reliable and current.

Database-generated reports (such as the Pending/Current Client List) may be used to monitor team caseload monitoring procedures (i.e. weekly at team meetings is recommended). Other reports such as Exit Lists and Residential Agency Reports should be reviewed regularly by Managers/Team Leaders to check on operations. Client Health outcome indicator reports can also be printed after data entry and placed on client files for review by caseworkers.

## **Minimum Data Collection**

### **National Minimum Data Set**

All Australian states and territories have agreed to collect a defined set of treatment data items for clients in Alcohol and Other Drug treatment services. This data set should also be collected for clients in the MERIT Program. This meets the Alcohol and Other Drug Treatment Services (AODTS) National Minimum Data Set (NMDS) requirements.

### **Overview of NSW Minimum Data Set**

The Drug Summit held in NSW in 1999 endorsed the collection of a data set of treatment items that are essential for the National Minimum Data Set.

The purpose of the 'Minimum Data Set is to improve the quality and provision of drug treatment services within NSW.

The NSW Minimum Data Set consists of approximately 35 separate items. Data is submitted monthly.

### **The data consists of a broad range of items relating to:**

- administrative data items that describe the function and location of the collection agency
- social and demographic items about the client
- items describing the drug use of the client
- items related to the service provided to the client.

MIMS should be maintained and reviewed regularly to ensure it meets the National and NSW Data Sets requirements.

### **Provisions for reporting the Minimum Data Sets**

MIMS includes provision for detailed reporting of the Drug and Alcohol Minimum Data Set locally by MERIT teams. Details of how to produce the Minimum Data Set for each Local Health District are provided in the MIMS User Manual. MERIT teams also entering data into the emrCHOC system may not be required to submit this MDS from the MIMS extract.

### **Frequency of data collection**

All drug treatment agencies reporting to NSW Health are required to submit a complete set of the Drug and Alcohol MDS to the Local Health District Data Coordinator for every completed treatment episode. Those teams submitting MDS extracts from MIMS should submit monthly. Those teams whose MDS data is provided via emrCHOC will have their data extracted automatically.

### **Data reports**

Each quarter, approximately 150 MIMS data items are submitted to the NSW Department of Justice to inform reporting evaluation, monitoring and research activities. Court activity reports are also submitted to the Department of Justice and the Chief Magistrates office. Reports are sent by the NSW MERIT Data Manager through the Alcohol and other Drugs Office, Centre for Population Health, Ministry of Health.

# SECTION 6 APPENDICES

# APPENDIX 1: MERIT TEAM STANDARD TEMPLATES

## TEMPLATE 1: INITIAL ASSESSMENT FORM (TEAM USE ONLY)

Name:

DOB:

CNI number:

Address:

Phone number:

Medicare number:

Referred to MERIT team by:

Referral date:

Assessment conducted by:

**Checklist:** [*tick as relevant*]

- Is an adult
- Is an Australian Citizen (with access to Medicare)
- Is using drugs or has a history of drug use
- Has a treatable drug problem
- Voluntarily consents to participate in MERIT
- Usually resides in the defined catchment area (or has sufficient connection to the area, for example, has full-time employment in the area)

**Other information:**

Drug use:

Accommodation/employment:

Involvement of other services/providers:

Risk of self-harm or suicide:

**Appears eligible and suitable** (magistrate to confirm eligibility):

- Yes
- No – provide reason:

Case manager:

Assessment date and time:

Next court date:

Court:

## TEMPLATE 2: MAGISTRATE'S EARLY REFERRAL INTO TREATMENT (MERIT) PROGRAM AGREEMENT

The *MERIT Program Agreement* (Template 2) is available for NSW Health staff through Stream Solutions. [More information for NSW Health staff](#) on how to order and print this form is available on the HealthShare intranet. This template is provided as an example only.



FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____ M.O.	
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

Facility:

# MAGISTRATE'S EARLY REFERRAL INTO TREATMENT (MERIT) PROGRAM AGREEMENT

Please provide your name and contact information.

Given names:

Family name: DOB:

Address:

Mobile:

(Optional) Nominated contact name:

Mobile:

What information to share and when (with contact):

## What do you need to know about the NSW Health MERIT Program?

Before you start the MERIT Program, it is important that you understand what is involved. This will help with your success in the program.

The key points fall into two areas. Firstly, who is part of the MERIT Program team and how the MERIT Program works. Secondly, how will your privacy be protected if you participate in the MERIT Program.

If you agree to join the MERIT Program, you will need to sign both Part 1 and Part 2 where indicated to accept the conditions of the MERIT Program.

### PART 1. The NSW Health MERIT Program

#### Who is part of the NSW Health MERIT Program team?

The MERIT Program team include staff from NSW Health and non-government organisations. This team will review and discuss your personal circumstances to provide you with drug and alcohol treatment for a 12 week period. The team consists of a clinical manager, case managers and an administration officer.

#### How does the MERIT program work?

This information should be explained to you before you start the program.

- The MERIT Program Conditions, outlined in the MERIT Program Brochure are:
  - work towards treatment goals agreed between you and the MERIT team
  - attend appointments regularly and on time
  - behave safely at appointments
- NSW Health MERIT Program Brochure
- The Australian Charter of Healthcare Rights
- NSW Health Privacy Leaflet for Patients

#### Participation in the NSW Health MERIT Program

By signing this form, you agree to participate and follow the MERIT Program conditions.

This agreement remains valid throughout your participation in the MERIT Program.

Client Signature:	Date:
Case Manager: <span style="margin-left: 100px;">Signature:</span>	Date:
Interpreter: <span style="margin-left: 100px;">Signature:</span>	Date:
<span style="margin-left: 100px;">Emp ID/Prov No:</span>	Time:



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Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

NH606607 231020



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility:

# MAGISTRATE'S EARLY REFERRAL INTO TREATMENT (MERIT) PROGRAM AGREEMENT

## PART 2. Privacy

### How will my privacy be protected if I participate in the MERIT Program?

NSW Health is required by law to protect your personal and health information. The MERIT Program team follow the strict rules set out in NSW Health privacy policies. The NSW Health Privacy Leaflet for Patients provides full details. You have been given a copy of this leaflet. In addition, please note the information below which is specific to the MERIT Program

### What information will be collected about me on the MERIT Program?

The MERIT Program team will need to collect personal details about you, such as your name, contact details and date of birth. In addition, the team will need to know relevant health information about you, such as any medications you are taking, and your medical history, especially where this is relevant to your treatment on the MERIT Program.

### Why do the MERIT Program team need to share information with other people?

- The MERIT Program team may share your information with people in other services if it is necessary for your health care and treatment. For example, the MERIT team may share your information with a drug treatment service, a hospital, your General Practitioner (GP), Centrelink, Justice and Community Service, Police and Community Corrections.
- The MERIT team may share your information with the Local Court to provide them with information about your progress on the MERIT program.
- The MERIT team may share agreed information with a nominated contact. This may be if it is necessary for your health care and treatment or if they have concerns for your wellbeing.
- Your information may also be provided to an organisation who will assist NSW Health evaluate the benefits of the MERIT program.

### Privacy agreement

By signing this form, you are confirming that you agree to how your personal and health information may be shared during your participation in the MERIT Program. This agreement remains valid throughout your participation in the MERIT Program.

Client Signature:

Date:

Case Manager:

Signature:

Date:

Interpreter:

Signature:

Date:

Emp ID/Prov No:

Time:

Holes Punched as per AS2828.1: 2019  
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## TEMPLATE 3: INITIAL COURT REPORT

### MERIT Confidential Court Report

Name:

DOB:

Identity number[s]: [e.g. JusticeLink]

Next court date:

Court:

Magistrate:

Referred to MERIT team by:

Referral date:

[*client name*] was interviewed on [*date*] by a MERIT case manager. The initial interview indicates that the defendant [*tick as relevant*]:

- Is an adult
- Is an Australian resident
- Is using drugs or has a history of drug use
- Has a treatable drug problem
- Voluntarily consents to participate in MERIT
- Usually resides in the defined catchment area (or has sufficient connection to the area, for example, has full-time employment in the area).

Based on this information: [*Either*]

The MERIT team requests that the magistrate determine the client's eligibility for the program. If deemed eligible, an adjournment of [*1, 2 or 3 weeks*] is requested to enable a comprehensive assessment to be undertaken to establish suitability for the program.

[*or*]

The defendant does not appear to be eligible for the program in that [*provide reason*]. Should the magistrate concur with this, the MERIT team requests that the defendant is not accepted onto the program at this time.

Please contact me on [*telephone number*] if any further information is required.

Signature:

Case manager:

Date:

## TEMPLATE 4: COMPREHENSIVE ASSESSMENT COURT REPORT

### MERIT Confidential Court Report

Name:

DOB:

Identity number[s]: [e.g. JusticeLink]

Next court date:

Court:

Magistrate:

Referred to MERIT team by:

Referral date:

[*Either*]

[*insert name*] was assessed for suitability on [*date*] by a MERIT case manager. [He/She] was assessed as suitable and has given their consent to participate in the program.

Brief summary of:

[*drug use history and current drug use*] [*past and current drug treatment*] [*components of the treatment plan*]

[*client's stated motivation to participate in drug treatment*]

Mr/Ms [*insert name*]'s next appointment with MERIT is on [*date*].

If accepted onto the program, an adjournment of [*4 to 8 – state number required*] weeks is requested to implement the treatment plan, at which time a progress report will be submitted.

[*or*]

[*insert name*] was assessed for suitability on [*date*] by a MERIT case manager. [He/She] was assessed as not suitable for the program due to [*insert reason/s*]. The MERIT team requests that they are not accepted onto the program at this time.

Please contact me on [*telephone number*] if any further information is required.

Signature:

Case manager:

Date:

## TEMPLATE 5: PROGRESS COURT REPORT

### MERIT Confidential Court Report

Name:

DOB:

Identity number[s]: [e.g. JusticeLink]

Next court date:

Court:

Magistrate:

Referred to MERIT team by:

Referral date:

[*insert name*] was accepted onto the MERIT program on [*date*] and has been undergoing treatment for [*x*] weeks.

Brief summary of:

[*the primary drug problem identified at assessment*]

[*attendance and punctuality record*]

[*progress towards treatment goals and, if relevant, any major concerns*] [*any adjustments to the treatment plan*]

An adjournment of [*x – state number*] weeks is requested to enable Mr/Ms [*insert name*] to continue with their treatment, at which time a further report will be presented to the court.

Please contact me on [*telephone number*] if any further information is required.

Signature:

Case manager:

Date:

# TEMPLATE 6: FINAL COURT REPORT

## MERIT Confidential Court Report

Name:  
DOB:  
Identity number[s]: [e.g. JusticeLink]  
Next court date:  
Court:  
Magistrate:  
Referred to MERIT team by:  
Referral date:

Please allow this to serve as the Final Report for Mr/Ms [insert name] who was accepted onto MERIT on [insert date] and has now completed the program.

### Sources of information

[insert a list of the sources of information used in preparing the report]

### Substance use history

[insert information about the defendant's past and current substance use, type and quantity of drugs used and level of use on entry to MERIT and on completion]

### Psychosocial information

[insert relevant information related to issues such as housing, employment, relationships, education, family and mental health]

### Treatment plan

[insert summary information about the initial plan and any subsequent changes or amendments agreed upon]

### Implementation of the treatment plan

[insert information about the participant's progress towards treatment goals, their commitment to the program, appointments kept, general engagement, attendance at other groups or services, completion of homework]

### Post MERIT plan

[insert discharge planning information, including any planned ongoing treatment, referrals to other services and relapse prevention strategies as agreed with the client]

### Summary

[insert brief paragraph summarising the client's overall compliance and progress throughout their MERIT participation]

Mr/Ms [insert name] has completed MERIT. We would like to thank the court for their support in this matter. No further reports will be tended unless otherwise requested by the court.

Please contact me on [telephone number] if any further information is required.

Signature:

Case manager:

Date:

# TEMPLATE 7: NON-COMPLIANCE WITH CONDITION COURT REPORT

## MERIT Confidential Court Report

Name:

DOB:

Identity number[s]: [e.g. JusticeLink]

Next court date:

Court:

Magistrate:

Referred to MERIT team by:

Referral date:

[insert name] was accepted onto the MERIT program on [insert court date]. As part of the MERIT assessment process Mr/Ms [insert name] signed a MERIT Program Agreement outlining his/her responsibilities whilst participating in the MERIT program.

Mr/Ms [insert name] has failed to accept their responsibilities under the terms of that agreement in that [insert information pertaining to the lack of compliance].

It is therefore requested that Mr/Ms [insert name] be removed from the MERIT program and that the MERIT bail conditions are removed.

Please contact me on [telephone number] if any further information is required.

Signature:

Case manager:

Date:

## TEMPLATE 8: VOLUNTARY WITHDRAWAL COURT REPORT

### MERIT Confidential Court Report

Name:

DOB:

Identity number[s]: [e.g. JusticeLink]

Next court date:

Court:

Magistrate:

Referred to MERIT team by:

Referral date:

[insert name] was accepted onto the MERIT program on [insert court date]. As part of the MERIT assessment process Mr/Ms [insert name] signed a MERIT Program Agreement outlining his/her responsibilities whilst participating in the MERIT program.

Mr/Ms [insert name] would like to voluntarily withdraw from the program.

Please remove Mr/Ms [insert name] from the MERIT program as of today's date and remove any bail conditions relating to MERIT.

Please contact me on [telephone number] if any further information is required.

Signature:

Case manager:

Date:

## APPENDIX 2: NSW POLICE MERIT FIELD REFERRAL FORM

### NSW Police Force MAGISTRATES EARLY REFERRAL INTO TREATMENT (MERIT) FIELD REFERRAL FORM

#### DEFENDANT DETAILS

Last name \_\_\_\_\_

Given Name/s \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

#### REFERRING OFFICER DETAILS

Name of Officer \_\_\_\_\_

Rank \_\_\_\_\_

Registered number \_\_\_\_\_

Phone/Eaglenet \_\_\_\_\_

Station \_\_\_\_\_

Offence Details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### REFERRED TO MERIT TEAM DETAILS

NAME OF MERIT TEAM \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Authority to exchange of information between NSW Police Force and MERIT

I have been informed of the Aims and objectives of the MERIT program. I authorise NSW Police to provide this referral notice to the Department of Health MERIT team. I understand that the information provided will not be used for any purpose other than referral to and assessment of my eligibility for the MERIT Program.

Signature of defendant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Police Officer \_\_\_\_\_ Date \_\_\_\_\_

Please fax this Merit Field Referral Form to the MERIT office identified above (MERIT team details are listed on the insert in this folder)

Remember to enter this referral on the COPS System upon your return to the station/LAC and fax it to the MERIT team identified above.

## APPENDIX 3: ABORIGINAL PRACTICE CHECKLIST

To access a PDF copy of the Aboriginal Health and Medical Research Council document **Aboriginal Practice Checklist: A Cultural Assessment Tool for MERIT teams** use the following link:

[http://www.health.nsw.gov.au/pubs/2010/pdf/aboriginal\\_practice\\_check.pdf](http://www.health.nsw.gov.au/pubs/2010/pdf/aboriginal_practice_check.pdf)