

# MERIT Model of Care

Magistrates Early Referral into  
Treatment (MERIT) Model of Care



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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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# Contents

Introduction .....	2
Summary of the MERIT Model of Care .....	3
Key Elements of Care .....	4
1. Intake.....	4
2. Comprehensive Assessment.....	5
3. Care Planning.....	6
4. MERIT Monitoring, Treatment Progress and Outcomes .....	7
5. MERIT Program Treatment and Support Interventions .....	8
5.1 Case Management .....	8
5.2 MERIT Team Counselling.....	9
5.3 Coerced Clients.....	10
5.4 MERIT Priority Population Groups.....	11
6. Program Exit and Transfer of Care .....	12
More Information .....	13
References .....	14
Appendices.....	15

# Introduction

The Magistrates Early Referral Into Treatment (MERIT) is a voluntary pre-plea program for adults in the NSW Local Court who have issues related to their alcohol and/or other drug (AOD) use. MERIT provides access to a range of AOD treatment services for 12 weeks while court matters are adjourned.

MERIT is an inter-agency partnership between NSW Health, the NSW Department of Communities and Justice (DCJ) and NSW Police.

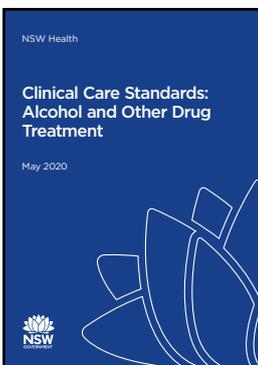
MERIT aims to reduce the harms associated with AOD use, improve the health and well-being and reduce offending for adults who use AOD and are in contact with the criminal justice system. A select number of NSW Local Courts accept MERIT referrals when alcohol is the principal drug of concern.

The MERIT program model of care (MOC) outlines the health service delivery within a therapeutic jurisprudence response to crime and offending behaviour. The MOC describes the activities local health district and non-government organisation MERIT teams provide, to ensure clients receive person-centred, integrated, best practice AOD treatment. The MOC is a companion document to clinical guidelines, policy directives and the DCJ *MERIT Operational Manual*.

The MERIT program MOC aims to:

- enable MERIT program consistency across NSW
- guide best practice AOD treatment for MERIT clients
- guide application of the NSW Health *Clinical Care Standards for Alcohol and Other Drug Treatment (Clinical Care Standards)* into MERIT program service delivery.

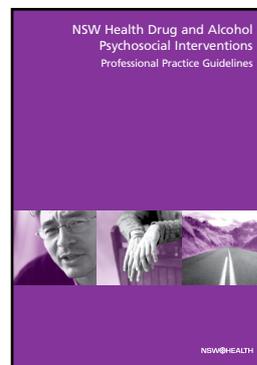
## Companion Documents



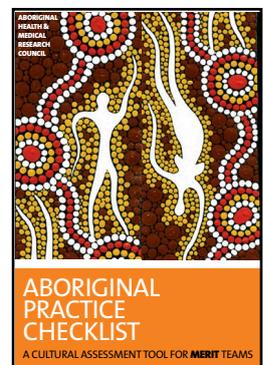
Clinical Care Standards for Alcohol and Other Drug Treatment



MERIT Operational Manual



Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines



Aboriginal Practice Checklist. A Cultural Assessment Tool for MERIT teams

# Summary of the MERIT Model of Care



# Key Elements of Care



## 1. Intake

### What

Intake is the initial contact between a referred person and the MERIT team.

### When

Aim to conduct intake within two business days from receipt of referral. Timing may be affected by Local Court processes external to MERIT teams.

### How

#### **MERIT team activities at intake are:**

- Provide information about MERIT program and the intake process.
- Determine if the person meets MERIT program suitability criteria:
  - have a treatable AOD problem, AND
  - live in or have a connection to an area that provides MERIT, AND
  - consents to participate.
- Confirm that the person meets MERIT program eligibility criteria:
  - 18 years and older, AND
  - Released on bail or does not require bail, AND
  - No sexual assault matters, or any offence that will be heard in the District Court.
- Screen for risk of harm to self or others and child well-being (for children in the person's care). If mental health risks are identified, escalate to services as clinically appropriate. If child well-being risks are identified follow the *Child Wellbeing and Child Protection Policies and Procedures for NSW Health* guidance.
- Provide written and verbal information about the MERIT program to support the person in making a voluntary decision to participate or not in the program.

#### **Administration activities as further outlined in the *MERIT Operational Manual*:**

- Submit an initial court report to the Magistrate if required.
- Register the person and their court hearing dates in the MERIT Information Management System (MIMS).
- Register the person in the electronic medical record (eMR) or your local client management register according to the *MERIT Operational Manual* and local protocols. A standard approach to recording MERIT service episodes in eMR (for LHD MERIT teams) is included as Appendix 1.

### Example clinical documentation

Example MERIT Intake form – Appendix 2.

### More information

1. NSW Ministry of Health (2020) MERIT Client Leaflet.  
<https://localcourt.nsw.gov.au/local-court/sentencing--orders-and-appeals/sentencing-in-criminal-cases/diversion-programs/the-merit-program/resources.html#Brochures0>
2. NSW Ministry of Health (2013) Child Wellbeing and Child Protection Policies and Procedures for NSW Health.  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_007.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_007.pdf)



## 2. Comprehensive Assessment

### What

The comprehensive assessment seeks to gain a thorough understanding of each client's presentation. It identifies what needs to be included in the care plan.

### When

Aim to conduct the comprehensive assessment at the time of intake or within the court adjournment period following submission of the Initial Court Report. Timing of the comprehensive assessment may be affected by Local Court processes external to MERIT teams. The standard court adjournment period is 2 weeks.

### How

#### **MERIT team activities at the Comprehensive Assessment are to:**

- Identify clients' reason for presenting and confirm if the MERIT program is an appropriate service based on the suitability criteria and the client's understanding of the program.
- Conduct an AOD assessment with clients including current and recent AOD use, current and previous AOD treatment, social situation, mental and physical health, and any assistance they are seeking.
- Identify clients' strengths and requirements to support engagement in the MERIT program.
- Assess and respond to core and non-core risks. Core risks to consider for all clients:
  - Domestic and family violence
  - Child well-being
  - Overdose, including poly sedative use
  - Complicated withdrawal history
  - Recent release from hospital, residential health setting or custodial facility
  - Risk of harm to self or others
  - Risk of homelessness or eviction.

Non-core risks to consider based on individual client presentation:

- deteriorating physical health
  - significant cognitive impairment
  - injecting drug use
  - perinatal risks including pregnancy and breastfeeding
  - unstable or deteriorating mental health
  - sexual health
  - fitness to drive.
- Link the assessment to treatment goals and consider what needs to be included in the care plan.

#### **Administration activities as further outlined in the *MERIT Operational Manual*:**

- Discuss and obtain consent from clients (*MERIT Program Agreement* document).
- Document the assessment in eMR.
- Document assessment details and court hearing dates in MIMS.
- Submit a Comprehensive Assessment Court Report to the Magistrate.

### Example clinical documentation

Example MERIT Comprehensive Assessment form – Appendix 3.

### More Information

1. NSW Ministry of Health (2021) NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 <https://www.health.nsw.gov.au/parvan/DV/Pages/dfv-strategy-2021-2026.aspx>



## 3. Care Planning

### What

The care plan, also referred to as the treatment plan, documents clients' short to medium-term AOD, health and social goals. It is informed by the comprehensive assessment and developed in partnership with clients. MERIT program care plans focus on addressing AOD use and factors that may influence offending behaviour. Care plans include identification of responsibilities and review points.

### When

Care planning starts when clients are accepted onto the MERIT program.

### How

#### **MERIT team care planning activities are to:**

- Develop the care plan in partnership with clients, and where relevant their family and service providers.
- Identify any issues or concerns, goals, actions, persons responsible and review time frames for the following domains: substance use, mental health, physical health, psycho-social, cultural, socio-economic, legal, or other related problems of concern to the client.
- Identify, respond to and document risks.
- Ensure clients understand that working towards care plan goals is part of the MERIT program agreement.
- Provide clients with a copy of their plan/s.
- Periodically review the progress and outcomes for each goal and activity.
- Respond, report and monitor clinical incidents.

#### **Administration activities are:**

- Record the care plan in eMR or your local client management register.





## 4. Monitoring Treatment Progress and Outcomes

### What

Standardised client screening and outcome tools are used in the MERIT program to inform care planning, reflect on program progress, measure health and social outcomes, and inform discharge planning.

### When

The MERIT screening and outcome tools are completed when clients are accepted onto the MERIT program and at program completion.

### How

The MERIT screening and outcome tools are listed in Tables 1 and 2. Also described is the purpose of each tool and at what time point it is completed. The tools can be used by any MERIT health worker. MERIT teams should consider also using a screening or outcome tool for alcohol when appropriate. The MERIT screening and outcome tools are currently under review and will be updated in 2023.

**Table 1:** MERIT screening and outcome tools

Tool	Purpose	Time point
Severity of Dependence Scale (SDS)	5 item self-administered questionnaire to determine the level of drug dependence in last 3 months	Entry and program exit
Kessler-10	10 item psychological distress self-report questionnaire (anxiety and depression symptoms over previous 4 weeks)	Entry and program exit
SF-12	8 domain self-report quality of life survey (impact of health on an individual's everyday life over previous 4 weeks)	Entry and program exit
Sections from the Brief Treatment Outcome Measure (BTOM)	Questions on drug use, risk behaviour over the last 3 months and extent of recent drug use over last month	Entry and program exit

**Table 2:** MERIT experience measure

Tool	Purpose	Time point
MERIT Client Satisfaction Survey	A survey of consumer experience developed for the MERIT program	At program exit

Administration activities as further outlined in *the MERIT Operational Manual*:

- Enter MERIT screening and outcome tool results in MIMS.





## 5. MERIT Treatment and Support Interventions

The MERIT program is a 12-week AOD treatment program. Case management and/or psychosocial AOD counselling are core treatment components of the program provided by MERIT teams. Other AOD treatment and social services are facilitated for clients as needed, including withdrawal management, residential rehabilitation and opioid agonist treatment.

### 5.1 Case Management

#### What

AOD case management is assertive coordination of AOD, health and social services for and with clients, based on the client needs and their care plan.

#### When

Case management is usually provided in conjunction with weekly counselling sessions. Where clients are engaged in residential rehabilitation, teams maintain a minimum of fortnightly contact with the residential rehabilitation service provider to monitor client progress.

#### How

**MERIT teams use an assertive case management approach to accelerate care coordination and link with other service providers within the 12-week MERIT program period. MERIT team case management activities are to:**

- Facilitate access to AOD treatment as required, including withdrawal management, residential rehabilitation, day rehabilitation, and opioid agonist treatment.
- Facilitate access to psychosocial counselling as required, if not provided by the MERIT team.
- Facilitate access to other health and social supports as required.
- Ensure all other service providers are aware of risks and understand the agreed strategies to support clients.
- Where clients are engaged in other AOD treatment services, monitor progress, risks, and exit plans for that treatment.
- Review risk needs with clients in agreed timeframes and update the care plan as indicated.
- Educate clients on relapse prevention, reducing alcohol and other drug harms including overdose and blood borne virus infection prevention.
- Report, document, monitor and track clinical incidents.
- Provide or facilitate screening for Hepatitis C and other blood borne viruses and incorporate into care planning.
- Drug screen urinalysis is not a mandatory component of the MERIT program and should only be undertaken and applied where clinically indicated by suitably qualified professionals.

**Administration activities as further outlined in the *MERIT Operational Manual*:**

- Submit relevant court reports throughout the program, including Progress Court Report, Non-compliance with Conditions Court Report, or the Voluntary Withdrawal Court Report.
- Continue to update the care plan in eMR.
- Record (at the time of the event) entry and exit to residential rehabilitation, or inpatient and residential withdrawal treatment in MIMS.

#### More Information

1. NSW Health. 2018 Treatment of Opioid Dependence 2018.  
<https://www.health.nsw.gov.au/aod/Pages/nsw-clinical-guidelines-opioid.aspx>
2. NSW Health. 2007. MERIT Residential Treatment Guidelines.  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007\\_010.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_010.pdf)

## 5.2 MERIT Team Counselling

### What

Psychosocial counselling is talk and activity-based treatment to support clients to understand their AOD use and make changes for improved health and wellbeing. MERIT teams provide individual and/or group counselling with clients in line with the NSW Health *Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines (Psychosocial Guidelines)*.

### When

Counselling should be provided weekly for MERIT clients unless there is a reason for less frequent attendance (e.g. work and family commitments).

### How

The decision about which counselling intervention/s to use should be agreed with clients and related to the care plan. Research consistently demonstrates that cognitive behavioural therapy (CBT) is an effective treatment for AOD use. However, some clients may require a different therapeutic approach. Clinical discretion should be used to determine which evidenced-based approach or combination of approaches is the most appropriate for each client.

Listed below are some person-centred, evidence-based, counselling strategies which are appropriate for the 12-week period, in addition to CBT. They are described in more detail in the *Psychosocial Guidelines*.

#### **Focusing on change:**<sup>1,2,3</sup>

- Motivational interviewing is a key technique for coerced clients. It emphasises the clients' right to choose and to accept responsibility for decisions.
- Goal setting is useful for inclusion in court reports and when working with other services to achieve holistic goals. Goals should be negotiated with the client, be specific, observable and include short-term achievable targets.

#### **Strategies for action:**<sup>1,2,3</sup>

- Problem-solving aims to assist clients to recognise problems, generate solutions, choose the best option, plan, implement and evaluate the chosen option. MERIT clients may recognise problems exist but often need help to find solutions.
- AOD refusal skills aims to build confidence in dealing with cues or social pressure to use AODs and/or engage in risk behaviours.
- Assertiveness training is a tool to reduce AOD use and risk behaviour and may be best taught in group settings.
- Relaxation and mindfulness strategies aim to manage anxiety and stress that are often associated with reducing or stopping AOD use.

#### **Maintaining change:**<sup>1,2,3</sup>

- MERIT teams may establish time limited groups for specific concerns.
- MERIT teams may refer to peer support services such as Alcoholics Anonymous, Narcotics Anonymous or Smart Recovery.
- AOD relapse prevention is an important component of the MERIT program. Relapse may be a common and a natural part of the change process and the focus should be on encouraging the client to discuss and learn from them.

### More Information

1. NSW Health (2008) Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines, [https://www.drugsandalcohol.ie/18987/1/NSW\\_psychosocial\\_interventions.pdf](https://www.drugsandalcohol.ie/18987/1/NSW_psychosocial_interventions.pdf)
2. Fisher et al. (2020). Drug and alcohol psychosocial interventions: an Evidence Check rapid review brokered by the Sax Institute for the NSW Ministry of Health. <https://www.saxinstitute.org.au/publications/evidence-check-library/drug-and-alcohol-psychosocial-interventions/>

## 5.3 Perception of Treatment Coercion

### What

Coerced treatment is when clients perceive a lack of control over the decision to start treatment.<sup>4</sup> All AOD treatment can be considered to have some element of coercion.<sup>5</sup>

Although MERIT is a voluntary program, clients may feel coerced into treatment due to pending charges and that they have been referred through the criminal justice system.\* MERIT clients are also likely to have coexisting informal coercion (pressure from family and social support) and formal coercion (pressure from employers or government agencies who may be providing welfare and support) common to all AOD clients.<sup>6</sup>

#### Client groups more likely to perceive coercion

Despite all MERIT clients being in contact with the criminal justice system, their perception of coercion may vary.<sup>7</sup> MERIT clients are given a choice to participate in treatment and for many the incentive of a potential reduced sentence may provide extra motivation for change. Client groups more likely to perceive coercion are:

- Younger clients<sup>8</sup>
- Young clients with coexisting mental health issues<sup>9</sup>
- Vulnerable clients with more severe AOD use<sup>10</sup>.

#### Treatment outcomes for clients who perceive coercion

As higher levels of perceived coercion are associated with lower motivation, coercion may impact treatment initiation and the early engagement process. Once engaged, coerced clients demonstrate similar treatment outcomes to self-referred and non-coerced clients.<sup>8</sup>

### How – strategies to work with clients who perceive coercion<sup>10</sup>

#### At treatment initiation:

- Explore clients' perception of coercion and the array of formal and informal pressures that can lead clients to starting MERIT.
- Reinforce that MERIT is voluntary program and explain other options for treatment.
- Check for additional cultural barriers and ensure treatment is culturally secure.
- Explain in detail the *MERIT Program Agreement* and under what circumstances information is shared.
- Focus on building a strong therapeutic alliance through empathetic engagement, flexibility and collaboration. A strong therapeutic alliance has been demonstrated to be the strongest predictor of effective treatment.

#### Through treatment:

- Motivational interviewing is appropriate as it is client centred and collaborative.
- Maximise client autonomy and engage clients in decision making whenever possible.
- MERIT clinicians should seek clinical supervision if they have negative expectations of treatment outcomes for coerced clients.

### More Information

1. NSW Health (2008) Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines, [https://www.drugsandalcohol.ie/18987/1/NSW\\_psychosocial\\_interventions.pdf](https://www.drugsandalcohol.ie/18987/1/NSW_psychosocial_interventions.pdf)
2. Stone et al. (2019) Counselling guidelines: alcohol and other drug issues: fourth edition. Perth: Western Australia Mental Health Commission. [https://www.mhc.wa.gov.au/media/2604/mhc\\_counselling-guidelines-4th-edition.pdf](https://www.mhc.wa.gov.au/media/2604/mhc_counselling-guidelines-4th-edition.pdf)

\* In 2018, 89% of MERIT referrals were from the criminal justice system, 11% of MERIT referrals were self-referrals.

## 5.4 MERIT Priority Population Groups

### Who

Women, Aboriginal people and amphetamine-type stimulant (ATS) users have historically had lower access and completion rates in the MERIT program and are identified as MERIT priority populations.

#### Clients using ATS

MERIT clients with ATS as their principal drug of concern have increased from 20% in 2008 to 53% in 2018. MERIT clients using ATS continue to have a lower completion rate compared to non-ATS users.<sup>11</sup>

#### Women

The proportion of women referred to MERIT reflect the proportion of women appearing in the NSW Local Courts. Women are less likely to accept a place on MERIT and they present with higher levels of drug dependence, poorer physical and mental health, and a greater number of dependent children. Once accepted onto MERIT, women are less likely to complete the program compared to males.<sup>12</sup>

#### Aboriginal Clients

Aboriginal clients are more likely than non-Aboriginal clients to decline or not be accepted onto the MERIT program.<sup>13</sup> Aboriginal clients have a lower completion rate compared to non-Aboriginal clients.<sup>14</sup>

### How – strategies to work with MERIT priority populations

Indicators are in place to monitor the number and proportion of referrals accepted and completed for ATS users, women and Aboriginal people. Client flow and outcomes are monitored to inform local service improvements and statewide program development. Priority population indicators are listed in Appendix 4.

#### Clients using ATS

MERIT teams report better retention in care and treatment completion with a flexible approach to appointments and follow-up for people who use ATS. Assertive engagement and follow-up have been found to be an important element of successful treatment.<sup>14</sup> Considerations for working with people who use ATS are outlined in the *Psychosocial Guidelines*.

#### Women

Research indicates that AOD treatment for women is more likely to be successful if designed to address gender-specific barriers. This may include providing treatment for co-occurring mental health issues, family friendly services with access to childcare, and relevant referrals to other services such as health, family, economic and employment. Due to the high rates of trauma experienced by women presenting for AOD treatment, settings should provide an environment in which women feel safe.<sup>15</sup>

#### Aboriginal Clients

The MERIT *Aboriginal Practice Checklist* supports identification of access barriers and solutions, and best practice local models specific to MERIT. Approaches to working with Aboriginal people and communities is outlined in the *Psychosocial Guidelines*. Culturally secure ways of working with Aboriginal people is articulated in the *Clinical Care Standards* (Chapter 5.3 and the NSW Aboriginal Health Plan 2013-2023. Guidance on appropriate language when working with Aboriginal people is found in the *Communicating positively – A guide to appropriate Aboriginal terminology*).

### More Information

1. Crime Prevention Issues No. 5 (June 2009) – Women and the MERIT program.  
<https://localcourt.nsw.gov.au/local-court/sentencing--orders-and-appeals/sentencing-in-criminal-cases/diversion-programs/the-merit-program/publications.html>
2. NADA (2021). NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment (3rd ed).  
[https://nada.org.au/wp-content/uploads/2021/06/Working-with-Women-2021\\_NADA-Resource.pdf](https://nada.org.au/wp-content/uploads/2021/06/Working-with-Women-2021_NADA-Resource.pdf)
3. Participation of Aboriginal people in the MERIT program (2006)  
<https://localcourt.nsw.gov.au/local-court/sentencing--orders-and-appeals/sentencing-in-criminal-cases/diversion-programs/the-merit-program/publications.html>
4. NSW Ministry of Health (2012). NSW Aboriginal Health Plan 2013-2023.  
[https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2012\\_066](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2012_066)
5. NSW Ministry of Health (2019). Communicating positively. A guide to appropriate Aboriginal terminology.  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf)



## 6. Program Exit and Transfer of Care

### What

Transfer of care is an ongoing process to ensure clients access services to address their health and social care needs.

### When

Planning transfer of care starts once an assessment and care plan is complete and continues throughout the MERIT program. At MERIT program exit, care is transferred to other service providers or to clients own care. Transfer of care practice occurs whether clients complete the MERIT program or otherwise. Discharge summaries should be completed as soon as practicable, preferably within 1 week of discharge.

### How

#### 1. Transferred (to other service providers during the 12-week MERIT program)

- Send a clinical handover at the time of transfer using the Introduction, Situation, Background, Assessment, Recommendation (ISBAR) approach. Include the MERIT screening and outcome tool results in the clinical handover. This is outlined in the *Client discharge and transfer of care of AOD services-fact sheet*.

#### 2. Exit through non-completion

- Provide information to enable clients to maintain their wellbeing, including opportunities to re-engage with services.
- Provide AOD harm reduction information.
- Complete MERIT outcome tools with clients.

#### 3. Exit through completion

- Complete MERIT outcome tools with clients.
- Provide AOD harm reduction information and ongoing support contacts.
- Send discharge summaries to appropriate stakeholders (as identified in the care plan). Appendix 5 lists key information to include in a discharge summary.

#### **Administration activities as further outlined in the *MERIT Operational Manual*:**

- Submit the Final Court Report to the Magistrate (or if relevant the Non-compliance with Condition Court Report or the Voluntary Withdrawal Court Report).
- Enter MERIT outcome tool results in MIMS.
- Close the MERIT episode in MIMS after the Final Court Report (or if relevant the Non-compliance with Condition Court Report or the Voluntary Withdrawal Court Report) is submitted.
- Close the MERIT episode in eMR at completion of discharge summary.

### More Information

1. NSW Ministry of Health (2018). Client discharge and transfer of care for alcohol and other drug services – fact sheet. <https://www.health.nsw.gov.au/aod/Pages/client-discharge.aspx>

# More Information

## More information on the MERIT program is available at:

1. DCJ MERIT website [www.merit.justice.nsw.gov.au](http://www.merit.justice.nsw.gov.au)  
This includes a list of all the Local Courts where MERIT is available.
2. NSW Health website <https://www.health.nsw.gov.au/aod/programs/Pages/diversion.aspx>  
Or contact the Centre for Alcohol and Other Drugs MERIT team on [MOH-MERIT@health.nsw.gov.au](mailto:MOH-MERIT@health.nsw.gov.au)

## The Companion Documents are:

1. NSW Ministry of Health (2020) *Clinical Care Standards for Alcohol and Other Drug Treatment*  
<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>
2. Department of Justice (2019) *MERIT Operational Manual*  
<https://localcourt.nsw.gov.au/content/dam/dcj/ctsd/localcourt/documents/merit-documents-/meritprogramoperationalmanual.pdf>
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[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2008\\_009.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2008_009.pdf)
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<https://localcourt.nsw.gov.au/local-court/sentencing--orders-and-appeals/sentencing-in-criminal-cases/diversion-programs/the-merit-program/publications.html#Aboriginal3>



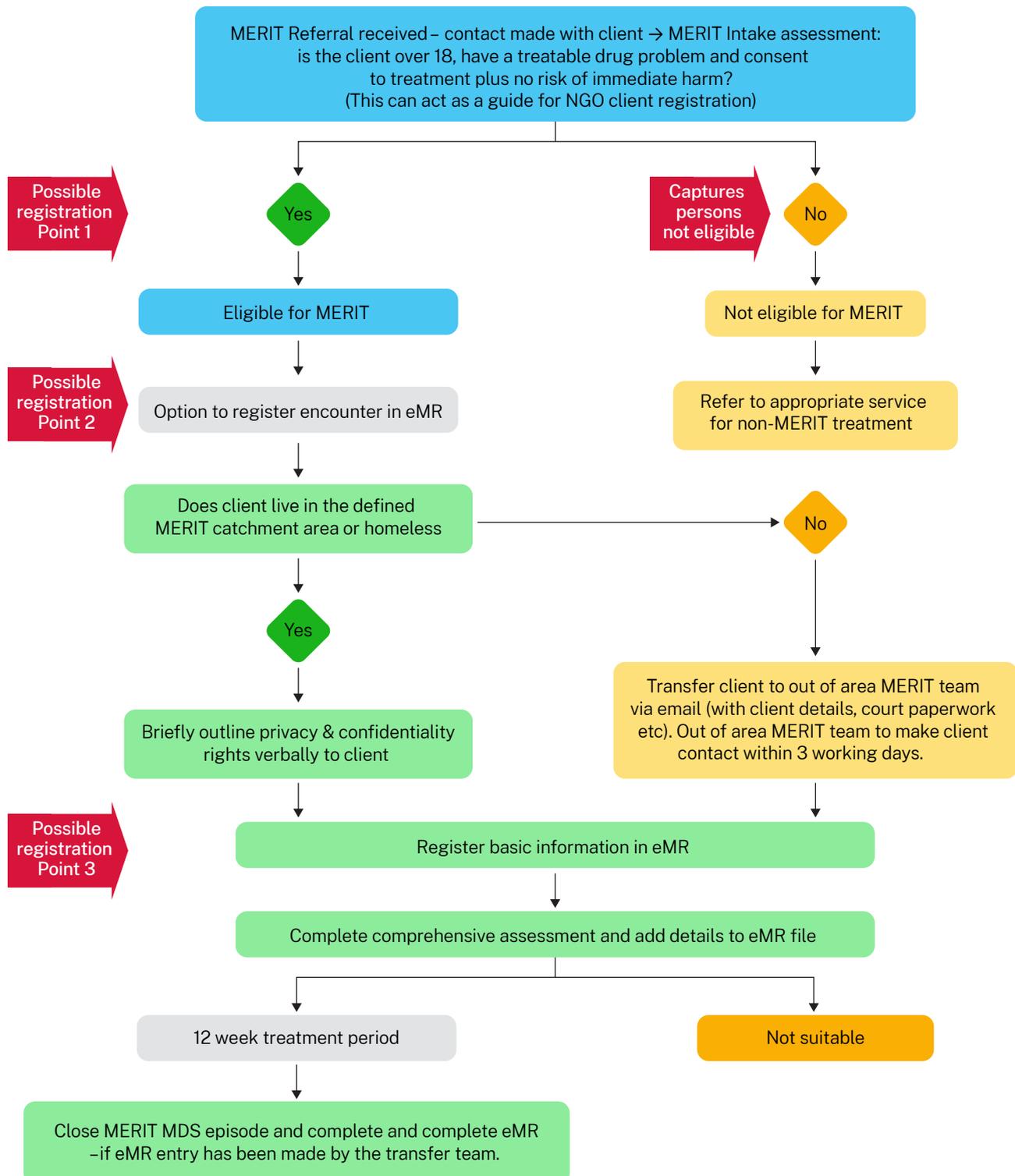
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2. Jarvis et al (2009). Treatment Approaches for Alcohol and Other Drug Dependence: An Introductory Guide 1-324. 10.1002/9780470713372
3. Fisher A, et al. Drug and alcohol psychosocial interventions: an Evidence Check rapid review brokered by the Sax Institute for the NSW Ministry of Health, July 2020.
4. Urbanoski KA (2010). Coerced addiction treatment: Client perspectives and the implications of their neglect. Harm Reduction Journal, 7.
5. United Nations Office of Drugs and Crime (2009). From coercion to cohesion: Treating drug dependence through healthcare, not punishment.
6. Klag et al (2005). The use of legal coercion in treatment of substance abusers: An overview and analysis of thirty years of research. Substance Use and Misuse, 40, 1777-1795.
7. Prendergast et al (2009). Influence of perceived coercion and motivation on treatment completion and re-arrest among substance-abusing offenders. The Journal of Behavioral Health Services & Research, 36(2), 159-176.
8. Wolfe et al (2013). To enforce or engage. The relationship between coercion, treatment motivation and therapeutic alliance within community-based drug and alcohol clients. Addictive Behaviors, 38(5), 2187-2195.
9. Bath et al (2019). The service-seeking profiles of youth reporting a legal mandate or perceived coercion for substance use treatment. Addictive Behaviours, 90, 27-34.
10. Stone et al (2019). Counselling guidelines: alcohol and other drug issues: fourth edition. Perth: Western Australia Mental Health Commission.
11. NSW Department of Communities and Justice (2020). MERIT 2018 Annual Report.
12. Martine, KA & Larney, S (2009). Women and the MERIT program. Crime Prevention Issues No.5.
13. NSW Attorney General's Department (2006). Participation of Aboriginal people in the MERIT program.
14. Baker, A et al (2003). A Brief Cognitive Behavioural Intervention for Regular Amphetamine Users. Canberra: Australian Government Department of Health and Ageing.
15. Network of Alcohol and other Drugs Agencies (NADA) (2016). NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment (2nd ed).

# Appendices

## Appendix 1: A standard approach to recording MERIT service episodes on eMR for LHD MERIT teams

### Standard approach to recording MERIT service episodes on electronic medical records



## Appendix 2: Example MERIT Intake Assessment (from Northern NSW MERIT Team)

MERIT Intake Assessment Form			
Date:			
Name:			
DOB:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not stated
ATSI Status:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> TSI	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not Stated
Address:			
Phone			
Court		Date	
Referred to MERIT Team by:	Name		Phone
	Name		Phone
Legal Representative:			
Screen conducted by:			
<p><b>Checklist:</b> <i>(tick as relevant)</i></p> <p><input type="checkbox"/> Is an adult</p> <p><input type="checkbox"/> Is using drugs or has a history of drug use</p> <p><input type="checkbox"/> Has a treatable drug problem</p> <p><input type="checkbox"/> Voluntarily consents to participate in MERIT</p> <p><input type="checkbox"/> Usually resides in the defined catchment area (or has sufficient connection to the area, for example, has full-time employment in the area)</p> <p><input type="checkbox"/> Consents to the creation of a MERIT Electronic Medical Record (EMR)</p>			
<div style="border: 2px solid purple; padding: 20px; width: fit-content; margin: 0 auto;"> <p><b>PLACE LABEL HERE</b></p> </div>			
<b>Drug use history:</b>			
Drug type	Quantity and frequency	Duration	
Primary drug:			
Secondary drug:			
Secondary drug:			
Accommodation:			
Employment:			
Involvement of other services/providers:			

**Mental Health:**

**Current mental health problems**

Yes     No    If Yes, describe problems and medications:

**PLACE LABEL HERE**

**Current or previous involvement with Mental Health Services**

Yes     No    If Yes, describe involvement:

**Mental health issues of immediate concern**

Yes     No    If Yes, describe (include details of immediate concern and action to be taken):

**Harm to self/other Screen** –ask the following questions (you do not need the exact wording):

**Have things been so bad for you lately that you have thought life is not worth living?**

Yes     No    Not asked    If Yes, describe (include when, precipitation events, current views):

**Have you ever had thoughts of harming yourself or others?**

Yes     No    If Yes, describe details of past thoughts (include when, where, how, frequency, outcomes):

**Have you ever acted on these thoughts?**

Yes     No    If Yes, describe details of actions taken (include when, where, how, number of attempts, method, lethality, outcomes):

**Are you currently thinking about harming yourself or others?**

Yes     No    If yes, describe details of current thoughts:

**Have you made any plans to harm yourself or others?**

Yes     No    If Yes, describe details of current plans (include frequency of thoughts, plan details, access to means, intention to act):

If YES, conduct Risk Assessment, take relevant action, and clearly document actions taken.

## Child Wellbeing

Any children in the client's care?

Yes

No

If Yes, how many children?

**PLACE LABEL HERE**

Age(s) of the children

under 1 year

1 to 5 years

6 to 18 years

Is client the sole carer?

Yes

No

Children and Families involvement?

Yes

No

Violence issues in the household?

Yes

No

Further details (child/ren's name & age, involvement with community services, current violence issues in the household, priority access requirements):

Notes

<input type="checkbox"/>	<b>REFERRAL ONLY, No Initial Assessment undertaken:</b>		<b>PLACE LABEL HERE</b>
(Reason)			
<b>Initial assessment indicates client's eligibility and suitability as follows:</b> (Magistrate to confirm eligibility)			
<input type="checkbox"/> <b>Yes</b> – Pending full assessment, OR			
<input type="checkbox"/> <b>No</b> – Client declined treatment, OR			
<input type="checkbox"/> <b>No</b> – Not accepted (provide reason in table below)			
<b>If “not accepted”:</b>			
	<b>Reason Type</b>	<b>Reason not accepted</b>	
<input type="checkbox"/>	Ineligible	Court matters finalised/dismissed prior to program entry	
<input type="checkbox"/>	Ineligible	Current offences deemed ineligible by magistrate	
<input type="checkbox"/>	Ineligible	No suspicion or history of drug use	
<input type="checkbox"/>	Ineligible	Not an adult	
<input type="checkbox"/>	Ineligible	Not eligible for bail or release	
<input type="checkbox"/>	Ineligible	Strictly indictable offence(s)	
<input type="checkbox"/>	Unsuitable	Already in court ordered treatment	
<input type="checkbox"/>	Unsuitable	Mental health problem	
<input type="checkbox"/>	Unsuitable	No treatable drug problem	
<input type="checkbox"/>	Unsuitable	Resides outside of effective treatment area	
<input type="checkbox"/>	Unsuitable	Unwilling to participate	
<input type="checkbox"/>	Unsuitable	Other	
<input type="checkbox"/>	Magistrate's decision	Program entry not endorsed by Magistrate	
<input type="checkbox"/>	Other reason	Program full	
<b>Allocated to:</b>			
<b>Assessment date and time:</b>			
<b>Signed:</b>	<b>Position:</b>	<b>Date:</b>	
<b>Admin Use Only</b>			
<b>Entry into MERIT Database</b>			
<b>MERIT EMR/CHOC encounter created</b>			

## Appendix 3: Example MERIT Comprehensive assessment (from Northern NSW MERIT Team)

		PLACE LABEL HERE	
<b>MERIT ASSESSMENT MODULE</b> Revised: May 2022		<b>Medicare Card No:</b>	
<b>PERSONAL DETAILS:</b>		<b>CRN:</b>	
<b>Surname:</b>	<b>DOB:</b>	<input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> NS
<b>First name:</b>	<b>Country of Birth:</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (Specify)		
<b>Middle name/s:</b>	<b>Preferred language if not English:</b>		
<b>ATSI STATUS:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not Stated			
<b>Address:</b>	<b>Town/Suburb:</b>	<b>Postcode:</b>	
<b>Phone Number:</b>	<b>OK to leave message:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Language &amp; Literacy:</b> <input type="checkbox"/> Interpreter required <input type="checkbox"/> Assistance required with reading/writing			
<b>Emergency Contact:</b> Name:		Relationship:	
Address:		Phone Number:	
<b>Initial Screen Date:</b>	<b>ELIGIBLE:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comprehensive Assessment Date:</b>	<b>SUITABLE:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### LEGAL DETAILS

<b>Diversion ID Number:</b>	<b>Referral Source:</b>		
<b>Referral Date:</b>	<input type="checkbox"/> Police <input type="checkbox"/> Magistrate <input type="checkbox"/> Legal <input type="checkbox"/> Other		
<b>Referring Court:</b>	<input type="checkbox"/> CC (P&P) <input type="checkbox"/> Self/Informal <input type="checkbox"/> Family/Friend		
<b>Referral Contact Name:</b>	<b>Referral Contact No:</b>		
<b>CNI:</b>			
<b>Case &amp; H numbers:</b>			
<b>Other pending matters:</b>			
<b>DEFENDANT</b> <input type="checkbox"/> Accepted into program <input type="checkbox"/> NOT accepted into program <input type="checkbox"/> Declined Program			
<b>1<sup>st</sup> Court Date:</b>	<b>Program Entry Date by Court:</b>	<b>Adjournment Date:</b>	
<b>Current Court Orders: (tick those that apply)</b>		<b>Currently on CC(P&amp;P) Supervision</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Section 10	<input type="checkbox"/> Bond Section 11		
<input type="checkbox"/> Parole – Parole Officer .....	<input type="checkbox"/> AVO – Protected Person		
<input type="checkbox"/> Outstanding warrants interstate	<input type="checkbox"/> Interstate Bond		
<input type="checkbox"/> Intensive Corrections Order	<input type="checkbox"/> Conditional Release Order		
<input type="checkbox"/> Community Correction Order	<input type="checkbox"/> Other		
Last Court Conviction (if any) Date:		Details:	

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE
<b>TRANSFERS</b>	
<b>Transfer In</b> <input type="checkbox"/> (from another MERIT Team)	<b>Transfer Out</b> <input type="checkbox"/> (to another MERIT Team)
Date Received / Sent:	From / To (other MERIT team):
Contact Name:	Contact Phone No:
Date Received / Sent:	From / To (other MERIT team):
Contact Name:	Contact Phone No:

**SOCIAL CONTEXT:**

<b>Marital Status:</b> <input type="checkbox"/> Never married <input type="checkbox"/> Married/Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <b>Partner's name:</b>	
<b>No of others residing with client:</b>	<b>Users:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>No of people financially dependent on client:</b>	
<b>Domestic Violence:</b> (complete EMR for all females)	<b>Victim:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Perpetrator:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Living Arrangements: (tick one box only)</b> <input type="checkbox"/> Alone <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Alone with child(ren) <input type="checkbox"/> Spouse/partner & child(ren) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Friend(s) /Parent(s) /relative(s) /and child(ren) <input type="checkbox"/> Other <input type="checkbox"/> Not stated/not known/inadequately described	<b>Current significant relationships:</b> e.g. Spouse/defacto, parents, impact of substance use.  <b>Social support system:</b> Describe the quality and availability of supports and engagement within social networks.
<b>Usual Accommodation: (tick one box only)</b> <input type="checkbox"/> Rented house or flat (public & private) <input type="checkbox"/> Privately owned house or flat <input type="checkbox"/> Boarding house <input type="checkbox"/> Hostel/supported accommodation services <input type="checkbox"/> Psychiatric hospital <input type="checkbox"/> Alcohol/Other drug treatment residence <input type="checkbox"/> Shelter/refuge <input type="checkbox"/> Prison/Detention centre <input type="checkbox"/> Caravan on a serviced site <input type="checkbox"/> Other <input type="checkbox"/> No usual residence/homeless <input type="checkbox"/> Not known	<b>Describe current housing situation:</b> (e.g. Stable/unstable, substance use in household. If homeless, usual sleeping location)  <b>Any immediate housing issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide details and record issue on the Global Care Plan.

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE
<b>Current employment:</b>	<b>Previous employment:</b>  <b>Last worked:</b>
<b>Principal Source of Income: (tick one box only)</b>  <input type="checkbox"/> Full time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Temporary benefit (e.g. New Start) <input type="checkbox"/> Pension (e.g. Disability, Carer's) <input type="checkbox"/> Student Allowance <input type="checkbox"/> Dependant on others <input type="checkbox"/> Retirement fund <input type="checkbox"/> No income <input type="checkbox"/> Other <input type="checkbox"/> Not stated/inadequately described	<b>Highest Level of Education: (tick one box only)</b>  <input type="checkbox"/> Year 10 or less <input type="checkbox"/> Year 11 or 12 <input type="checkbox"/> TAFE / Trade <input type="checkbox"/> Tertiary <input type="checkbox"/> Inadequately described  <b>Any current debt with SDRO:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", interested in WDO:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CRN:</b>
<b>Describe any financial issues associated with substance use or gambling:</b>	

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE
<b>GENOGRAM</b>	

MERIT ASSESSMENT MODULE					
PLACE LABEL HERE					
<b>DRUG USE HISTORY</b>					
Past Drug Use	Principal Drug of Concern (tick one box only in this column)				Method of use for principal drug of concern (tick one box only)
		Other drug/s of concern	Licit	Illicit	
<input type="checkbox"/>	<input type="checkbox"/>	Inadequately described			<input type="checkbox"/> Ingest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alcohol			<input type="checkbox"/> Smoke
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Methamphetamine (ice)			<input type="checkbox"/> Inject
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Amphetamine (speed)			<input type="checkbox"/> Absorption
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dexamphetamine / Ritalin etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sniff (powder)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M.D.M.A. (ecstasy)			<input type="checkbox"/> Inhale (vapour)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cocaine			<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Benzodiazepines (broad category)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not stated/inadequately described
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hallucinogens (eg LSD, Magic Mushrooms)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cannabis			<b>INJECTING DRUG USE</b> (tick one box)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heroin			<input type="checkbox"/> within the last 3 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> >3 months <12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Buprenorphine (Subutex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> >12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nicotine			<input type="checkbox"/> never injected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other opioid (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> not stated/inadequately described
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other substance/s (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ever shared injecting equipment*</b>
	<input type="checkbox"/>	No other substances			* Injecting equipment includes needles, syringes, spoons, mix, water, swabs, tourniquets, filters.
<b>Details of Injecting Related Problems*</b> Any past or current injecting related problems e.g. abscess, sepsis (cellulitis, septicaemia, endocarditis), high risk injecting sites (groin, neck feet):					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<b>Injecting related problems:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Substance Use Summary:</b> Describe how patterns of substance use have changed over time (initiation, abuse, dependence), periods of abstinence (dates, duration, how achieved), features of withdrawal & associated complications, drug related risk & harms including impact upon health & psychosocial functioning (eg work, relationships, finance, legal) and any trauma events impacting on substance use.					<b>Information on Harm Reduction required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

MERIT ASSESSMENT MODULE					PLACE LABEL HERE				
SUBSTANCE USE HISTORY									
Substance	Age 1 <sup>st</sup> used	Age 1 <sup>st</sup> problem use	Last used x/7 = days x/52 = weeks x/12 = mths x/y = years	Frequency x/7 = days x/52 = weeks x/12 = mths x/y = years	Average daily amount	Duration & nature of use this episode (Binge, Regular, Dependent)	Route (method) 1=Ingest 2=Smoke 3= Inject 4= Sniff/Inhale	Client considered a problem (Y/N)	Longest period of abstinence
Tobacco									
Alcohol									
Cannabis									
Synthetic Cannabis									
Amphetamine									
Methamphetamine									
MDMA (Ecstasy)									
Cocaine									
Benzodiazepine									
Heroin									
Pharmaceutical Opioids									
Methadone (non-medical use)									
Buprenorphine (non-medical use)									
Hallucinogens									
Synthetic hallucinogens									
Volatile solvents									
Other (specify)									
Gambling									

<b>MERIT ASSESSMENT MODULE</b>		PLACE LABEL HERE	
<b>Past Overdoses:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of past overdoses: describe number, dates, drug/s involved, accidental, intentional or uncertain, outcomes, hospitalisation.			
Current overdose concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No Details of overdose concerns:			
<b>Immediate concerns</b> include diminished tolerance (ie recent discharge from withdrawal management, rehab, hospital or prison), or a period of abstinence, intravenous use, poly-sedative (alcohol, benzodiazepines, antihistamines), severe medical condition, suicidal risk. If the above exist, describe and record preventative actions on D&A treatment plan.			
<input type="checkbox"/> <b>Opioid Agonist Treatment (OAT)</b>		<input type="checkbox"/> <b>Not currently receiving ANY Pharmacotherapy</b>	
<b>OST Type:</b> <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Buprenorphine/Naloxone	Current Dose: mg/ml	Date commenced:	Date/Time last dose:
<b>Takeaways:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Takeaways per week:	
<b>Prescriber name:</b> <b>Prescriber details:</b>		<b>Medication Administration Site:</b> <b>Medication Administration Site Contact Details:</b>	
<b>Case Worker name:</b> <b>Case Worker's contact details:</b>		<b>Other details including clients perception of treatment:</b>	
<input type="checkbox"/> <b>Non OST Pharmacotherapies</b>			
<b>Pharmacotherapy type:</b> <input type="checkbox"/> Acamposate <input type="checkbox"/> Disulfiram <input type="checkbox"/> Naltrexone <input type="checkbox"/> NRT <input type="checkbox"/> Other (specify):		<b>Prescriber name:</b> <b>Prescriber contact details:</b> <b>Treating doctor:</b> <b>Treatment details:</b> (date commenced, dose, level of engagement, client's perception of treatment)	
<b>Other CURRENT Treatment Programs:</b> <input type="checkbox"/> Counselling <input type="checkbox"/> Support & Case Mgmt <input type="checkbox"/> Groups <input type="checkbox"/> Peer Based Program <input type="checkbox"/> Residential Rehab Program <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Adult Drug Court <input type="checkbox"/> IDAT <input type="checkbox"/> Other		<b>Service Provider name:</b> <b>Service Provider contact details:</b> <b>Other Details:</b> (dates, service, outcomes of treatment, client's perception of treatment)	
<b>PREVIOUS TREATMENTS:</b> <input type="checkbox"/> Counselling <input type="checkbox"/> Inpatient / residential withdrawal management <input type="checkbox"/> Outpatient withdrawal management <input type="checkbox"/> Residential Rehabilitation <input type="checkbox"/> Day program rehabilitation activities <input type="checkbox"/> Naltrexone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Buprenorphine / Naloxone (Suboxone) <input type="checkbox"/> Slow release oral morphine		<input type="checkbox"/> Methadone <input type="checkbox"/> Acamposate <input type="checkbox"/> Disulfiram <input type="checkbox"/> Other maintenance pharmacotherapy <input type="checkbox"/> Inpatient consultation – not w/d mgmt <input type="checkbox"/> Outpatient consultation – not w/d mgmt <input type="checkbox"/> Support & case management <input type="checkbox"/> Assessment only <input type="checkbox"/> Information & education only <input type="checkbox"/> Other <input type="checkbox"/> No previous service received	

<b>MERIT ASSESSMENT MODULE</b>		PLACE LABEL HERE		
<b>CURRENT PHYSICAL HEALTH</b>				
GP Name:		GP Contact Details:		
Other Health Care Provider:				
Known allergies <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe)				
CURRENT medications:				
Physical health problems:				
Description:	Treating healthcare provider*	Treatment / medication	Adequately addressed	
			Yes	No
Hospitalisation or ED presentations in last 3 months:  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", details of presentation:			
Impact of substance use on current health status* Consider nutritional status, level of physical activity, weight, recent injuries, falls, unsafe sex)				
Head Injury / loss of consciousness: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide details.			
Further physical health assessment required: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, complete full Physical Health Assessment or arrange referral to another clinician or GP and record the details of the referral in the treatment plan section.	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  If "Yes", referred to DIPS <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE		
<b>CURRENT MENTAL HEALTH</b>			
<b>Mental Health Problems</b>			
Description	Treating healthcare provider	Treatment / medication	Adequately addressed Yes                  No
Hospitalisation or ED presentations or involvement with MH services in last 3 months: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide details.		

**PREVIOUS MENTAL HEALTH**

Description	Treating healthcare provider	Treatment / medication	Adequately addressed Yes                  No

<b>Impact of substance use on <u>current</u> mental health status</b> Consider drug induced psychosis, anxiety, depressive symptoms etc	
<b>Further mental health assessment required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current Mental Health Treatment Orders</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Comments</b>	

MERIT ASSESSMENT MODULE	PLACE LABEL HERE
<b>HARM TO SELF OR OTHERS – SCREEN</b>	
<p><b>Have things been so bad for you lately that you have thought life is not worth living?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Not asked</p>	<p><b>Details</b> (include when, precipitating events, current views)</p>
<p><b>Have you ever had thoughts of harming yourself or others?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Not asked</p>	<p><b>Details of thoughts</b> (include when, where, how, frequency, outcomes)</p>
<p><b>Have you ever acted on these thoughts?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>Details of actions taken</b> (include when, where, how, frequency, no of attempts, method, lethality, outcomes)</p>
<p><b>Are you currently thinking about harming yourself or others?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>Details of current thoughts</b></p>
<p><b>Have you made any plans to harm yourself or others?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>Details of current plans</b> (Include: frequency of thoughts, plan details, access to means, intention to act)</p>

MERIT ASSESSMENT MODULE		PLACE LABEL HERE
<b>HARM TO SELF OR OTHERS RISK ASSESSMENT</b>		
<b>Past history of risk</b> <b>Suicide</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Violence to others</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Comments</b>
<b>Recent thoughts, plans or symptoms</b> <b>Suicide</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Violence to others</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Comments</b>
<b>Recent behaviour suggesting risk</b> <b>Suicide</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Violence to others</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Comments</b>
<b>Concern from others</b> <b>Suicide</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Harm to others</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Comments</b>
<b>Other risks</b> <b>Alcohol or substance use issues</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Major mental illness or disorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Comments</b>
<b>At risk mental state</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Protective factors -provide details</b> (Capacity to engage in treatment, personal strengths/coping strategies, supports networks, past history in managing stressful events, problem solving capacity, no history of impulsive or aggressive behaviour) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Risk certainty</b> <b>Risk(s) appear to be highly changeable</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Factors contributing to uncertainty regarding the level of risk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Assessment of Risks</b> <b>Suicide</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low  <b>Violence to others</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low  <b>Other</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<b>Details of risk level</b>  <b>Details of risk level</b>  <b>Details of risk level</b>	
<b>Clinicians actions *</b> Document actions in treatment plan *If overall level of risk for suicide is <b>High</b> : follow up must be arranged with Mental Health Acute Care Team, Psychiatrists, or mental health provider within 24 hours and a Safety Action Plan developed with the client including contingency plan. *If the suicide risk is <b>Medium</b> : follow up must be arranged with a mental health provider within one week. *High or Medium risk of violence must be discussed with manager or senior clinician prior to the client leaving the premises (where possible).		

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE
<b>DOMESTIC VIOLENCE SCREEN</b>	
<p><b>Explain to client:</b></p> <ul style="list-style-type: none"> <li>In this health service we ask all women the same questions about violence at home</li> <li>This is because violence in the home is very common and can be serious and we want to improve our response to women experiencing domestic violence.</li> <li>You don't have to answer the questions if you don't want to.</li> <li>This information will remain confidential to the health service except where you give us information that indicates that you or your children are at immediate risk of serious harm.</li> </ul>	
<b>Q1. Within the last year have you been hit, slapped, or hurt in other ways by your partner or ex-partner?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Q2. Are you frightened of your partner or ex-partner?</b></p> <p>If the woman answers No to both questions, give the information card to her and say: here is some information we are giving to all women about domestic violence.</p> <p>If the woman answers Yes to either or both of the above questions, ask questions 3 through to 5.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q3. Are you safe to go home when you leave here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q4. Would you like some assistance with this?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q5. Do you have children?</b> If "YES" ask questions 6 through to 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q6. Have they been hurt or witnessed violence?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q7. Who is/are your child/ren with now? Where are they?</b>	
<b>Q8. Are you worried about your child/ren's safety?</b>	
<p>Health workers must make a report to the Department of Family and Community Services (FACS) Child Protection 132 111 where he or she has reasonable grounds to suspect a child or young person may be at risk of significant harm.</p>	
<p><b>Action taken:</b></p> <p><input type="checkbox"/> Domestic violence identified, information given</p> <p><input type="checkbox"/> Domestic violence identified, information declined</p> <p><input type="checkbox"/> Domestic violence not identified, information given</p> <p><input type="checkbox"/> Domestic violence not identified, information declined</p> <p><input type="checkbox"/> Support given and options discussed</p> <p><input type="checkbox"/> Declined support or assistance</p> <p><input type="checkbox"/> Report to FaCS</p> <p><input type="checkbox"/> Police notified</p> <p><input type="checkbox"/> Other violence / abuse disclosed (give details)</p> <p><input type="checkbox"/> Referral made (give details)</p>	<p><b>Screening was not completed due to:</b></p> <p><input type="checkbox"/> Presence of partner</p> <p><input type="checkbox"/> Presence of family member/s</p> <p><input type="checkbox"/> Woman declined to answer the questions</p> <p><input type="checkbox"/> Other (give details)</p> <p><input type="checkbox"/> Referral made (give details)</p>
<input type="checkbox"/> Other action taken:	<input type="checkbox"/> Other comments:

<b>MERIT ASSESSMENT MODULE</b>				PLACE LABEL HERE		
<b>CHILD WELLBEING SCREEN</b>						
Does the client have any children/young people under the age of 18 living in their care? (complete page 13) <input type="checkbox"/> Yes <input type="checkbox"/> No How many?				Does the client have any children/young people under the age of 18 not living in their care? (complete page 13) <input type="checkbox"/> Yes <input type="checkbox"/> No How many?		
<b>Details of all children</b> The following details may have been previously recorded, please review the table below and update when required.						
Child Full Name	Age	DOB	Sex	School/Pre-school	Residential address	Primary Carer
How is the client coping with parenting and are there any issues they would like help with?				What arrangements does the client make for the child(ren)/young people during times of drug use?		
Does anyone else that the child(ren)/young people live with use drugs, and if so what arrangements are made for them?				What arrangements does the client make for their storage of drugs, including prescription drugs?		
Has there been any previous/current involvement with child welfare agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No				Child welfare agencies involvement (issues, case worker's name and details of community services offices etc)		
Based on the information gathered, do you have any child wellbeing concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**CASE MANAGEMENT ISSUES**

<b>Case Management Issues that may be relevant to current treatment: - tick all relevant boxes</b> <input type="checkbox"/> Psychiatric/Mental Health <input type="checkbox"/> Risk behaviour management <input type="checkbox"/> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Education/training/literacy <input type="checkbox"/> Family, parenting & relationships <input type="checkbox"/> Financial <input type="checkbox"/> Physical health / medical <input type="checkbox"/> Other	<b>Client identified issues:</b>  <b>What does client want to achieve with their time on MERIT?</b>
<b>ASSESSED BY:</b>	<b>SIGNATURE:</b> <b>DATE:</b>

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE
<b>MAIN SERVICE PROVIDED AT MERIT</b> (tick <b>ONE</b> box only)  <input type="checkbox"/> Support and Case Management <input type="checkbox"/> Assessment Only <input type="checkbox"/> Information and Education	<b>OTHER SERVICES PROVIDED AT MERIT</b> (tick <b>ALL</b> relevant boxes)  <input type="checkbox"/> Counselling <input type="checkbox"/> Outpatient Withdrawal management <input type="checkbox"/> Day program rehab activities (eg MERIT group) <input type="checkbox"/> Outpatient Consultation (excluding withdrawal mgmt) <input type="checkbox"/> Other <input type="checkbox"/> No other services provided

**PROGRAM EXIT DATE:** ..... (Date of the court appearance where the client's Final Court Report is heard)

<b>PROGRAM EXIT STATUS: (tick <u>one</u> box only)</b>	
<input type="checkbox"/> Completed program <input type="checkbox"/> Non-compliance with program conditions <input type="checkbox"/> Withdrew voluntarily <input type="checkbox"/> Removed by court	<input type="checkbox"/> Died <input type="checkbox"/> Other <input type="checkbox"/> Court matters finalised / dismissed prior to completion <input type="checkbox"/> N/A (never entered program)
<b>REASON FOR NON-ACCEPTANCE: (if applicable, tick <u>one</u> box only)</b>	
<b>Ineligible:</b>	<b>OR</b>
<input type="checkbox"/> Court matters finalised/dismissed prior entry <input type="checkbox"/> Current offence/s deemed ineligible by magistrate <input type="checkbox"/> No suspicion or history of drug use <input type="checkbox"/> Not 18 years or over <input type="checkbox"/> Not eligible for bail or release <input type="checkbox"/> Strictly indictable offence/s  <input type="checkbox"/> <i>Program entry not endorsed by Magistrate</i>	<b>Unsuitable:</b>
	<input type="checkbox"/> Already in court ordered treatment <input type="checkbox"/> Mental health problem <input type="checkbox"/> No treatable drug problem <input type="checkbox"/> Resides outside effective treatment area <input type="checkbox"/> Unwilling to participate <input type="checkbox"/> Other  <input type="checkbox"/> <i>Program full (when suspension in place)</i>

**CESSATION OF TREATMENT DATE:** ..... (last contact date)

<b>REASON FOR CESSATION OF TREATMENT: (Tick <u>one</u> box only)</b>	
<input type="checkbox"/> Treatment completed <input type="checkbox"/> Transferred/referred to another service <input type="checkbox"/> Left without notice <input type="checkbox"/> Left against advice <input type="checkbox"/> Left involuntarily (non-compliance) <input type="checkbox"/> Moved out of area	<input type="checkbox"/> Sanctioned by drug court / court diversion <input type="checkbox"/> Imprisoned <input type="checkbox"/> Released from prison <input type="checkbox"/> Died <input type="checkbox"/> Other <input type="checkbox"/> Not stated / inadequately described

<b>MERIT ASSESSMENT MODULE</b>		PLACE LABEL HERE	
<b><u>EXTERNAL Services Whilst on MERIT</u></b>			
<b><u>Drug &amp; Alcohol Residential Services</u></b>			
<input type="checkbox"/> Inpatient w/d mgmt.	Start date:	End date:	Agency: <input type="checkbox"/> MERIT bed <input type="checkbox"/> Contd at exit
<input type="checkbox"/> Residential Rehab	Start date:	End date:	Agency: <input type="checkbox"/> MERIT bed <input type="checkbox"/> Contd at exit
<b><u>Pharmacotherapy</u>    Initiated/modified during MERIT ( Y / N )    Current at Entry ( Y / N )    Contd at Exit ( Y / N )</b>			
<input type="checkbox"/> Methadone			
<input type="checkbox"/> Buprenorphine			
<input type="checkbox"/> Naltrexone			
<input type="checkbox"/> Other (specify)			
<b><u>D &amp; A Non-Residential Service</u></b>		<b><u>Non D &amp; A Health &amp; Other Services</u></b>	
<b>Continued at program exit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> D & A Counselling		<input type="checkbox"/> Health services (non D & A)	
<input type="checkbox"/> Day Program		<input type="checkbox"/> Education services	
<input type="checkbox"/> Outpatient withdrawal mgmt.		<input type="checkbox"/> Employment services	
<input type="checkbox"/> Outpatient consultation (not withdrawal mgmt.)		<input type="checkbox"/> Other services (non D & A)	
<input type="checkbox"/> None		<input type="checkbox"/> None	

<b>REFERRAL TO OTHER SERVICE AT PROGRAM EXIT</b>	
<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Other non-health service agency
<input type="checkbox"/> Medical Specialist	<input type="checkbox"/> Education institution
<input type="checkbox"/> Residential D & A treatment agency	<input type="checkbox"/> Workplace (EAP)
<input type="checkbox"/> Non Residential D & A treatment agency	<input type="checkbox"/> Residential community mental health
<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Other residential community care unit
<input type="checkbox"/> Other hospital	<input type="checkbox"/> Not stated / inadequately described
<input type="checkbox"/> Family & Child Protection service	<input type="checkbox"/> Other
<input type="checkbox"/> Non-residential community health centre	<input type="checkbox"/> No referral
<input type="checkbox"/> Non-residential community mental health centre	

<b>MERIT ASSESSMENT MODULE</b>	PLACE LABEL HERE
<b>Notes:</b>	

## Appendix 4: MERIT Monitoring Indicators

Indicator	Report Dissemination
Proportion of accepted clients who complete MERIT	Bi-Annually to MERIT teams and AOD Directors.
Number of days between intake assessment and comprehensive assessment (currently measured as proportion of clients that complete the comprehensive assessment within 14 days of the intake assessment)	Bi-Annually to MERIT teams and AOD Directors.
Number of days a service has been temporarily suspended (measured in workdays and identified by each Local Court)	Bi-Annually to MERIT teams and AOD Directors.
Proportion of referrals that do not lead to MERIT program entry and the reason for non-acceptance.	Bi-Annually to MERIT teams and AOD Directors.
Number and proportion of women who are referred, accepted and complete MERIT (this is compared to men).	Bi-annually to MERIT teams and AOD Directors.
Number and proportion of clients with stimulants as their principal drug of concern who are referred, accepted and complete MERIT (this is compared to people who have a principal drug of concern other than stimulants).	Bi-annually to MERIT teams and AOD Directors.
Number and proportion of Aboriginal and Torres Strait Islander clients who are referred, accepted and complete MERIT (this is compared to non-Aboriginal and Torres Strait Islander clients).	Bi-annually to MERIT teams and AOD Directors.

## Appendix 5: Key inclusions for MERIT discharge summary

As outlined in the *Clinical Care Standards: Alcohol and Other Drug Treatment* the MERIT discharge summary should include the following information:

- a) A description of the reason for referral to MERIT
- b) The treatment provided including key timeframes (include date started and completed MERIT).
- c) For clients who are prescribed or dispensed medication, the following should be included, as a minimum:
  - a list of the medications prescribed or dispensed by the AOD service, that are current at discharge
  - changes made to medications by the AOD service
  - the ongoing plan for these medications
  - a statement noting that the client may be on other medications.
- d) How the client responded to treatment, including progress on goals, the new skills or understandings developed, and include the MERIT screening and outcome tool results at entry and exit.
- e) A summary of current and ongoing concerns, risks, strengths and protective factors; and plans to monitor and address these which includes who is responsible.
- f) Recommendations for ongoing care needs, including the option to return to the AOD services in the future.

## Appendix 6: Abbreviations

Abbreviation	Description
AOD	Alcohol and Other Drugs
ATS	Amphetamine-Type Stimulant
DCJ	Department of Communities and Justice
eMR	Electronic Medical Record
LHD	Local Health District
MERIT	Magistrates Early Referral Into Treatment
MIMS	MERIT Information Management System
MOC	Model of Care
NSW	New South Wales



