

MERIT residential treatment guidelines

a guide for MERIT teams and
residential treatment providers



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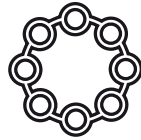
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Review of these guidelines

It is recommended that these guidelines be reviewed within three years of publication.

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Section 1: Background information

1. Introduction

The Magistrates Early Referral Into Treatment (MERIT) program is an interagency initiative between the NSW Attorney General's Department (lead agency), Chief Magistrate's Office, NSW Health and NSW Police.

A key element to the success of the program are the collaborative relationships between key stakeholders, to ensure quality, accessible and effective interventions for program participants.

The provision of drug, health and related treatment for program participants is provided by a range of organisations within the government and non government sector. It is essential that these organisations recognise and value the services each one contributes in supporting program participants to improve their health and social functioning.

2. Purpose of the guidelines

The purpose of the MERIT Residential Treatment Guidelines is to support and guide operational relationships in the provision of residential treatment to participants of the MERIT program.

While these guidelines support the transition and implementation of residential treatment for MERIT program participants, they are not intended to be treatment guidelines.

These guidelines do not provide a full briefing of the MERIT program history, policy, or operations; rather, they are focused on the relationship of residential treatment within the program.

For further information about the MERIT program, please visit the Lawlink website (<http://www.lawlink.nsw.gov.au>) or the MERIT website (www.merit.org.au).

3. Who should use these guidelines?

These guidelines are intended for use by all administrative, management and treatment staff within MERIT teams and residential treatment agencies providing drug, health and related services to MERIT program participants. These guidelines are aimed at both the government and non government sectors.

4. MERIT residential treatment strategy

Findings of a 2004 NSW Health survey of MERIT service providers identified the need for greater collaboration between the non government sector and Area Health Services to increase awareness of the services that can be provided by the non government sector, and thereby promote greater use of residential treatment beds in the MERIT program.

In response, the MERIT Residential Treatment Strategy has been funded to address the need for greater collaboration and will build on knowledge, working relationships and guidelines between non government organisations and MERIT teams in relation to residential treatment.

The objectives of the MERIT Residential Treatment Strategy are to:

- Expand the knowledge base of MERIT teams in relation to residential treatment agencies, services, programs and client access.
- Support residential treatment agencies providing MERIT services to promote their service and communicate with MERIT teams.
- Identify barriers to effective collaboration between AHS and residential treatment agencies, and develop strategies to address these barriers.
- Develop MERIT residential treatment policy/ protocol/guidelines.

The development of MERIT Residential Treatment Guidelines is one activity being undertaken to meet the above objectives.

5. Policy framework

The following documents provide a framework for the MERIT Residential Treatment Guidelines in NSW.

- Council of Australian Governments (COAG) Illicit Drug Diversion Initiative (IDDI) Framework COAG Communique, 1999
- MERIT Program Policy Document NSW Attorney General's Department, 2002
- MERIT Program Operational Manual NSW Health, 2002
- Drug and Alcohol Treatment Guidelines for Residential Settings NSW Health, 2007
- NSW Health Drug and Alcohol Program Plan 2006-2010: A Plan for the NSW Health Drug and Alcohol Program NSW Health, 2006

6. MERIT program overview

MERIT is a drug crime diversion program based in Local Courts throughout NSW, aimed at breaking the drug-crime cycle. The target population are adult defendants with illicit drug use problems motivated to undertake drug treatment. Once assessed as suitable and accepted onto the program, participants undertake supervised drug treatment as part of their bail conditions for a period of approximately 12 weeks. Defendants are closely managed by the MERIT team throughout the program with the magistrate receiving regular reports on participation. Magistrates are able to consider the defendant's progress in treatment as part of the final sentencing.

MERIT is funded under the Council of Australian Government's (COAG) Illicit Drug Diversion Initiative (IDDI) Funding Agreement entered into by the Australian and NSW Governments.

Area Health Services and non government organisations (NGOs) are funded to provide drug treatment, health and psycho-social services for program participants.

7. Broad roles and responsibilities within the MERIT program

Attorney General's department

The NSW Attorney General's Department is the lead agency for the MERIT program in NSW. They are primarily responsible for overall program coordination and evaluation, and convene steering/ advisory groups with key stakeholders to meet this responsibility.

Magistrates

Magistrates provide leadership in the operation of the MERIT program at the court. Magistrates are responsible for referring eligible defendants to the MERIT team for assessment, accepting suitable defendants onto the program, monitoring defendants while on the program, responding to breaches of bail and finalising legal matters.

NSW Health

NSW Health is responsible for the coordination of drug treatment and related service delivery for MERIT program participants.

Services are provided by MERIT teams, residential treatment providers and other health and welfare providers in government, non government and private sectors.

MERIT teams

MERIT teams provide assessment and case management for MERIT participants. They may also provide individual counselling, group programs and/or other drug treatment and related interventions. They are responsible for liaising with the court in regard to new referrals and reporting on participant progress. MERIT teams may be government or non government service providers.

Residential treatment agencies

Residential treatment agencies provide a setting free of non-prescribed drugs and alcohol for MERIT participants to address underlying causes of dependence. Many agencies across NSW¹ are funded for an identified number of beds to provide residential treatment for MERIT participants. Residential treatment agencies may be government or non government service providers.

Other health and welfare providers

Other drug treatment, health and psycho-social service providers may be funded for specific treatment services or for ancillary health and welfare services for MERIT participants.

NSW Police

NSW Police are responsible for the early identification and referral of eligible MERIT participants, as well as acting on breaches of bail from MERIT participants.

8. Residential treatment**8.1 What is drug and alcohol residential treatment?**

Residential treatment programs range from 1 to 12 months duration, with varying structures, philosophies and interventions.

The NSW Health Drug and Alcohol Treatment Guidelines for Residential Settings (2007) refer to residential treatment service as:

“a general term for 24-hour, staffed, residential treatment programs that offer intensive, structured interventions after withdrawal from drugs of dependence, including alcohol.

Residential treatment is based on the principle that a residential setting free of non-prescribed drugs and alcohol provides an appropriate environment in which to address the underlying causes of dependence. Residential treatment services aim to effect lasting change and to assist with reintegration back into the general community after treatment.”

The above guidelines make a distinction between residential treatment (intended to produce therapeutic change) and residential care (intended as a welfare intervention).

¹Services are also funded in ACT for NSW MERIT participants

8.2 Residential treatment modalities

The NSW Health Drug and Alcohol Treatment Guidelines for Residential Settings (2007) describe residential treatment modalities as follows:

Various modalities or treatment approaches for residential treatment are available in NSW, reflecting the range of philosophies and interventions available and the range of special populations served by different programs.

Residential programs generally include living skills training, parenting skills, case management and counselling using cognitive behaviour therapy or motivational interviewing. Most programs use group work as part of a structured program.

The main distinction that has emerged among residential treatment programs is between therapeutic communities and other residential programs.

Therapeutic communities emphasise a holistic approach to treatment and address the psychosocial and other issues behind substance abuse. The “community” is thought of as both the context and method of the treatment model, where both staff and other residents assist the resident to deal with his or her drug dependence.

Other residential programs deliver regular treatment to residents, such as counselling, skills training and relapse prevention, to address the psychosocial causes of drug dependence. Types of residential programs include:

- *Short term residential treatment, often provided in conjunction with a medically supervised withdrawal program*

- *Longer term residential treatment over 12–52 weeks*
- *Low intensity residential treatment and extended care, in which clients live semi-independently with support*
- *Opioid substitution treatment tapering to abstinence.*

8.3 Evidence supporting effectiveness of residential treatment

A summary of the effectiveness of residential treatment is provided in the NSW Health Drug and Alcohol Treatment Guidelines for Residential Settings (2007):

“The 12-month and 24-month findings of the Australian Treatment Outcome Study suggest that residential treatment services do see people who are “harder cases” — that is, people with longer-standing drug problems and/or a history of failed treatment, lack of social support, psychological comorbidity (Ross et al 2004). The 24-month follow-up study found that 71% of study participants were abstinent in the month before their follow-up interview and that changes in other drug use from baseline were most evident in the residential treatment group (Darke et al 2006).

Residential treatment is thought to be the most appropriate treatment for alcohol dependence when the person is a chronic drinker with a long history of drinking and a high level of dependence. Similarly, for other drug dependencies residential programs are usually indicated for dysfunctional, long-term drug users who suffer significant harms from use and whose social networks are supportive of continued drug use (Dale & Marsh 2000). People in residential treatment

have a significantly higher number of previous treatment episodes, a lower age of first intoxication, have used and injected more classes of drugs, experienced more overdoses and have significantly higher levels of previous suicide attempts and psychopathology than clients in methadone maintenance or withdrawal programs.

Despite these client characteristics, residential treatment services were found to have good levels of short and long term retention in treatment (Ross et al 2004). After 12 months, residential treatment produced significantly higher levels of abstinence than either methadone maintenance or withdrawal programs, while non-treatment had a 0% rate of abstinence. These findings indicate that residential treatment is an effective option, especially for those people with more severe drug use and psychological issues (Ross et al 2004).

Although residential treatment has success with “harder cases”, this group should not be considered the sole treatment population for residential services or therapeutic communities. People with less entrenched histories and less dysfunctional lifestyle also benefit from residential treatment.”

8.4 Who should receive residential treatment?

All people seeking treatment need to be properly assessed for their treatment needs. A primary consideration in any assessment is matching the level and type of intervention to the treatment needs of the individual. It is well understood that treatment matching can improve the effectiveness of a treatment intervention.

There are four major considerations in treatment matching (Eliany & Rush 1992):

1. **Problem severity** — more intensive treatment to meet more severe problems may take the form of residential treatment or non-residential treatment that includes access to self help group such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) (Dale & Marsh 2000).
2. **Cognitive factors** — people with some degree of cognitive damage are likely to benefit more from intensive, highly structured residential treatment (Moore 1998). This treatment should also include a strong life skills component addressing issues such as finance, accommodation and domestic duties.
3. **Life problems** — specific problems in various aspects of a client’s life, such as high levels of anxiety or anger, may indicate the need to match the client to specific components of broad based treatment (eg, anger management counselling).
4. **Individual choice** — research suggests that treatment is more effective when it is the client’s choice, so it is important that clients make informed choices from a range of plausible treatment alternatives.

Suitability for shorter term residential programs²

Typically these programs are of one month to six weeks’ duration and are provided to people immediately after withdrawal. They may be located in the same facility as a post-withdrawal living skills or treatment program. These programs are provided by both government and non-government providers and cater for the needs of people who require short-term supervision after withdrawal, with an emphasis on cognitive/behavioural and relapse prevention interventions.

²Taken from the NSW Health Drug and Alcohol Treatment Guidelines for Residential Settings (2007)

The available evaluation literature suggests that this type of service is appropriate for people who have:

- a less entrenched history of drug dependence
- a history of unsuccessful treatment in a non-residential setting
- no previous history of unsuccessful treatment in a residential setting
- no significant cognitive impairment
- less severe co-morbidity (i.e., mild depression, anxiety disorders)
- better psychosocial support, including employment opportunities.

There is some evidence that the short term residential treatment programs have a higher success rate, in terms of completion of treatment and post treatment outcomes, for clients with primary alcohol dependence than for clients with primary opiate dependence. In terms of the treatment approach, a review of the literature suggests that such programs are not effective as a post detoxification intervention unless they incorporate a progression to structured options such as supervised half-way house accommodation or daily/weekly participation in a non-residential treatment program. (The NSW Drug Treatment Services Plan 2000-2005)

Suitability for longer term residential programs³

Longer-term residential treatment programs (60 days or more) have been identified in practice and in the research literature as providing significant benefit for people with severe alcohol and drug use problems and complex needs, and to the community (Ernst & Young 1996). The most common predictor of successful outcome has been length of stay in treatment (Ernst & Young 1996).

The available Australian literature (Ernst & Young 1996) suggests that longer-term treatment services are most appropriate for people:

- with severe alcohol and drug use problems, in particular primary opioid dependence, where these problems pose a significant risk to the health and welfare of the individual and others
- for whom non-residential or short term treatment options have failed to address their treatment needs in the past
- whose home setting or social circumstances are not supportive of non-residential treatment options, to the extent that such treatment options are unlikely to succeed
- with significant co-morbid disorders.

People who meet all four of these criteria should be given the highest priority for admission to longer-term residential treatment.

³Taken from the NSW Health Drug and Alcohol Treatment Guidelines for Residential Settings (2007)

Section 2: Practice guidelines

1. Referral to the MERIT program

Referral to the MERIT program is usually made by the police, a defendant's legal representative or the presiding magistrate. Treatment providers, family/friends or the defendants themselves may also refer to the MERIT team. Once program eligibility has been established, the MERIT team will determine a defendant's suitability for the program in consultation with the magistrate and police. The magistrate will make the final decision to accept the defendant into the MERIT program.

2. Eligibility and suitability for the MERIT program

2.1 Eligibility for the MERIT program

Eligibility for the MERIT program is determined by the defendant's ability to meet eligibility and exclusion criteria as assessed by the magistrate.

The role of the MERIT team is to:

- Accept the referral and raise any concerns regarding a defendant's eligibility status with the magistrate.

2.2 Suitability for the MERIT program

Suitability for the MERIT program is determined by assessing the defendant's nature and extent of drug problem and psychosocial issues, as well as motivation to participate in the program. The magistrate will make the final decision to accept the defendant into the MERIT program.

The role of the MERIT team is to:

- Conduct all suitability assessments of eligible defendants and make recommendations to the magistrate.

2.3 Multiple treatment episodes in the MERIT program

A defendant may be referred to the MERIT program more than once (for different charges), recognising an individual's circumstances at varying times. Acceptance onto the program is dependent on the suitability assessment conducted by the MERIT team and the Magistrate's decision.

The role of the MERIT team is to:

- Conduct all suitability assessments of eligible defendants and make recommendations to the magistrate.
- Conduct suitability assessments on all eligible defendants, including previous participants who completed or did not complete the program.

The role of the residential treatment provider is to:

- Refer eligible defendants with local court matters to the MERIT team to determine suitability for the MERIT program, including previous participants who completed or did not complete the program.

3. Residential treatment and the MERIT program

3.1 Residential treatment for MERIT participants

Residential treatment is available to MERIT participants through specifically funded places across NSW and ACT. Residential treatment is considered a suitable option for MERIT participants with severe drug use problems, including alcohol abuse, as well as those with less entrenched drug dependence.

The role of the MERIT team is to:

- Discuss residential treatment as an option with all participants of the MERIT program at assessment and case planning stages.
- Provide MERIT participants with current information on residential treatment in order to support informed decision making.

The role of the residential treatment provider is to:

- Make available to MERIT teams, current information on their residential treatment program, particularly entry/suitability criteria.
- Ensure information about their program is current on the MERIT website (www.merit.org.au)

3.2 Suitability of MERIT participants for particular residential programs

Residential agencies with MERIT funded places provide residential treatment that addresses the needs of MERIT participants. Suitability of a MERIT participant for a particular residential program is determined in consultation between the MERIT team and the residential treatment provider.

The residential treatment provider holds final responsibility for determining a participant's access to residential treatment.

The role of the MERIT team is to:

- Liaise with residential providers to determine an individual MERIT participant's suitability for residential treatment.

The role of the residential treatment provider is to:

- Liaise with the MERIT team to determine an individual MERIT participant's suitability for residential treatment.
- Determine a MERIT participant's acceptance into residential treatment and promptly communicate that with the MERIT team.

3.3 Multiple treatment episodes in residential treatment

An individual may be referred to residential treatment more than once, recognising an individual's circumstances at varying times. Acceptance into the residential program is dependant on the suitability assessment conducted by the residential treatment provider.

The role of the MERIT team is to:

- Liaise with residential treatment providers to determine a MERIT participant's suitability for residential treatment, including those previously accepted and/or referred.

The role of the residential treatment provider is to:

- Liaise with the MERIT team to determine a MERIT participant's suitability for residential treatment, including those previously accepted and/or referred.
- Determine a MERIT participant's acceptance into residential treatment and communicate that with the MERIT team.

4. Referral to residential treatment

4.1 Criteria for referral

All residential treatment providers are responsible for determining their client admission criteria and referral/admission processes, and making that information available to all referring agencies.

The role of the MERIT team is to:

- Understand and be guided by the admission criteria and referral/admission processes for residential programs when referring MERIT participants to a particular provider.
- Assist in the prompt transfer of participant information to minimise repetitive administrative processes for the participant.

The role of the residential treatment provider is to:

- Promote their services to MERIT teams by providing hard copies of program information, updating information on relevant websites, encouraging site visits.
- Assist in the prompt transfer of participant information to minimise repetitive administrative processes for the participant.

4.2 Acceptance and non acceptance of MERIT participant referrals

The residential treatment provider holds final responsibility for determining a participant's acceptance into residential treatment.

The role of the MERIT team is to:

- Liaise with residential treatment providers on the outcome of the MERIT participant's acceptance into a particular residential program.
- Support the MERIT participant, where possible, to maintain contact with the residential treatment provider prior to admission.
- If accepted, facilitate and support the MERIT participant to access the residential program at the earliest possible opportunity.
- If not accepted, support the MERIT participant to seek alternative treatment intervention if not accepted into a particular residential program.

The role of the residential treatment provider is to:

- Communicate with the MERIT team the outcome of the MERIT participant's assessment for their program.
- If accepted, inform both the MERIT participant and the MERIT team of the admission details - date, time, contact requirements, costs, etc.
- Facilitate and support the MERIT participant to access the residential program at the earliest possible opportunity.
- If not accepted, provide both the MERIT participant and the MERIT team with a full explanation of the reasons for non acceptance into their residential program.
- If not accepted, suggest alternative services for the MERIT participant, where appropriate.

4.3 Transfer of MERIT participant information

In making and accepting a referral, it is vital that some MERIT participant information be transferred to the residential treatment provider. This assists in best fit treatment matching between the participant and the service provider.

The role of the MERIT team is to:

- Provide the residential treatment provider with the MERIT participant's unique Diversion Identifier
- Provide, at a minimum, the following MERIT participant information:
 - signed release of information/consent form
 - demographics
 - current and previous drug use
 - current and previous treatment
 - mental health status and treatment
 - current medical status and treatment
 - most recent bail/court/police reporting conditions
 - other relevant details impacting on treatment.
- Provide, where possible, the following MERIT participant information:
 - MERIT assessment form.

The role of the residential treatment provider is to:

- Satisfy their agency's legal requirements for informed consent once the MERIT participant has been accepted and/or admitted.
- Recognise that it is not the responsibility of the MERIT team to provide copies of participant's criminal records for the purpose of admission to residential treatment.

5. Participant management

5.1 Primary case management

All MERIT program participants are assigned a primary case manager from the MERIT team for the duration of their time in the MERIT program. The primary case manager is responsible for the administration, planning and coordination of a participant's treatment/service provision while in the MERIT program. This primary case manager may also provide interventions such as individual and/or group counselling. However, once a MERIT program participant is accepted into residential treatment, that agency becomes responsible for the participant's treatment/service interventions, while the MERIT case manager provides liaison between the residential treatment provider and the court.

The role of the MERIT team is to:

- Provide primary case management to non-residential MERIT participants.
- Coordinate and/or provide any additional interventions to non-residential MERIT participants as determined by the MERIT team.
- Identify a case manager to provide liaison between the residential provider and the court while a MERIT participant is in residential treatment.
- Resume primary case management of MERIT participants if exiting from residential treatment and remaining in the MERIT program.

The role of the residential treatment provider is to:

- Provide primary case management and treatment to residential MERIT participants.

- Coordinate and/or provide other interventions to residential MERIT participants as determined by the residential treatment provider.
- Liaise with the MERIT case manager regarding participant's progress, particularly if the person is not adhering to the residential treatment plan or is at risk of an early or unplanned exit from the residential program.

5.2 Confidentiality and participant consent

Participation in the MERIT program is voluntary with all participants electing to participate in the program and agreeing to a treatment/case plan. Participant consent must be obtained before providing participant information to a third party, such as an external service provider. The type and detail of participant information to be provided to a third party must be considered and relevant to the purpose of third party contact. It is not appropriate or necessary to provide all participant information to all third parties. Participant consent must be given to the residential care/treatment provider before participant information is provided to the MERIT team.

The role of the MERIT team is to:

- Obtain participant consent to transfer contact and case details to the residential treatment provider for the purposes of referral and case management during the period of participation in the MERIT program.
- Demonstrate participant consent when transferring participant details to the residential treatment provider.

The role of the residential treatment provider is to:

- Satisfy their agency's legal requirements for informed consent to transfer participant details

to the MERIT team for the purposes of referral and case management during the period of participation in the MERIT program.

- Demonstrate participant consent when transferring participant details to the MERIT team.

5.3 Contact with the residential MERIT participant

For the purposes of reporting on participant progress to the court and developing ongoing care if the MERIT participant is to leave residential treatment prior to completing MERIT, it may be appropriate for the MERIT case manager to maintain an agreed level of contact with the participant while they are in residential treatment. The level, purpose and timing of contact are to be negotiated between the residential provider and the MERIT case manager. It is not to be used to override the intervention or case management being provided by the residential treatment provider.

The role of the MERIT team is to:

- Liaise with the residential treatment provider regarding contact with the MERIT participant while they are in residential treatment.

The role of the residential treatment provider is to:

- Liaise with the MERIT team regarding contact with the MERIT participant while they are in residential treatment.

5.4 Court attendance by MERIT participants

MERIT participants may be required to attend court hearings throughout the MERIT program as set out in their bail conditions by the magistrate. Participants in residential treatment must attend scheduled court hearings unless otherwise approved by the magistrate. If a participant does not attend the scheduled court hearing, the MERIT team must still submit a participant progress report as standard practice. Where the participant is required to attend court, the MERIT team and residential treatment provider will liaise regarding transport and supervision of the participant during absence from the residential program.

The role of the MERIT team is to:

- Liaise with the residential treatment provider regarding a residential MERIT participant's attendance at scheduled court hearings.
- Liaise with the relevant court regarding a residential MERIT participant's attendance at scheduled court hearings.
- Provide the court with participant progress reports at all scheduled court hearings as per standard practice.

The role of the residential treatment provider is to:

- Liaise with the MERIT team regarding a residential MERIT participant's attendance at scheduled court hearings.

5.5 MERIT court reports

MERIT case managers are required to provide the court with progress reports throughout the participant's duration on the MERIT program, usually at scheduled court hearings. It is the responsibility of the MERIT

case manager to prepare participant's court reports based on their own contact with the participant and on information obtained from other service providers. A participant progress report from the residential treatment provider at cessation of the MERIT program/ final hearing provides further information for the magistrate when determining final sentencing.

The role of the MERIT team is to:

- Liaise with the residential treatment provider regarding a residential MERIT participant's progress.
- Prepare court reports based on their own contact with the participant and on information obtained from the residential treatment provider.

The role of the residential treatment provider is to:

- Liaise with the MERIT team regarding a MERIT participant's progress.
- Provide the MERIT team with a written participant progress report prior to the completion of the MERIT program, unless negotiated otherwise.
- Not provide the court directly with MERIT participant progress reports, unless negotiated with the MERIT team.

5.6 MERIT participant case conferencing

A review of a MERIT participant's progress and plans may be conducted between the MERIT case manager and the residential program case manager at any time throughout the MERIT program, particularly towards the end of the program. This assists the MERIT case manager to develop accurate court reports and supports the development of an ongoing care plan beyond the period of MERIT.

The role of the MERIT team is to:

- Liaise with the residential treatment provider regarding case conferencing for a residential MERIT participant's progress and case planning beyond the period of MERIT.
- Participate in case conferencing prior to participant progress and completion reports.

The role of the residential treatment provider is to:

- Liaise with the MERIT team regarding case conferencing for a residential MERIT participant's progress and case planning beyond the period of MERIT.
- Participate in case conferencing prior to client progress and completion reports.

5.7 MERIT and abstinence based programs

Residential treatment programs provide a setting free of non-prescribed drugs and alcohol for participants to address underlying causes of dependence. MERIT participants not desiring or requiring an abstinence based program may not be appropriate for residential treatment at that time, though this should be reviewed throughout the duration of the participant's time on the MERIT program. Residential treatment programs may or may not advocate/recommend complete abstinence for individuals post residential treatment. Additionally, some residential treatment programs provide maintenance or staged withdrawal from an opioid treatment program.

The role of the MERIT team is to:

- Ensure MERIT participants are informed of the abstinence based nature of residential programs, with the exception of specific maintenance or staged withdrawal programs.

The role of the residential treatment provider is to:

- Ensure referred MERIT participants are informed of the abstinence based nature of residential programs, with the exception of specific maintenance or staged withdrawal programs.

5.8 Screening for non-prescribed drug and alcohol use

MERIT teams and residential treatment providers may elect to conduct screening for non-prescribed drug and alcohol use, for example urinalysis and alcohol breath testing, to support participant assessment and therapeutic interventions at commencement or throughout treatment. Residential treatment providers may conduct screening on entry to the program to ensure the participant is drug/alcohol free. Screening for non-prescribed drug and alcohol use should be used as a guide, and not as a substitute for clinical judgement of a participant's progress.

If MERIT participants are to undertake drug/alcohol screening, they are to provide consent, be informed on how the information will be used and who it will be communicated to.

The costs of conducting screening for non-prescribed drug and alcohol use falls to the agency providing the primary intervention, i.e. the MERIT team if the participant is non-residential, and the residential treatment provider if the participant is residential.

The role of the MERIT team is to:

- Undertake screening for non-prescribed drug and alcohol use if they are providing the primary intervention, if determined relevant to a MERIT participant's assessment and/or treatment intervention, and once consent has been provided.

- Accept all costs associated with the drug/alcohol screening if they are providing the primary intervention.

The role of the residential treatment provider is to:

- Undertake screening for non-prescribed drug and alcohol use if they are providing the primary intervention, if determined relevant to a MERIT participant's assessment and/or treatment intervention, and once consent has been provided.
- Accept all costs associated with the drug/alcohol screening if they are providing the primary intervention.
- Include results from screening in client progress reports, if considered relevant to do.

6. Exit from MERIT program and/or residential program

6.1 Duration of treatment

The MERIT program is approximately 12 weeks in duration, whilst residential treatment varies from shorter terms of 4 to 8 weeks, to longer terms of up to 12 months. A MERIT participant may be referred to residential treatment at any time throughout the MERIT program, though most benefit would be gained by an earlier referral.

The role of the MERIT team is to:

- Provide MERIT participants with accurate information on residential treatment program duration and benefits of completing the entire program.
- Encourage MERIT participants to complete the residential treatment program beyond the period of MERIT.

The role of the residential treatment provider is to:

- Provide MERIT teams and MERIT participants with accurate information on residential treatment program duration.
- Support MERIT participants to complete the residential treatment program beyond the period of MERIT.

6.2 Exit from residential treatment - remaining in MERIT

Participation in shorter term residential programs may be completed within the MERIT program timeframe. Participants completing residential treatment and remaining in MERIT will return to the MERIT team for primary case management.

Early or unplanned exit from a residential program does not signify automatic removal of a participant from the MERIT program. Removing a participant from the MERIT program is a decision for the magistrate to determine based on the conditions set by the MERIT team and court.

Removing a participant from a residential program early or unplanned is a decision for the residential treatment provider to determine based on their own policies/guidelines.

The role of the MERIT team is to:

- Resume primary case management responsibility of the MERIT participant if exiting from residential treatment and remaining in the MERIT program.
- Liaise with the residential treatment provider regarding a MERIT participant's ongoing care before a scheduled exit.

The role of the residential treatment provider is to:

- Liaise with the MERIT case manager regarding a MERIT participant's ongoing care before the scheduled exit.
- Liaise with the MERIT case manager as soon as possible if removing a MERIT participant from residential treatment early or unplanned.
- Where appropriate, support the participant to access alternative safe accommodation if removing a MERIT participant from residential treatment early or unplanned.
- Provide the MERIT case manager with a discharge summary of MERIT participants progress and where relevant reasons for early/unplanned exit.

6.3 Exit from MERIT - remaining in residential treatment

Completion of the MERIT program may occur before a participant has completed the residential program. MERIT participants should be encouraged to remain in residential treatment beyond the period of MERIT to obtain full benefits of the residential treatment program, this is dependent on capacity and waiting times of the residential treatment program.

The role of the MERIT team is to:

- Liaise with the residential treatment provider regarding a MERIT participant's ongoing care before the scheduled exit from MERIT.
- Provide the residential treatment provider with the formal exit date from the MERIT program.

The role of the residential treatment provider is to:

- Liaise with the MERIT case manager regarding a MERIT participant's ongoing care before the scheduled exit from the MERIT program.
- Where appropriate, continue to provide primary treatment intervention, as well as provide/coordinate other treatment/service interventions.
- Cease to consider the participant a MERIT participant for the purposes of MERIT funded bed occupancy, i.e. 'move' the participant to a non-MERIT bed once formally exited from the MERIT program by the court.
- Cease to count the participant under the MERIT bed occupancy reporting requirements once formally exited from the MERIT program by the court.

7. Administrative matters

7.1 Provision of legal documents

For the purposes of a referral to the MERIT program and in order to assess a defendant's eligibility, the MERIT team may be provided with a copy of the charge sheet/fact sheet relating to a referred defendant's current charges. This may be provided by the police, the court or the defendant's legal representative. All MERIT participants are provided with a copy of their bail conditions.

7.2 Use of MERIT funded residential beds by non MERIT clients

Many agencies across NSW⁴ are funded for an identified number of beds for residential treatment for MERIT participants. The funding purchases priority access to residential treatment for MERIT participants and covers some of the costs of providing full residential treatment. In order not to carry vacant MERIT beds while also managing

non-MERIT client waiting lists, residential treatment providers may negotiate with the funding Area Health Service to use MERIT funded beds for non MERIT clients only if there are no MERIT participants being referred and only where there is provision to retain at least one vacant MERIT bed to accommodate a MERIT referral at short notice.

The role of the MERIT team is to:

- Refer MERIT participants to residential programs where appropriate.

The role of the residential treatment provider is to:

- Maintain MERIT funded beds primarily for MERIT participants.
- Use MERIT funded beds for non MERIT participants only if negotiated to do so with the funding Area Health Service, and when no MERIT participants are being referred and where a minimum of one MERIT funded bed is vacant to accommodate MERIT referrals at short notice.
- Report only on MERIT participants for the purposes of MERIT bed occupancy reporting.

7.3 Use of non MERIT beds by MERIT participants

While many agencies are funded to provide residential treatment for MERIT participants, there may be occasions where funded beds do not meet demand from MERIT participants. An individual agency may elect to use non MERIT funded beds for MERIT participants.

The role of the MERIT team is to:

- Refer MERIT participants to residential programs where appropriate.

The role of the residential treatment provider is to:

- Consider using non MERIT funded beds for MERIT participants only where viable to do so.
- Not discriminate against MERIT participants by refusing admission or seeking further payment, simply because the MERIT funded beds are occupied.
- Report on all MERIT participants utilising beds for the purpose of MERIT bed occupancy reporting.

7.4 Residential program entry and administration fee

Many residential treatment programs require the participant to pay an entry and administration fee as part of entry into the program. This fee covers the cost of administration and rent prior to a participant's regular support payment arriving. In line with providing priority access for MERIT participants, and as per funding tender specifications, residential treatment providers waive the admission fee for MERIT participants, unless otherwise negotiated with the funding Area Health Service.

The role of the MERIT team is to:

- Ensure MERIT participants are aware of all residential treatment costs, including any entry/administration fees.

The role of the residential treatment provider is to:

⁴Services are also funded in ACT for NSW MERIT participants

- Ensure MERIT participants are aware of all residential treatment costs, including any entry/administration fees.
- Waiver any entry/administration fees for MERIT participants, unless otherwise negotiated with the funding Area Health Service.

7.5 Staff induction/orientation

In order to develop greater understanding of each program, it would be beneficial for new staff of both MERIT and residential treatment agencies to visit one another as part of their induction/orientation process. Ongoing working relationships can be fostered by each agency from this point.

The role of the MERIT team is to:

- Include visits to residential treatment providers as part of staff induction/orientation process.
- Welcome visits from residential treatment providers as part of their staff induction/orientation process.

The role of the residential treatment provider is to:

- Include a visit to a MERIT team as part of staff induction/orientation process.
- Welcome visits from MERIT teams as part of their staff induction/orientation process.

7.6 Relationship development

Collaborative partnerships between MERIT teams and residential treatment providers support the development of the MERIT program and improved outcomes for participants. Relationship

development may include activities such as regular staff meetings between the agencies, joint training and in-services, and attendance at local Area Health Service and NGO forums.

The role of the MERIT team is to:

- Actively contribute to developing ongoing relationships with MERIT funded residential treatment agencies.

The role of the residential treatment provider is to:

- Actively contribute to developing ongoing relationships with MERIT teams.

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Drug and alcohol Treatment Guidelines for Residential Settings

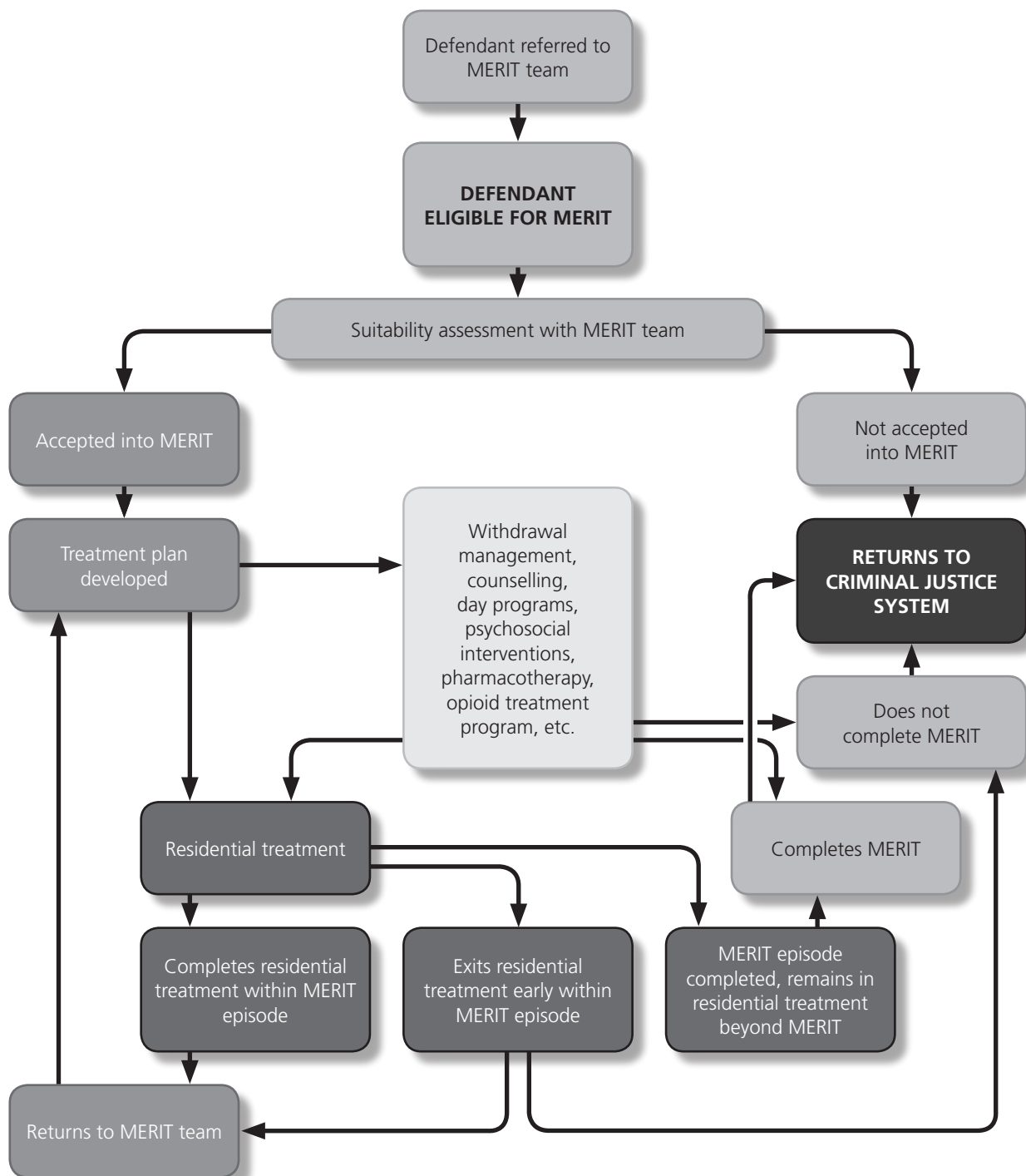
Appendices

Appendix 1 : Acronyms used in this document

ACT	Australian Capital Territory
AHS	Area Health Service/s (NSW Health)
COAG	Council of Australian Governments
IDDI	Illicit Drug Diversion Initiative
MERIT	Magistrates Early Referral Into Treatment
MHDAO	Mental Health and Drug and Alcohol Office (NSW Health)
NADA	Network of Alcohol and other Drugs Agencies
NGO	Non government organisation/s
NSW	New South Wales

Appendix 2 : Pathway of participant through MERIT and residential treatment

The diagram below indicates the pathway of a client through the MERIT program with an emphasis on residential treatment interventions.



Appendix 3 : Case examples of participant in MERIT and residential treatment

The case examples below are provided by MERIT teams and residential treatment agencies, and aim to highlight the collaborative relationship between the treatment agencies to the benefit of the MERIT participant.

Case example 1

Ms Jones*, a 26 year old female with a 5 year history of heroin dependency, presented to the MERIT program motivated to enter detoxification and residential treatment to assist her in achieving abstinence from heroin use. During the MERIT assessment process Ms Jones selected a detoxification and residential treatment centre she was interested in attending. She completed a telephone assessment for entry into the detoxification centre and was admitted three days later. While in the detoxification centre Ms Jones completed a telephone assessment for her chosen residential treatment centre. There were no vacancies at the time and Ms Jones was unable to gain access to a bed. We explored the options available and Ms Jones decided to contact an agency with MERIT beds, rather than wait for a bed at her chosen residential treatment agency. Ms Jones had a telephone assessment for entry into the agency on the same day and was given an admission date for 48 hours later.

Ms Jones entered the residential treatment centre as planned. The centre contacted the MERIT case worker to confirm Ms Jones had undergone an assessment and been admitted, and also to obtain her unique diversion identifier (from the MERIT database). Throughout her treatment at the centre, the staff facilitated contact between the MERIT case worker and Ms Jones. Staff passed on telephone messages and assisted in providing an interview room and times when Ms Jones would be available for appointments. Ms Jones' case worker at the residential treatment centre was happy to discuss

her progress and we developed a verbal case plan in order to provide continuity of care for Ms Jones.

Ms Jones' discharge was well planned during consultation between the MERIT case worker, the residential treatment centre and Ms Jones. Ms Jones was offered on-going support in the form of an out-patient group and referrals for counselling. On completion of MERIT Ms Jones remained drug free and is living in the community supported by her family and non-residential treatment services.

Overall, Ms Jones found the residential treatment admission process user friendly and efficient. There was a good level of communication between MERIT and the residential treatment centre. This assisted the MERIT caseworker in preparing reports for the court, providing treatment to the client and supporting the client while in a residential treatment centre.

**Name and identifying information has been changed for this report.*

Case example 2

Mr Smith* is a 30 year old male with a history of poly drug use, anxiety and depression. He was referred to the residential treatment agency by the local MERIT team. Mr Smith had previously undergone treatment with at least one inpatient episode at a hospital based detoxification unit earlier in the year. He was employed until a few years ago when his employment ceased as a result of his poly drug use.

Mr Smith's admission to residential treatment was coordinated by the agency's social worker in liaison with the MERIT case manager and his mental health service provider.

Mr Smith progressed well through the different phases of the residential treatment program. During his treatment he was seen on several occasions by both a consultant psychiatrist and an Area Health Service psychiatrist. Regular liaison occurred between the residential treatment agency and the MERIT case manager, including the provision of client progress reports.

Mr Smith built a strong therapeutic alliance with the residential treatment agency, responding well to the coordinated approach of treatment for his drug use and mental illness.

His MERIT Program obligations concluded twelve weeks after admission to the residential treatment agency. However, as he experienced significant positive personal outcomes he chose to remain in the residential treatment agency to complete the full program, some ten months in duration.

**Name and identifying information has been changed for this report.*

Appendix 4 : Example of participant reports from residential treatment agency to MERIT team

The reports on the following pages are examples of how residential treatment agencies may report to MERIT teams on MERIT participant's progress.

TREATMENT SUMMARY REPORT	
Date: _____	Treatment Agency: _____
Client's Name/ Identifier: _____	
Date of Admission: _____	
MERIT Case Manager: _____	
Contact Details: _____	

Treatment Case Manager: _____	
Contact Details: _____	

Background Information	
<i>E.g. age, gender, work, health status, mental health history, dependents, criminal charges, current involvement with other agencies</i>	

Description of presenting problem	
<i>E.g. summary of assessments conducted, any diagnosis made, any complicating issues.</i>	

Intervention	
<i>E.g. therapeutic community residential care, counselling, group work, models of treatment used, external specialist referrals, prescribed medications and who managed these, support provided to their dependents and family members, other referrals made.</i>	

Relevant Observations	
<i>E.g. Are they active participants in the program, have they progressed well, do they appear motivated?</i>	

Current Situation	
<i>E.g. Client discharged from program, reasons why, referrals made. Client moving into general population bed, intending on completing program, is there a restoration plan for their dependents.</i>	

Signed: _____	Date: _____

Appendix 5 : Examples of participant reports from MERIT team to court

MERIT PROGRAM ASSESSMENT REPORT (EXAMPLE)

- CONFIDENTIAL COURT REPORT -

01/04/2006

Name: John Peters*
D.O.B.: 25/10/1966
Court Appearance Date: 05/04/2006
Local Court: Newtown
Offence/s: Possession of prohibited drug
Referred to MERIT by: Magistrate

Mr. Peters was assessed on the 31/03/2006, found suitable and has given his consent to participate in the MERIT program.

Background

Mr Peters has a long history of poly drug dependency and started injecting heroin at 15 years of age. Mr Peters reports injecting \$50-\$100 of heroin daily and injects \$100 of methamphetamines on two occasions each week. He has a long criminal history, spending two of the last five years incarcerated and has led a very transient lifestyle. He is currently unemployed, in receipt of benefits and living in shared accommodation. Mr Peters reports that he has experienced depressive type symptoms since his teenage years but has never accessed treatment for this.

The initial treatment plan will include:

- Detoxification services
- Pharmacotherapy
- Other referred outpatient services
- Individual/group counselling
- Case Management

If accepted onto the MERIT program it is recommended that a bail condition be included instructing the defendant to participate in the program and to accept the directions of the MERIT clinician. An adjournment of 6 weeks is requested to allow Mr Peters time to formalise his treatment plan, commence treatment and for the submission of a progress report. Mr Peters' next appointment is at 11.00am on 08/04/2006.

Should additional information be required, the author can be contacted on 9111 1111.

MERIT Clinician

cc Representing Solicitor
Police Prosecutor

**Name and identifying information has been changed for this report.*

MERIT PROGRAM PROGRESS REPORT (EXAMPLE)**- CONFIDENTIAL COURT REPORT -**

14/05/2006

Name: John Peters*
D.O.B.: 25/10/1966
Court Appearance Date: 05/04/2006
Local Court: Newtown
Offence/s: Possession of prohibited drug
Referred to MERIT by: Magistrate

Mr Peters commenced the MERIT program on the 05/04/2006.

Mr Peters has not missed any individual appointments, and has attended all but two of the group sessions since commencing with MERIT. Mr Peters reports he has used heroin on two occasions since his commencement on the program, but has not used any other illicit substances since this time. This is supported by urinalysis results and at all appointments Mr Peters has not attended either intoxicated or in withdrawal. Mr Peters has an appointment with the Psychiatric Registrar at Royal Prince Alfred Hospital, Drug Health Services on the 16/08/2006 in order to have his level of depression assessed and consider treatment options. Mr Peters' next MERIT appointment is scheduled for 11.30am on Thursday 21/05/2006.

An adjournment of 6 weeks is requested for the submission of a completion report.

Should additional information be required, the author can be contacted on 9111 1111.

MERIT Clinician

cc Representing Solicitor
Police Prosecutor

**Name and identifying information has been changed for this report.*

MERIT PROGRAM COMPLETION REPORT (EXAMPLE)

- CONFIDENTIAL COURT REPORT -

20/08/2006

Name: John Peters*
 D.O.B.: 25/10/1966
 Court Appearance Date: 05/04/2006
 Local Court: Newtown
 Offence/s: Possession of prohibited drug
 Referred to MERIT by: Magistrate

This is a completion report for Mr Peters which is to assist with sentence proceedings. Mr Peters was accepted onto the MERIT program on the 05/04/2006 and has completed the program. The following information outlines his involvement in MERIT and was gained during clinical contact with the client and other sources.

Substance Use

- **Primary substance of concern:** Mr Peters was assessed by MERIT on the 24/03/2006 and on this date stated that he was using heroin daily.
- **Period of use:** Mr Peters reported that he begun using heroin at 15 years of age.
- **Nature of use:** Mr Peters reported that he has been dependent on heroin since this time which has led to periods of incarceration, unemployment, a transient lifestyle and poor physical and mental health.
- **Method of use:** Mr Peters reported that he injects heroin.
- **Other substances of use:** Mr Peters reported that he injects amphetamine about twice a week, which he began using at 20 years of age. He also reported smoking cannabis about once a week, which he began using at 14 years of age.
- **Previous treatment:** Mr Peters reported that he has previously attended counselling, detoxification, residential rehabilitation, Narcotics Anonymous and methadone maintenance treatment programs in order to address his use of substances. He reports some positive changes in the past, while engaged with treatment services.
- **Current pharmacotherapy/treatment:** Methadone
- **Medication(s):** Zoloft and Valium.

Psychosocial Situation

- **Accommodation and Relationship(s):** Mr Peters was living in shared stable private accommodation prior to his commencement of the MERIT program. Since commencing the MERIT program he is living in residential rehabilitation accommodation. He has no current physical contact with family members, but has recently made contact with his parents by telephone. Mr Peters reports that he intends to build on this contact, when he is further into his treatment and feeling more stable. Mr Peters reports that he has stopped all contact with people from his recent past in order to make positive lifestyle changes.

- **Current Support Network:** Mr Peters reports that he is now building healthy relationship with residents of the treatment centre and members of Narcotics Anonymous, which he attends twice a week.
- **Mental / Physical Health:** Mr Peters, on assessment, reported that he has a long history of poor mental health, which had previously not been assessed or treated. He was assessed on the 16/05/2006 prior to attending the residential treatment centre and was prescribed anti-depressants by a Psychiatric Registrar at Royal Prince Alfred Hospital, Drug Health Services (RPAH, DHS). Mr Peters continues on this medication and reports experiencing a great deal of improvement in his mental health. Mr Peters has been diagnosed with Hepatitis C since the age of 22 years and is now engaged with the Liver Clinic at RPAH for ongoing care.
- **Education, Employment, Financial Situation:** Mr Peters left school in year 9 and has no formal qualifications. He has a history of casual employment, but is planning to gain some formal qualifications while at the residential treatment centre in order to secure long term stable employment.

- **Legal Addendum**

To the best of our knowledge Mr Peters has not re-offended since commencing the MERIT Program.

MERIT Treatment Plan

- **Goals:** Mr Peters' treatment goals on entry into the program were to stop all illicit drug use, stabilise and complete detoxification from methadone, gain employment and improve his mental health.
- **Implementation:** Since commencing the MERIT program, Mr Peters has managed to complete a detoxification from all illicit drugs and valium. He has now stabilised on his methadone prescription and has started to reduce off it in order to complete his detoxification. Mr Peters was commenced on anti-depressants and his mental health has improved. He reports having increased self-esteem and an ability to manage his daily routine. Mr Peters has been exploring his educational and training options at the residential treatment centre and is planning to enrol at TAFE in the next three months. He reports that he is determined to secure employment when he has completed his rehabilitation and all of his legal matters have been dealt with.
- **Summary:** Mr Peters has a very long history of poly-drug use and dependency since 15 years of age. He has led a very transient lifestyle and has a long history of being involved in criminal activities. He has had previous contact with drug treatment services, but has had poor compliance and outcomes in treatment. In my clinical opinion, Mr. Peters has made significant changes throughout his time at MERIT. Examples of this are his commitment to his recovery by attending the residential treatment centre who report that he has actively engaged and participated in all treatment sessions. He reports that he no longer uses any illicit substances, which has been supported by regular urine analysis and not being intoxicated during his time at the residential treatment centre. Mr Peters is addressing the impact of his use on society and others, by reflecting on previous behaviours and learning new ways of behaving and relating to others. He has also now engaged with mental health

services and is compliant with treatment. I believe Mr Peters has worked hard in order to change from his previous lifestyle and he has been encouraged to continue with these endeavours.

Treatment Recommendations

It is recommended that Mr Peters continue treatment with:

- The residential treatment centre in order to continue with his recovery from substance use or as otherwise directed;
- The Psychiatric Registrar at Royal Prince Alfred Hospital for his mental health or as otherwise directed; and
- Narcotics Anonymous or as otherwise directed.

Mr Peters has completed the planned treatment under MERIT and it is requested that bail be amended, removing the MERIT condition. The MERIT Program would like to thank the court for its support in this matter. No further reports will be tendered unless otherwise requested by the court.

Should additional information be required, the author can be contacted on 9111 1111.

MERIT Clinician

cc. Representing Solicitor
Police Prosecutor

**Name and identifying information has been changed for this report.*

MERIT PROGRAM BREACH REPORT (EXAMPLE)**- CONFIDENTIAL COURT REPORT -**

01/05/2006

Name: John Peters*
 D.O.B.: 25/10/1966
 Court Appearance Date: 05/04/2006
 Local Court: Newtown
 Offence/s: Possession of prohibited drug
 Referred to MERIT by: Magistrate

Mr Peters commenced the MERIT Program on the 05/04/2006.

As part of the MERIT assessment performed on the 31/03/2006, Mr Peters signed a MERIT Program treatment agreement which detailed his responsibilities, in particular in relation to drug treatment.

Mr Peters' treatment goals on entry into the program were to stop all illicit drug use, stabilise on methadone, gain employment and improve his mental health. He had also planned to attend for weekly case management appointments and the MERIT group program.

Mr Peters was assessed by the Royal Prince Alfred Hospital Drug Health Services (RPAH DHS) medical practitioner on the 10/04/2006 and was commenced on methadone maintenance treatment. Since the 10/04/2006 Mr Peters has not attended RPAH DHS regularly and has missed ten of his last fourteen daily doses of methadone. His attendance for individual and group appointments since being accepted onto MERIT has been poor. He has attended only one out of four individual appointments and has attended only two out of five group appointments.

Mr Peters has not engaged well during these sessions, he has not maintained treatment responsibilities at this time and we ask that MERIT be removed from Mr Peters' current bail conditions.

Should additional information be required, the author can be contacted on 9111 1111.

MERIT Clinician

cc Representing Solicitor
 Police Prosecutor

**Name and identifying information has been changed for this report.*

MERIT PROGRAM WITHDRAWAL REPORT (EXAMPLE)**- CONFIDENTIAL COURT REPORT -**

22/05/2006

Name: John Peters*
D.O.B.: 25/10/1966
Court Appearance Date: 05/04/2006
Local Court: Newtown
Offence/s: Possession of prohibited drug
Referred to MERIT by: Magistrate

Mr Peters commenced the MERIT Program on the 05/04/2006.

Mr Peters appeared in Newtown Local Court on 05/04/2006 where he was accepted into the MERIT Program. As part of the MERIT assessment, Mr Peters signed a MERIT Program treatment agreement which detailed his responsibilities, in particular in relation to drug treatment. Mr Peters has been unable to maintain these responsibilities at this time and would like to voluntarily withdraw from the program. Mr. Peters states he has been unable to engage with MERIT due to other commitments and difficulties attending appointments.

As Mr Peters has not been able to engage in treatment at this time, we ask that MERIT is removed from his current bail conditions.

Should additional information be required, the author can be contacted on 9111 1111.

MERIT Clinician

cc Representing Solicitor
Police Prosecutor

**Name and identifying information has been changed for this report.*

Appendix 6 : Example of effective partnerships between residential treatment agency and MERIT team

The example below demonstrates how a MERIT team and residential treatment agency established an effective working relationship.

The establishment of the MERIT program in this regional area was viewed positively by the local drug and alcohol service providers. Agencies from both government and non government had a history of working together for improved client outcomes.

Once the MERIT team was operational, a few issues were identified from both the MERIT team and the residential treatment provider in regard to types of referrals; contact between the MERIT caseworker, the client and the residential treatment provider; expectations of each sector; and understanding of residential treatment services.

Managers from both teams met and then arranged a joint team meeting to allow both teams to discuss their concerns and formulate workable and ongoing solutions. This proved to be a great starting point and both teams began to understand a little more about the others' work requirements. Some of the barriers were still there, but at least there was now an understanding of why things were required or not permitted etc. It was decided at the first meeting that a team member from each service should attend the others' team meeting once a month, to continue relations and provide a venue to deal with any further issues. This was a great idea, although the frequency of this has waxed and waned depending on different issues arising and staff changeover. Individual managers and staff continued to address problems as they arose.

Additionally, both Managers agreed to implement a more formal arrangement with a Service Agreement. The Service Agreement complimented the Funding and Performance Agreement by providing more detail for the two teams in the

operational areas of delegated representatives (whose responsible for what), dispute resolution (how to and who's the third party), service delivery (what each of the services agree to do for the other), financial requirements, confidentiality, performance criteria etc. This Service Agreement was signed off by the MERIT Manager, the residential treatment Manager and the Area Health Service Drug and Alcohol Director.

Recently, the residential treatment team and the MERIT team completed a 'Job Shadowing Project' where a staff member from each service went to the other and 'shadowed' a worker, one day a week for four weeks. This has proven to be a great way for staff to get a 'real' learning experience of the others' workplace operations and help build a co-operative and understanding partnership.

Key points to effective partnerships:

- Develop understanding of each sector's service and operations;
- Provide a joint forum to discuss operational issues and formulate solutions;
- Detail the operational relationship through a written and/or formal agreement;
- Participate in 'job shadowing' type projects to build on collaborative partnerships.

Appendix 7 : List of MERIT and diversion related websites

Drug crime diversion programs in NSW

- LawLink NSW - Information on NSW Adult Drug Court, Youth Drug and Alcohol Court, MERIT and Rural Alcohol Diversion programs
http://www.lawlink.nsw.gov.au/lawlink/cpd/ll_cpd.nsf/pages/CPD_cpd_programs
- Commonwealth Department of Health and Ageing – Information on the illicit drug diversion initiative
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Illicit+Drug+Diversion+Initiative-1>
- MERIT program – General information on the MERIT program in NSW and related residential treatment
www.merit.org.au

Government agencies and programs

- Commonwealth Department of Health and Ageing – information on illicit drugs and related programs and projects
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Illicit+Drugs-1>
- National Drug Strategy
www.nationaldrugstrategy.gov.au
- NSW Health Mental Health and Drug and Alcohol Office – General drug information and treatment guidelines
www.health.nsw.gov.au/living/drug.html
- NSW Government - Information on drugs and related issues
www.druginfo.nsw.gov.au
- Commonwealth Department of Health and Ageing – Alcohol site, information on alcohol-related health, science, news, and Australian Government policy
www.alcohol.gov.au
- NSW Police – Information on drugs and related issues
www.police.nsw.gov.au/community_issues/drugs

Education and research

- Australian Institute of Health and Welfare – Australia’s national agency for health and welfare statistics
www.aihw.gov.au/index.cfm
- National Centre for Education and Training on Addiction (NCETA) - National research centre concerned with investigating workforce development in the alcohol and other drugs related field
www.nceta.flinders.edu.au/index.html
- National Drug and Alcohol Research Centre (NDARC) – drug and alcohol resources and reports
http://ndarc.med.unsw.edu.au
- National Drug Research Institute (NDRI) - research contributing to the primary prevention of harmful drug use and the reduction of drug related harm in Australia
www.ndri.curtin.edu.au
- Register of Australian Drug and Alcohol Research
www.radar.org.au

Peak bodies and representative organisations

- Alcohol and Drug Council of Australia (ADCA) - The peak, national, non-government organisation representing interests of the alcohol and other drugs sector
www.adca.org.au
- Anex - supports Needle and Syringe Programs (NSPs) and the evidence-based approach of harm reduction
www.anex.org.au/about.htm
- Australian Drug Foundation – Drug prevention service
www.adf.org.au
- Australian Drug Information Network - Provides a central point of access to internet-based alcohol and drug information provided by prominent organisations in Australia and internationally
www.adin.com.au
- Australian National Council on Drugs (ANCD) - The ANCD is the principal advisory body to Government on drug policy
www.ancd.org.au

- Drug and Alcohol Nurses Association (DANA) - peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in alcohol, tobacco and other drug issues
www.danaonline.org
- Network of Alcohol and Other Drugs Agency (NADA) – Peak body for non government alcohol and other drug agencies in NSW
www.nada.org.au
- Of Substance - free, quarterly magazine that addresses alcohol, tobacco and other drug issues and problems in Australia today
www.ofsubstance.org.au
- Turning Point – promotes and maximises health and wellbeing of individuals and communities living with and affected by alcohol and other drug-related harms through treatment, research, education and training
www.turningpoint.org.au/index.html

