

COMMUNITY CLINICAL MENTAL HEALTH SERVICE SERVICE SPECIFICATION TIER LEVEL THREE

STATUS:

Approved for recommended use for nationwide non-mandatory description of services to be provided.

RECOMMENDED

Review History	Date
Approved by Nationwide Service Framework Coordinating Group (NCG)	June 2009
Published on NSFL	June 2009
Working Party Review	April 2009
Consideration for next Service Specification Review	Within three years

Note: Contact the Service Specification Programme Manager, National Health Board Business Unit, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**COMMUNITY CLINICAL MENTAL HEALTH SERVICE
SERVICE SPECIFICATION
TIER THREE
MHA09A, MHA09B, MHA09C, MHA09D, MHA08E, MHA09F, MHAK09A, MHAK09C,
MHAK90D**

This tier three service specification for Community Clinical Mental Health Service (the Service) is linked to tier one Mental Health and Addiction Specialist Service and tier two Adult Mental Health service specifications.

1. Service Definition

These services will be fully integrated with other mental health services and will engage the Service user and their family/whānau and carers. They will include but will not be limited to:

- specialist assessment and use of diagnosis classification systems
- provision of medication (including such new agents as are approved for use, in accordance with funding and safety protocols) and other treatment in accordance with a documented comprehensive recovery plan with identified desired outcomes
- ongoing monitoring of symptoms and social situations that may trigger an episode and regular review of progress and treatment at specified intervals
- provision of evidence-based talking therapies
- provision of psychotherapeutic interventions
- provision of evidence-based risk assessment/formulation/management plans
- provision of access to cultural services in accordance with service users' needs;
- attention to matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of good mental health
- provision of consultation and liaison services, including telephone consultation, to primary care providers and other relevant health or social services agencies involved in the care of service users with mental health problems
- co-ordination of care across primary and secondary services in shared care arrangements.

Specialised assessments and intervention for particular sub-groups will occur with referrals to appropriate agencies if required:

- people with eating disorders
- women during the antenatal or post-partum period (up to nine months after birth)
- people with combined problems of mental illness plus drug and alcohol use, or intellectual disability, or brain injuries
- migrants and refugees
- people with profound deafness
- people with personality disorders.

Recovery plans and relapse prevention plans are developed in conjunction with, and led by, the service user and relevant carers, and with other health and social agencies and community mental health services actually or potentially involved in a comprehensive approach to meeting the identified needs.

Where possible, care will be provided in conjunction with primary health services. At the least, there will be documented clear communication with primary health providers regarding the treatment plan and progress, and its completion, in accordance with health privacy legislation and regulations.

Training, advice and support will be provided to workers in primary health services to support the assessment/treatment/management of service users of specialist services in community settings. Care will be co-ordinated by a specified person (key worker/case manager), with several staff of varying backgrounds being available to contribute to care in accordance with identified needs.

2. Service Objectives

To provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders.

2.1 Māori Health

Refer to the tier one Mental Health and Addiction service specification.

3. Service Users

The Service users are eligible adults as detailed in the tier two Adult Mental Health service specification

4. Access

4.1 Entry and Exit Criteria

Access may be from any source, including directly, or upon referral from primary health services, family/whānau, carers and community members or inpatient services.

5. Service Components

5.1 Processes

The following processes apply but are not limited to: assessment, treatment, intervention and support, review process and discharge.

5.2 Settings

The Service is community based.

5.3 Key Inputs

The Service is provided by:

a multi-disciplinary team of people with skills and experience in mental health intervention, treatment and support, made up of:

- health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by a health or social service professional body

- people who interact with Service users and who are not subjected to regulatory requirements under legislation or by any other means.

6. Service Linkages

Linkages include, but are not limited to those described in tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

7. Quality Requirements

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service:

PU Code	PU Description	Unit of Measure	Reporting Requirements
MHA09A	Community clinical mental health service - Senior medical staff	FTE	PRIMHD
MHA09B	Community clinical mental health service – Junior medical staff	FTE	PRIMHD
MHA09C	Community clinical mental health service – Nursing/allied health staff	FTE	PRIMHD
MHA09D	Community clinical mental health service – Non-clinical staff	FTE	PRIMHD
MHA09E	Community clinical mental health service – Cultural staff	FTE	PRIMHD
MHA09F	Community clinical mental health service – Peer support staff	FTE	PRIMHD
MHAK09A	Community Clinical Mental Health Kaupapa Māori - Senior medical	FTE	PRIMHD
MHAK09C	Community Clinical Mental Health Kaupapa Māori - Nurses & allied health	FTE	PRIMHD
MHAK90D	Community Clinical Mental Health Kaupapa Māori - Non-clinical staff	FTE	PRIMHD

The Service must comply with the requirements of national data collections PRIMHD.

After PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
Monthly	Group sessions delivered
Monthly	Consultation/liaison training sessions
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Number of suicides of current clients
Quarterly	Number of "day places" available
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number. of FTEs in each of these groups: <ul style="list-style-type: none"> • Medical • Nursing • Psychology • Occupational Therapy • Social Work • Maori Mental Health • Other

Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
Monthly	First face-to-face contact with individual/family
Monthly	Follow up face-to-face contact with individual/family
Monthly	Group sessions delivered
Monthly	Face-to-face contact group
Monthly	Consultation/liaison contact
Monthly	Consultation/liaison training sessions
Monthly	Number completed support needs assessments
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Quarterly	Senior medical FTE
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Average length of stay
Quarterly	Number of suicides of current clients
Quarterly	Number of "day places" available
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> • Medical • Nursing • Psychology • Occupational Therapy • Social Work • Maori Mental Health • Other