

COMMUNITY CO-EXISTING DISORDERS, MENTAL HEALTH AND ADDICTION, (WITH ACCOMMODATION)

TIER LEVEL THREE

SERVICE SPECIFICATION

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, Sector Accountability and Funding, 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 CO-EXISTING DISORDERS MENTAL HEALTH AND ADDICTION
(WITH ACCOMMODATION)
TIER THREE
SERVICE SPECIFICATION
MHAD15, MHAD15C, MHAD15D**

This tier three service specification for Community Co-existing Disorders, Mental Health and Addiction, (with accommodation) (the Service) is linked to tier one Mental Health and Addiction Specialist Services, tier two Adult Mental Health and tier two Addiction service specifications.

1. Service Definition

The Service will include:

- screening and early identification for mental health and alcohol and other drug problems
- assessment, treatment, therapy and support for people with substance abuse disorders and mental illness
- co-ordination of treatment to ensure joint care management between mental health and addiction services
- family/whānau engagement and support
- service user self-help/mutual support opportunities
- liaison and consultation with other services involved in providing addiction services or mental health services, including non-government mental health and addiction services
- accommodation that is safe and comfortable with a home-like atmosphere
- access to drug and alcohol programmes, as well as general rehabilitation programmes
- each Service user will have their own bedroom (except for couples who choose to share).

An individual care plan will be developed by each resident with their support worker, in conjunction with the clinical team. The plan will set out specific goals that will be reviewed three monthly with a formal reviewing at least six monthly. Residents will progress towards more independent living or maintain their level of independence by developing skills and supports, in accordance with their care plans.

Staff will provide oversight of the home, meals, finances and general wellbeing of the resident. Wherever possible, residents will be expected to provide their own domestic services (cleaning, meal preparation, purchasing of household provisions and laundry) by co-operating with each other. They will also take personal responsibility for decisions about household management and activities.

Clinical oversight will be provided for each resident by an assigned clinician or key worker from the local DHB Provider Arm Mental Health and Addiction Service.

2. Service Objectives

To provide a recovery-orientated community-based service that will provide housing and treatment interventions for people who have co-existing mental health problems with alcohol and drug dependency.

2.1 Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

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

Referral to the Service is from alcohol and other drug or mental health 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 and addiction 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 the following 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
MHAD15	Co-existing disorders (mental health & addiction) with accommodation	Occupied bed day	PRIMHD
MHAD15C	Co-existing disorders (mental health & addiction) with accommodation - Nursing and/or Allied	FTE	PRIMHD
MHAD15D	Co-existing disorders (mental health & addiction) with accommodation - Non-clinical	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	Occupied bed days
Quarterly	Available beds
Quarterly	Available bed days
Quarterly	Number of suicides of current clients
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
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	Occupied bed days
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)
Monthly	Number of "admissions"
Quarterly	Available beds
Quarterly	Available bed days
Quarterly	Average length of stay
Quarterly	Number of suicides of current clients
Quarterly	Number of transfers to an inpatient unit/off site respite
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTEs
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
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