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|  | **All District Health Boards** |
| **MENTAL HEATH AND ADDICTION SERVICES -****ADDICTION SERVICES****TIER TWO****SERVICE SPECIFICATION** |
| STatus:It is compulsory to use this nationwide service specification when purchasing this service. | MANDATORY  |
| **Review History** | **Date** |
| First Published on NSFL | January 2010 |
| Amended: removed MHDK74C, MHDK74D MHDK72C from Section 10 tier three service specification table that had been included in error. | March 2012 |
| Amended: added linkage to Infant, Child, Adolescent and Youth Crisis Respite MHI42. | May 2011 |
| Amended: clarified reporting requirements, updated Purchase unit table to include MHD53 | February 2013 |
| Amended: added purchase units MHD/ MHDI ‘S’ series  | April 2017 |
| Consideration for next Service Specification Review | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

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**MENTAL HEALTH AND ADDICTION SERVICES**

**ADDICTION SERVICES -**

**TIER TWO SERVICE SPECIFICATION**

The tier two service specification (the Service) for Addiction Services is the overarching document for a range of tier three Addiction service specifications. Its purpose is to define the services and their objectives in the delivery of a range of secondary and tertiary services for people experiencing addiction.

This service specification must be used in conjunction with the tier one Mental Health and Addiction Services specification,other relevant tier two service specifications and one of a range of tier level three Addiction service specifications listed in section 10 below. Local DHB service specifications may also be included under this service specification as appropriate.

**1. Service Definition**

The continuum of Addiction services will offer a range of high quality treatment options of varying intensity and delivered in various settings. Treatments will be available and accessible to those who need them. Addiction can often be chronic and relapsing and people may choose to access a variety of different services to meet their needs.

The aim of Addiction services is to support recovery and wellness and minimise the harm that addiction can cause. Although the approaches to achieve recovery and wellness will vary between services, wherever possible treatment approaches should be evidence-based.

1. **Service Objectives**
	1. **General**

The following objectives apply to all Addiction Services:

Supporting recovery

Recovery is about building a satisfying and meaningful life as defined by the person themselves. It is not simply about harm minimisation, but includes a movement towards health, wellbeing and participation in society. Recovery will vary between individuals often taking time to achieve and effort to maintain. The recovery process involves inclusion, or re-entry into society, improved self-identity and the idea of ‘giving back’ to society and others, such as family members, who may have been adversely affected by the individual’s addiction.

Acknowledge and address co-existing problems

Along with addiction, many Service Users may also experience mental health issues. This is evidenced in New Zealand and international literature. Addiction services are expected to respond to these multiple issues. A response might include screening, assessment and then providing a range of responses which may include interventions, co-working or referral. Services should also pay attention to people’s general health needs and refer them to health services than can assist with these.

Inclusiveness of family and whānau[[1]](#footnote-1)

Inclusiveness of family and whānau is vital to achieve and maintain successful treatment outcomes. This involves engaging family and whānau in the therapeutic and treatment process; prevention measures to ensure family and whānau members do not also follow the same path of addiction; and providing services to family and whānau members if it becomes apparent that they also have an addiction. Family and whānau involvement in the treatment process will help enhance their knowledge and understanding of how best to respond to the needs of their family member.

A continuum from harm reduction[[2]](#footnote-2) to abstinence

Harm reduction and abstinence approaches occur within a spectrum of treatment approaches for a spectrum of needs (NCAT, 2008). Both abstinence and harm reduction are widely accepted approaches to addiction treatment with both approaches have their place within the continuum. Harm reduction includes policies, programmes, services and actions that work to reduce the health, social and economic harms to individuals, communities and society.

Integrated care

The continuum of addiction and mental health services will likely be delivered by different providers. However these services should appear integrated to the Service User. A competent workforce will allow people to access the right treatment regardless of where they enter the system.

Collaboration

Collaboration between sectors and services is important for addiction services to be effective. Collaboration includes developing capacity and capability to assess and treat co-existing addiction and mental health problems. Collaboration involves working with other health, community and social services, as well as working across government and non-government agencies including Housing, Work and Income New Zealand, Child Youth and Family, Police, Courts and Corrections.

Engagement and access

The prevalence of alcohol and other drug abuse and dependence for males is around double those for females. Māori and Pacific people experience a higher prevalence of addiction and greater problems related to substance use disorder and dependency. The youthfulness of these populations along with relative socioeconomic disadvantage plays key part in this. Services need to engage these populations to assist with reducing the harm caused by addiction. This should include local iwi as a major point of contact and development of relationships to support the reduction in harm caused by addiction within their communities. The prevalence of alcohol and other drug use in gay, lesbian and transgender populations is more than double that of the general population. Services need to engage with these populations to ensure accessibility.

Treatment options for young people and their families

Services will provide a range of point of access services for young people and will address their developmental needs and achievements.

Offering choice

Within the boundaries of what is geographically and practically possible, offering choice may include a choice of service providers, treatment models, setting and times that services are delivered.

Treatment must adequately address people’s needs, not just their addiction

Increasingly addiction treatment embodies a holistic focus combined with a strengths-based approach, incorporating the strengths of the person and their family and viewing the whole person in the context of what it means to be well for them (NCAT, 2008). This includes Service Users who have dependants.

Continuing care services

Continuing care involves providing ongoing treatment and support so the gains made in treatment are not lost. The importance of continuing care is widely accepted in recognition that there is a high risk of relapse in the period immediately post treatment. All treatment services need to pay attention to ongoing support. Continuing care can include relapse prevention, support groups and individual support for those wishing to maintain the changes they have made in treatment. Access to education or training, advisory services, peer support and social networks and employment support may be included.

Ability to re-engage with services

Addiction problems often involve relapse. In these instances, it is important that mechanisms are in place to allow people to re-enter service immediately if there is a problem with their success in recovery. Service Users and their family and whānau should be made aware of how to re-enter with services if necessary. Services may at times have waiting lists, and these should be managed in conjunction with other services and prioritised according to level of risk.

* 1. **Māori Health**

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

**3. Service Users**

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

**4. Access**

Entry and exit criteria specific to the Service are described in tier three service specifications.

**5. Service Components**

**5.1 Processes**

The processes include but are not limited to the following: health education; engagement; assessment; diagnosis; treatment; case management; consultation, advocacy, liaison; support; review process and discharge.

**5.2 Settings**

The Service may be provided in community, home and hospital based settings.

**5.3 Key Inputs**

The key input for Addiction Services is the workforce.

**5.4. Pacific Health**

Refer to tier one Mental Health and Addiction Services service specification

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| Addiction Providers  | Facilitate Service access and participation | Liaise with local addiction providers to facilitate accessibility to services and ensure pathways to access are known. |
| Mental health service providersPrimary Care providers  | ReferralLiaison processes | Establish relationships and referral pathways and liaison processes to promote timely access to services for physical and mental health problems |
| Other health service providers such as medical services and emergency departments within a general hospital | Liaison processes | Liaise and work with other providers to ensure needs of clients are met, ie, managed withdrawal. |

**7. Exclusions**

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

**8. Quality Requirements**

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework[[3]](#footnote-3) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

**9. Purchase Units and Reporting Requirements**

**9.1** Purchase Unit Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary.

Specific reporting requirements apply at tier three service specifications.

**10. Tier Three Service Specifications**

The following service specifications and Purchase Units are for Addiction Services:

| **Title** | **Purchase Unit Codes** |
| --- | --- |
| Community Support Service with Accommodation | MHD53, MHD53C, MHD53D, MHD53E, MHD53F,MHD53S |
| Opioid Substitution Treatment | MHD69, MHD69A, MHD69B, MHD69C, MHD69D, MHD69SMHD70, MHD70A,MHD70B, MHD70C, MHD70D, MHD70S |
| Alcohol and other drug consultation and liaison service | MHD71A, MHD71B,MHD71C, MHD71DMHD71S |
| Early intervention alcohol and other drug service | MHD72A, MHD72B, MHD72C, MHD72D, MHD72SMHDI72A, MHDI72B, MHDI72C, MHDI72D, MHD172S |
| Alcohol and other drug- community support  | MHD73C, MHD73D, MHD73S |
| Community based alcohol and other drug services | MHD74A, MHD74B, MHD74C, MHD74D, MHD74E, MHD74S |
| Alcohol and other drug day treatment programme | MHD75A, MHD75B, MHD75C, MHD75D, MHD75S |
| Intensive alcohol and other drug service with accommodation  | MHD76, MHD76A, MHD76B, MHD76C, MHD76D,MHD76S |
| Managed withdrawal- inpatient services | MHD77 |
| Managed withdrawal- home/community | MHD78, MHD78A, MHD78B, MHD78C, MHD78D, MHD78S |
| Alcohol and other drug acute packages of care | MHD79, MHD79C, MHD79D, MHD79E, MHD79S |
| Child, Adolescent And Youth Alcohol And Other Drug Community Services  | MHDI48A, MHDI48B, MHDI48C, MHDI48D, MHDI48E, MHD148S |
| Child, Adolescent And Youth Community Alcohol And Drug Services With Accommodation Component  | MHDI49, MHDI49C,MHDI49D, MHDI49E, MHD149S |
| Community Based Child, Adolescent And Youth Co-Existing Problems Of Mental Health And Alcohol And/Or Drug Use  | MHDI50A, MHDI50B, MHDI50C, MHDI50D, MHDI50E, MHD150S |
| Child, Adolescent And Youth Planned Respite Mental Health And Alcohol And Other Drugs/ Co Existing Disorders  | MHDI52, MHDI52C, MHDI52D, MHDI52E, MHD152SMHI52, MHI52C, MHI52D, MHI52EMHI52S |
| Infant, Child, Adolescent And Youth Crisis Respite | MHI42, MHI42C, MHI42D, MHI42EMHI42F, MHI42S |

1. The definition of family is guided by the Service User. This can include as relatives, whānau, partners, friends or others nominated by the Service User. Whānau is a key component of Maōri identity and the healing process. Whānau can be used to describe groups interconnected by kinship ties, often linked through a common purpose and values. [↑](#footnote-ref-1)
2. Also referred to as harm minimisation [↑](#footnote-ref-2)
3. http://nsfl.health.govt.nz/accountability/operational-policy-framework-0 [↑](#footnote-ref-3)