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|  | **All District Health Boards** | |
| **FORENSIC MENTAL HEALTH SERVICES - COMMUNITY BASED INTENSIVE SERVICE**  **FOR RECOVERY**  **MENTAL HEALTH AND ADDICTION SERVICES**  **TIER THREE**  **SERVICE SPECIFICATION** | | |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | | **NON-MANDATORY** |
| **Review History** | | **Date** |
| First Published on NSFL | | June 2010 |
| **Amended:** clarified reporting requirements | | February 2013 |
| **Amended:** added MHF86S purchase unit code, removed standard provider monitoring reporting tables. | | 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.

Nationwide Service Framework Library website <http://www.nsfl.health.govt.nz>

**FORENSIC MENTAL HEALTH SERVICES - COMMUNITY BASED**

**INTENSIVE SERVICE FOR RECOVERY**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHF86, MHF86A, MHF86B, MHF86C, MHF86D, MHF86E, MHF86F, MHF86S**

This tier three service specification for Forensic Mental Health Services - Community Based Intensive Service for Recovery (the Service) must be used in conjunction with the tier one Mental Health and Addiction Service and tier two Forensic Mental Health Services service specifications. In addition, it is linked to a range of tier three Forensic Mental Health Services service specifications.

The service specification defines Forensic Mental Health Services - Community Based Intensive Service for Recovery and its objectives in the delivery of the Service.

**1.** **Service Definition**

This Service is a community based forensic mental health service that includes a goal-oriented, recovery-focused, skill development community based programme that increases the Service User’s ability to:

* manage their own illness
* achieve life goals
* develop positive relationships
* develop problem-solving skills.

Plans will be developed together with the Service User and in accordance with formally assessed needs. Progress against plans and identified goals will be reviewed at specified intervals with modification of plans accordingly. Plans will aim to:

* meet individual needs
* manage clinical risk
* assist reintegration into the community including opportunities for further education and employment
* maintain cultural links
* regain and maintain family and whānau links
* educate the Service User and their carers about illness, symptoms and the management of symptoms.

The emphasis will be on the implementation of the treatment plan and reintegration into the community. A comprehensive range of community and hospital-based treatment and therapy options will be available including:

* pharmacotherapy and bio-medical investigations and interventions
* psychological treatments
* social treatments
* occupational therapy
* recreational activities
* social skills training
* budgeting
* domestic skills training
* vocational skills
* assertiveness and self-esteem building
* development of cultural linkage.

**2. Service Objectives**

**2.1 General**

The objective of this Service is to provide a recovery-oriented community based service that enhances the skills and functional independence of people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides.

**2.2 Māori Health**

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

**3. Service Users**

The Service Users will be people that meet the assessment criteria for Forensic Mental Health Services. Young people should be transitioning to adult services up to their 18th birthday and until their 20th birthday if developmentally appropriate.

**4. Access**

Access to the Service is via a triaged referral from other forensic mental health services.

**5. Service Components**

**5.1 Processes**

Refer to the tier two Forensic Mental Health Services service specification.

**5.2 Settings**

The Service is provided in the community or a community based environment as least restrictive as possible, and that promotes social inclusion.

**5.3 Key Inputs**

Refer to the tier two Forensic Mental Health Services service specification.

Staff will also require skills in recovery focused rehabilitation and vocational development.

**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** |
| --- | --- | --- |
| Other health and social care agencies such as Housing NZ, Work and Income NZ | Referral, liaison, networking, collaboration  Shared working | Work with other relevant professionals and agencies in the care of the Service User  Support the Service User in accessing benefit entitlement, accommodation, employment and education opportunities |

**7. Purchase Units and Reporting Requirements**

**7.1** Purchase Units (PU) codes are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to the Service.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHF86 | Forensic Community based Intensive Service for Recovery | Recovery-oriented community based service by a multidisciplinary team that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. | Occupied Bed Day |
| MHF86A | Forensic Community based Intensive Service for Recovery – Senior medical staff | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by senior medical staff, a component of a multidisciplinary team | FTE |
| MHF86B | Forensic Community-based Intensive Service for Recovery – Junior medical Staff | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by junior medical staff, a component of a multidisciplinary team. | FTE |
| MHF86C | Forensic Community based Intensive Service for Recovery – Nurses & allied health | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by nurses and allied health staff, a component of a multidisciplinary team. | FTE |
| MHF86D | Forensic Community based Intensive Service for Recovery – Non-clinical staff | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by non-clinical staff, a component of a multidisciplinary team. | FTE |
| MHF86E | Forensic Community based Intensive Service for Recovery – Cultural staff | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by cultural staff, a component of a multidisciplinary team. | FTE |
| MHF86F | Forensic Community based Intensive Service for Recovery – Peer support staff | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by peer support staff, a component of a multidisciplinary team. | FTE |
| MHF86S | Forensic Community based intensive Service for Recovery | Recovery-oriented community based service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in an environment with some structure, supervision and support but no longer require the secure environment or the treatment component that a Forensic inpatient service provides. The service is provided by a multidisciplinary team. | Service |

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| --- | --- |
| **Unit of Measure** | **Unit of Measure Definition** |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Occupied bed day | Total number of beds that are occupied each day over a designated period. For reporting purposes, count beds occupied as at 12 midnight of each day. Leave days, when the bed is not occupied at midnight are not counted. Counting formula is discharge date less admission date less leave days. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**9.2 Reporting**

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

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email [performance\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)