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|  | **All District Health Boards** | |
| **INFANT, CHILD, ADOLESCENT AND YOUTH –**  **ACUTE HOME-BASED TREATMENT**  **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 2009 |
| **Amendments:** clarified reporting requirements, completed PU table. Corrected title, edited for consistency | | 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 web site <http://www.nsfl.health.govt.nz/>

**INFANT, CHILD, ADOLESCENT AND YOUTH – ACUTE HOME-BASED TREATMENT**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFCATION**

**MHI39A MHI39B, MHI39C, MHI39D, MHI39S**

This tier three service specification for Infant, Child, Adolescent and Youth Acute Home-Based Treatment (the Service) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth service specifications.

**1. Service Definition**

The Service includes acute home-based treatment that is:

* provided in a home setting
* delivered in a way that meets the needs of infants, children, adolescents and youth and their families/whānau, including supporting family/whānau in the care of the Service User
* supports the family/whānau to continue to care for/support the infant, child, adolescent or youth in the home
* well integrated with community mental health services, and forms part of this continuum of services
* focused to ensure active intervention, crisis intervention and prevention of the escalation or development of the individual’s illness, prevention of disability, and the prevention of the development of dependency
* conscious of the safety needs of the Service Users, their families/whānau and community, including staff, reflecting that some Service Users may present a risk of suicide, self-harm or danger to others
* delivered in accordance with a comprehensive system of risk management within which least restrictive intervention strategies will be determined.

**2. Service Objectives**

**2.1 General**

The Service will provide care for infants, children, adolescents and youth in the acute stage of mental illness or who are in need of a period of close observation and/or intensive investigation and/or intervention, where this is able to be safely provided within the individual’s home setting.

Individualised care plans, including relapse prevention plans, are developed or refined for each person admitted to the home-based treatment service. These plans are comprehensive, based on assessed needs and include identified goals for the period of acute care. Plans are developed in conjunction with the individual concerned, their families/whānau, where appropriate, and relevant community service involvement.

It is expected that the acute episode is resolved without requiring an inpatient admission. The infant, child, adolescent or youth is linked with appropriate ongoing support.

**2.2 Māori Health**

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

**3. Service Users**

The Service Users are eligible children, adolescents and youth.

**4. Access**

**4.1 Entry and Exit Criteria**

Referrals received from community mental health teams and mental health inpatient units.

**5. Service Components**

**5.1 Processes**

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

**5.2 Settings**

The Service is provided in a community/home based setting.

**5.3 Key Inputs**

The Service is provided by:

* a multi-disciplinary team of people with skills and experience in mental healthintervention, 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
* staff with training, skills and expertise in mental health intervention, treatment and support, for infants, children, adolescents and youth
* staff with the ability to recognise underlying mental health and developmental issues.

**6. Service Linkages**

Linkages are as described in Mental Health and Addiction Service tier one and Infant, Child adolescent and Youth tier two service specifications.

**7. Purchase Units and Reporting Requirements**

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

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHI39A | Infant, child, adolescent & youth acute home-based treatment - Senior medical staff | Service to provide care for infants, children, adolescents and youth in the acute stage of mental illness or who are in need of a period of close observation and/or intensive investigation and/or intervention. The service is safely provided in the individual’s home setting by senior medical staff with experience in mental health intervention, treatment and support. Includes also family whanau support to continue to care for the infant, child, adolescent, or youth in the home | FTE |
| MHI39B | Infant, child, adolescent & youth acute home-based treatment - Junior medical staff | Service to provide care for infants, children, adolescents and youth in the acute stage of mental illness or who are in need of a period of close observation and/or intensive investigation and/or intervention. The service is safely provided in the individual’s home setting by junior medical staff with experience in mental health intervention, treatment and support. Includes also family whanau support to continue to care for the infant, child, adolescent, or youth in the home | FTE |
| MHI39C | Infant, child, adolescent & youth acute home-based treatment – Nursing and/or allied staff | Service to provide care for infants, children, adolescents and youth in the acute stage of mental illness or who are in need of a period of close observation and/or intensive investigation and/or intervention. The service is safely provided in the individual’s home setting by nurses and/or allied health staff with experience in mental health intervention, treatment and support. Includes also family whanau support to continue to care for the infant, child, adolescent, or youth in the home | FTE |
| MHI39D | Infant, child, adolescent & youth acute home-based treatment - Non-clinical staff | Service to provide care for infants, children, adolescents and youth in the acute stage of mental illness or who are in need of a period of close observation and/or intensive investigation and/or intervention. The service is safely provided in the individual’s home setting by non-clinical support staff with experience in mental health intervention, treatment and support. Includes also family whanau support to continue to care for the infant, child, adolescent, or youth in the home | FTE |
| MHI39S | Infant, child, adolescent & youth acute home-based treatment | Service to provide care for infants, children, adolescents and youth in the acute stage of mental illness or who are in need of a period of close observation and/or intensive investigation and/or intervention. The service is safely provided in the individual’s home setting by staff with experience in mental health intervention, treatment and support. Also includes family/whanau support to continue to care for the infant, child, adolescent, or youth in the home | 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. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**7.2 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)