Mental Health and Addiction Services

Alcohol and Other Drug Acute Package of Care

Tier 3 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☑ RECOMMENDED ☑

Recommended – these are centralized and recommended specifications to be used by Districts for purchasing services, they may be used to enable providers to transition to meeting a Mandatory specification over time. Districts are expected to move to a mandatory specification when renewing or varying an agreement].

2. Review History

Review History	Date	
First Published on NSFL	January 2010	
Amended: clarified reporting requirements	February 2013	
Amended: added MHD79S purchase unit code, removed standard provider monitoring reporting tables.	April 2017	
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024	
Consideration for next Service Specification Review	Within five years	

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Nationwide Service Framework Library web site here

3. Introduction

This tier three service specification for Alcohol and other Drug Acute Package of Care (the Service) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Addiction Services service specifications.

4. Service Definition

The Service will include acute packages of care that are:

- well integrated with other specialist alcohol and other drug services
- focused to ensure active treatment, crisis intervention and prevention of the escalation of development of the Service User's illness, prevention of disability, and the prevention of the development of dependency
- conscious of the safety needs of the Service User and the 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, and may include an
 accommodation component (where this is part of the local arrangements detailed in the
 agreement).

Individualised treatment plans and relapse prevention plans are developed for each person using the Service. These plans are comprehensive, based on assessed needs, and include identified goals for the period of treatment and or care. Plans are developed in conjunction with the Service User and their family and whānau, and carers, and with relevant community service involvement.

The provider will be responsible for:

- the development and funding of individualised packages of treatment and or care aimed at meeting the specific needs of each Service User and their family and whānau
- reviewing and monitoring the safety and appropriateness of each acute care package, modifying according to need, and the assessment of ongoing requirements
- ensuring an emphasis is placed on the provision of treatment and support in an environment and context that is safe and familiar for Service User
- ensuring that acute care packages are culturally appropriate and safe for each individual and their family and whānau
- ensuring that criteria and guidelines are in place to manage entry to and exit from the service, including criteria for prioritisation of referrals
- ensuring that acute care funding is not used to duplicate existing services but it is used to provide supports in addition to those provided by existing health, welfare and support agencies and to those services provided by other specialist mental health services
- management of the acute package of care funding (including flexi-fund budgets) within the annual budget and ensuring that the available funding is used efficiently and effectively.

The provider may enter into subcontracting arrangements with other organisations for the delivery of components of the package but will be accountable for the total package deliverables.

Acute packages of care are expected to have a duration of less than four weeks at any one time. Any extension to this timeframe will be rare and expected to comply with locally agreed protocols.

5. Service objectives

5.1 General

To provide individually tailored packages of care and or treatment for adults who are experiencing an acute episode of alcohol and other drug abuse.

5.2 Māori Health

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

6. Service Users

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

7. Access

Access to these services will be via the community alcohol and drug service or NASC.

Districts will prioritise this resource and this will be reflected in local access criteria.

8. Service Components

8.1 Processes

The processes include but are not limited to the following: engagement; assessment, information provision, treatment, medication management; consultation, liaison, advocacy, support, review process and discharge.

8.2 Settings

The Service may be provided in the home or in a community based setting.

8.3 Key Inputs

A multi-disciplinary team of people with skills and experience in mental health and alcohol and other drug intervention, treatment and support, who belong in one of the following categories:

- health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by the Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ) or another 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.

9. Service Linkages

Linkages are as described in Mental Health and Addiction Services tier one and Addiction tier two service specifications.

10. Exclusions

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

11. Quality Requirements

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

12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure
MHD79	Alcohol and other drug acute package of care	Service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of alcohol and other drug abuse.	Client
MHD79C	Alcohol and other drug acute package of care – Nursing and allied health staff	Service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of alcohol and other drug abuse. The service is provided by nursing and allied health staff.	FTE

PU Code	PU Description	PU Definition	Unit of Measure
MHD79D	Alcohol and other drug acute package of care – Non-clinical staff	Service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of alcohol and other drug abuse. The service is provided by non-clinical staff.	FTE
MHD79E	Alcohol and other drug acute package of care – Cultural staff	Service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of alcohol and other drug abuse. The service is provided by cultural staff.	FTE
MHD79S	Alcohol and other drug acute package of care	Service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of alcohol and other drug abuse.	Service

Explanations of the units of measure (UOM) from the purchase unit table.

Unit of Measure	Unit of Measure Definition
Client	Number of clients managed by the service in the reporting period (period is annual 1st July - 30th June) i.e. caseload at the beginning of the period plus all new cases in the period 'Client' and 'Service user' are interchangeable.
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

13. Reporting Requirements

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.

Unless otherwise specified in the agreement, the following reporting information will be emailed to The Performance Reporting Team at: performance reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications¹ 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

14. Glossary

Not Required

15. Appendices

Not Required