

Mental Health and Addiction Services

Managed Withdrawal- Home/Community Service

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 MHD78S purchase unit code, removed standard provider monitoring reporting tables. Minor editing.	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.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier three service specification for Managed Withdrawal- Home / Community Service (the Service) must be used in conjunction with the tier one Mental Health and Addiction Services and tier two Addiction Services service specifications.

4. Service Definition

Community managed withdrawal services are generally provided as a planned intervention, matching the needs of the Service Users. Involvement with and or entry to other substance abuse treatment services then usually occurs.

The Service is available within outpatient and community settings.

Assessments for managed withdrawal are conducted primarily by community clinicians in accordance with clinical guidelines. These are developed by the Service and subjected to peer review.

These Services will:

- perform the assessment
- facilitate access to any medical, nursing and/or general mental health service input required
- refer and arrange admission to the appropriate level of managed withdrawal service (see also Managed Withdrawal - Inpatient Services service specification, or to any other treatment services)
- provide mobile home managed withdrawal service or provide a community based managed withdrawal service (that is non-hospital 24-hour supervised care setting in the community)
- liaise with approved referrers regarding referral to community based alcohol and other drug treatment and or managed withdrawal
- facilitate access to medical, nursing or other mental health services as required
- provide consultation and or liaison to primary care workers and other health and social service workers
- medication may or may not be required to assist the managed withdrawal process
- ensure the Service User is linked into services to help support and maintain their recovery.

Wherever possible, managed withdrawal will form part of a negotiated treatment plan, rather than as an emergency service.

For crisis and or acute cases in some centres, generic community alcohol and other drug services (including Kaupapa Māori Mental Health Services) may refer to emergency services, the persons' General Practitioner or to specialist inpatient managed withdrawal services. Such arrangements should be in accordance with pre-established referral protocols.

Upon discharge, attention will be paid to ensure the Service User is linked into services to help support and maintain their recovery.

5. Service objectives

5.1 General

To provide programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people who experience co-existing mental health problems.

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

Referral is from other alcohol and other drug services, emergency services, and general practitioners in consultation with alcohol and other drug community assessment and treatment services.

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

This Service may be provided in the Service User's home or (in accordance with the needs of the individual) within alcohol and other drug treatment and or care facilities, or within a range of other community settings including marae or specifically designated managed withdrawal settings.

8.3 Key Inputs

Medical staff will provide oversight of this Service. The Service will be delivered by people with skills and experience in alcohol and other drug withdrawal, and 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.

8.4 Pacific Health

- The Service must take account of key strategic frameworks, principles and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the Service must link service delivery to the improvement of Pacific health outcomes. Overall, the Service activity should contribute to reducing inequalities.

9. Service Linkages

Linkages are as described in tier one Mental Health and tier two Addiction Services and Addiction 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
MHD78	Managed withdrawal home community	Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings.	Available Bed Day
MHD78A	Managed withdrawal home community – Senior medical staff	Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by senior medical staff.	FTE
MHD78B	Managed withdrawal home community – Junior medical staff	Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by junior medical staff.	FTE
MHD78C	Managed withdrawal home community – Nursing and allied health staff	Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by nursing and allied health staff.	FTE
MHD78D	Managed withdrawal home community – Non-clinical staff	Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by non-clinical staff.	FTE
MHD78S	Managed withdrawal home community	Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings	Service

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

Unit of Measure	Unit of Measure Definition
Available Day Bed	Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service.
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.

14. Glossary

Not Required

15. Appendices

Not Required

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.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services